BEING PREPARED TO ACT IN THE EVENT OF A SUICIDE

POSTVENTION PROGRAM

2020

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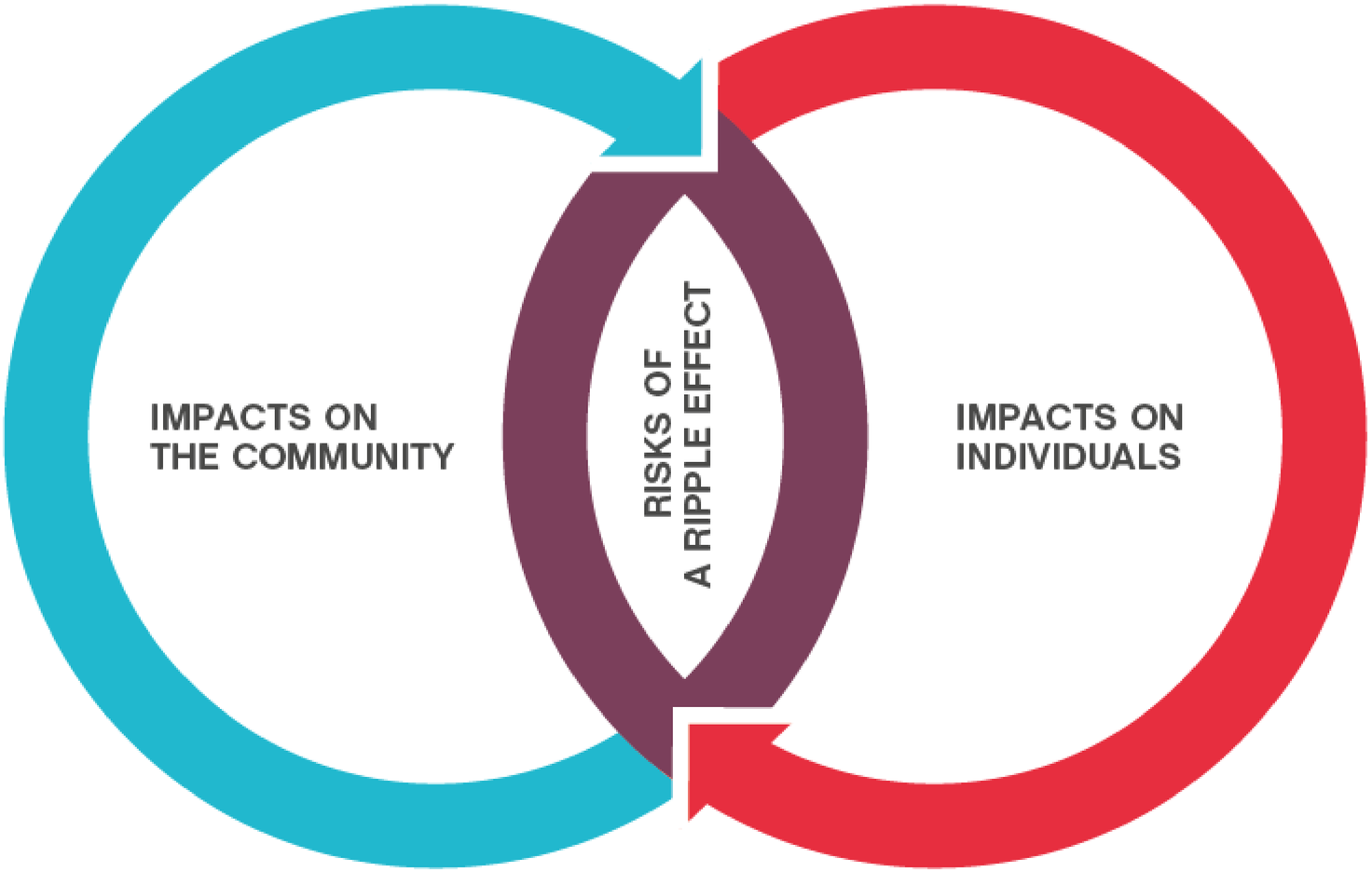
THE IMPACTS OF SUICIDE ON THE COMMUNITY AND INDIVIDUALS

THE IMPACTS OF SUICIDE



IMPACTS ON THE COMMUNITY

- There is an increased likelihood of disorganization.
- Tension and conflict may emerge, partly as a result of the search for culprits, especially if the atmosphere was already tense.
- Proper management of impacts of suicide is crucial.
- It is important to convey a sense of trust and safety.
- The longer the disorganization lasts, the more it can contribute to maintaining, prolonging, or amplifying feelings of distress.

IMPACTS ON INDIVIDUALS

- **Family and social group / community / institution**

- **Impacts are influenced by multiple factors:**

  - Degree of intimacy with the deceased
  - Proximity to the event (whether or not an individual witnessed the suicide)
  - Pre-existing level of vulnerability
  - Impact of the suicide on the community

WHERE THEY MEET:
RISK OF A RIPPLE EFFECT

For individuals:

- **A ripple effect is the biggest concern**
- **Risk is higher among young people (peer identification process) (Gérin-Lajoie, 2010)**

For the community:

- **Tension and conflicts tend to emerge in the period following a suicide, including the search for culprits**
- **May hinder the community’s ability to cope with the situation and also exacerbate distress**

INTERVENTION GROUPS
AND TYPES

IMPACTS ON INDIVIDUALS
3 SPECIFIC GROUPS TO BE IDENTIFIED

Group I
Individuals directly affected by the event

- Bereaved individuals
- People who have had direct exposure to the suicide (e.g., witnesses)
- People whose reactions involve grief or trauma

Group II
Vulnerable individuals

- Not necessarily members of the deceased’s social circle
- 2 groups: The suicide may amplify existing vulnerability or lead to vulnerability
- Individuals may have a crisis reaction or exhibit suicidal behaviour

Group III
The population at large (in the affected community)

- Risk of complications low but not zero
- May be detected in the long term
- Possibility of temporary stress reactions

INTERVENTIONS ADAPTED TO SPECIFIC GROUPS

Indicated interventions

- Target individuals who are directly affected (*group I*)
- Early, adapted interventions
- Aim to reduce complicated grief and limit acute stress and PTSD

Selective interventions

- Target vulnerable individuals (*group II*)
- Detection and intervention
- Act as early as possible and foster problem-solving skills
- Train professionals for better detection

Universal interventions

- Target individuals from the general population (*group III*)
- Increase awareness about mental health problems
- Reduce stigmatization
- Foster resilience

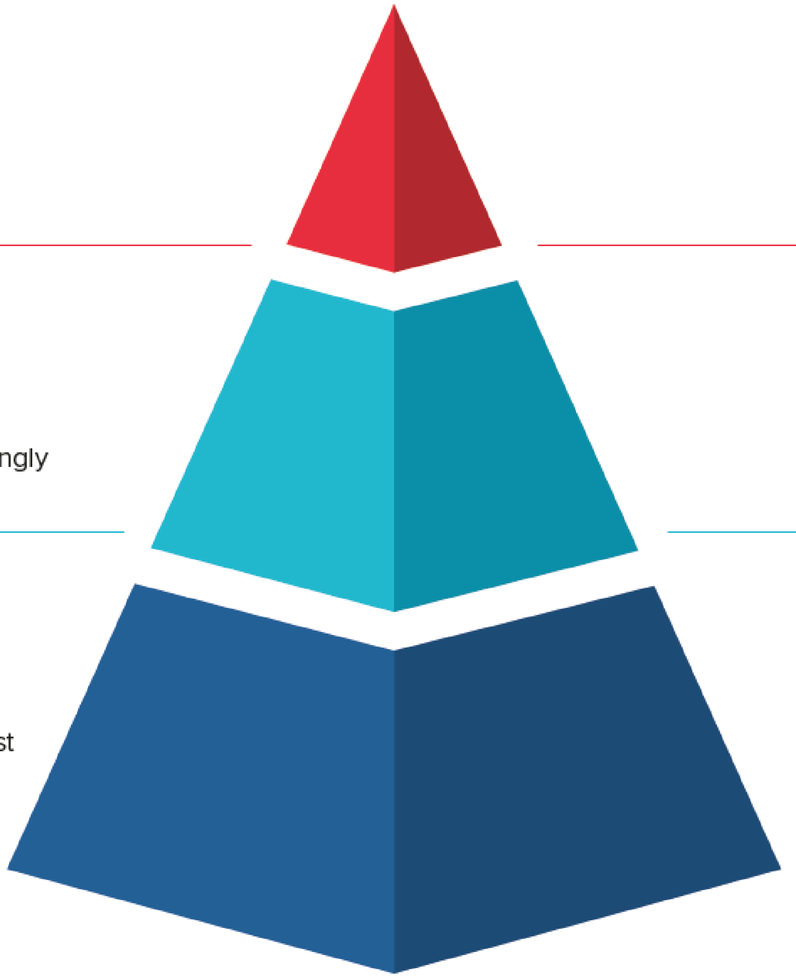
GROUPS AND APPROPRIATE LEVEL OF INTERVENTION

INDIVIDUALS DIRECTLY AFFECTED BY THE EVENT

Individuals for whom the reactions will include grief, trauma, and crisis

INDICATED INTERVENTIONS

Early, short-term interventions



VULNERABLE INDIVIDUALS

Individuals who, despite having no direct contact with the event, could become increasingly vulnerable as a result of its occurrence.

SELECTIVE INTERVENTIONS

Identification of and interventions with individuals who present risk factors or might develop them

THE POPULATION AT LARGE

Individuals from the general population (without known risk factors) who could manifest some distress in the medium or long term

UNIVERSAL INTERVENTIONS

Interventions aimed at reassuring, promoting social goodwill, and enhancing the resilience of individuals and the immediate and broader communities

4 SEQUENTIAL PHASES

Preparation before the event

- Ensure in advance the community will be ready to deploy postvention measures in the event of a suicide (resources, training for interveners, documents, etc.)

At the time of the event

- Urgent interventions and protective measures deployed if a suicide occurs in a specific location (school, workplace, home)

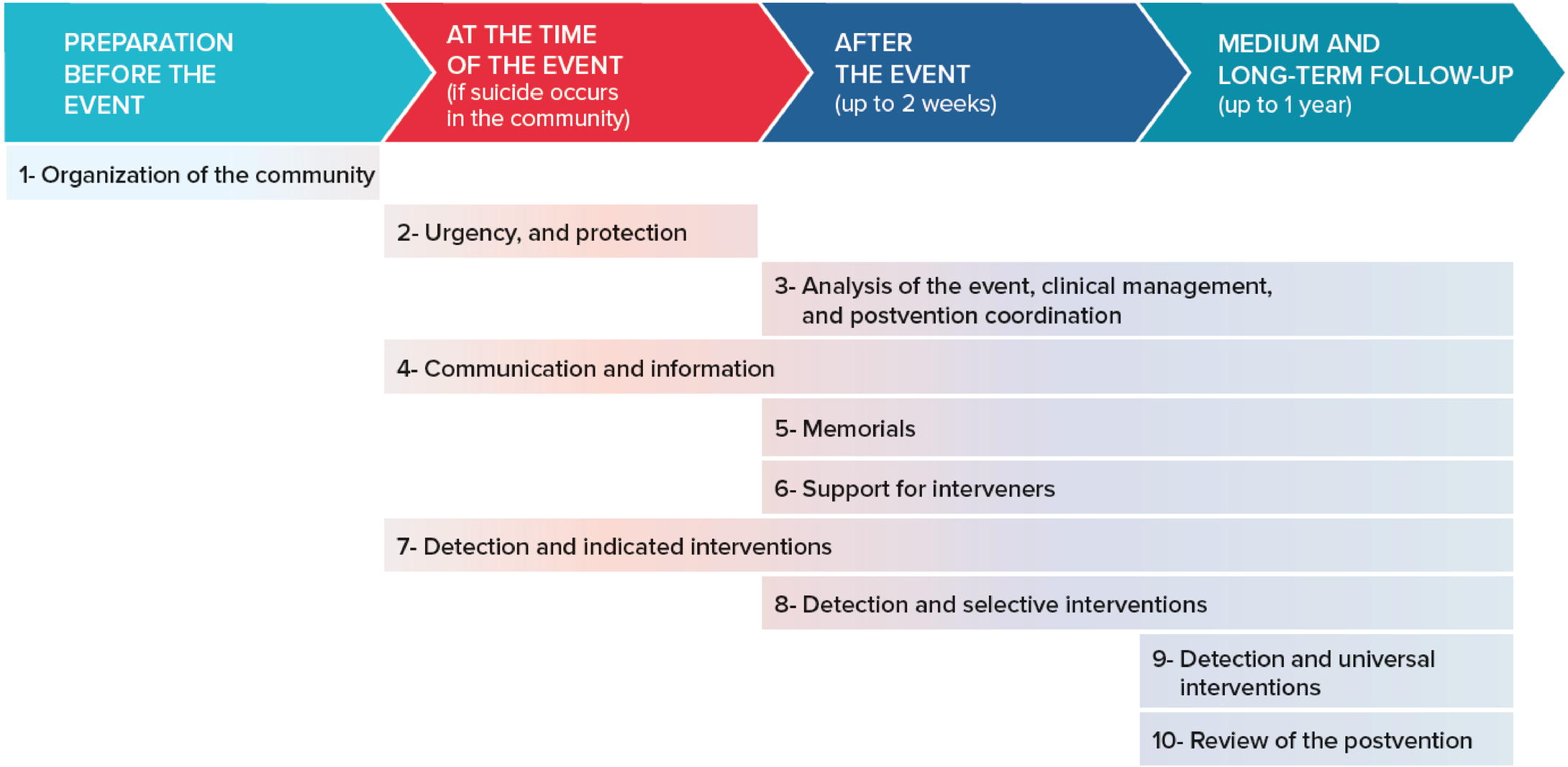
After the event

- First two weeks following the event
- “Contain” the impacts
- Identify affected people who may benefit from early intervention
- Offer indicated and selective interventions

Medium- and long-term follow-up

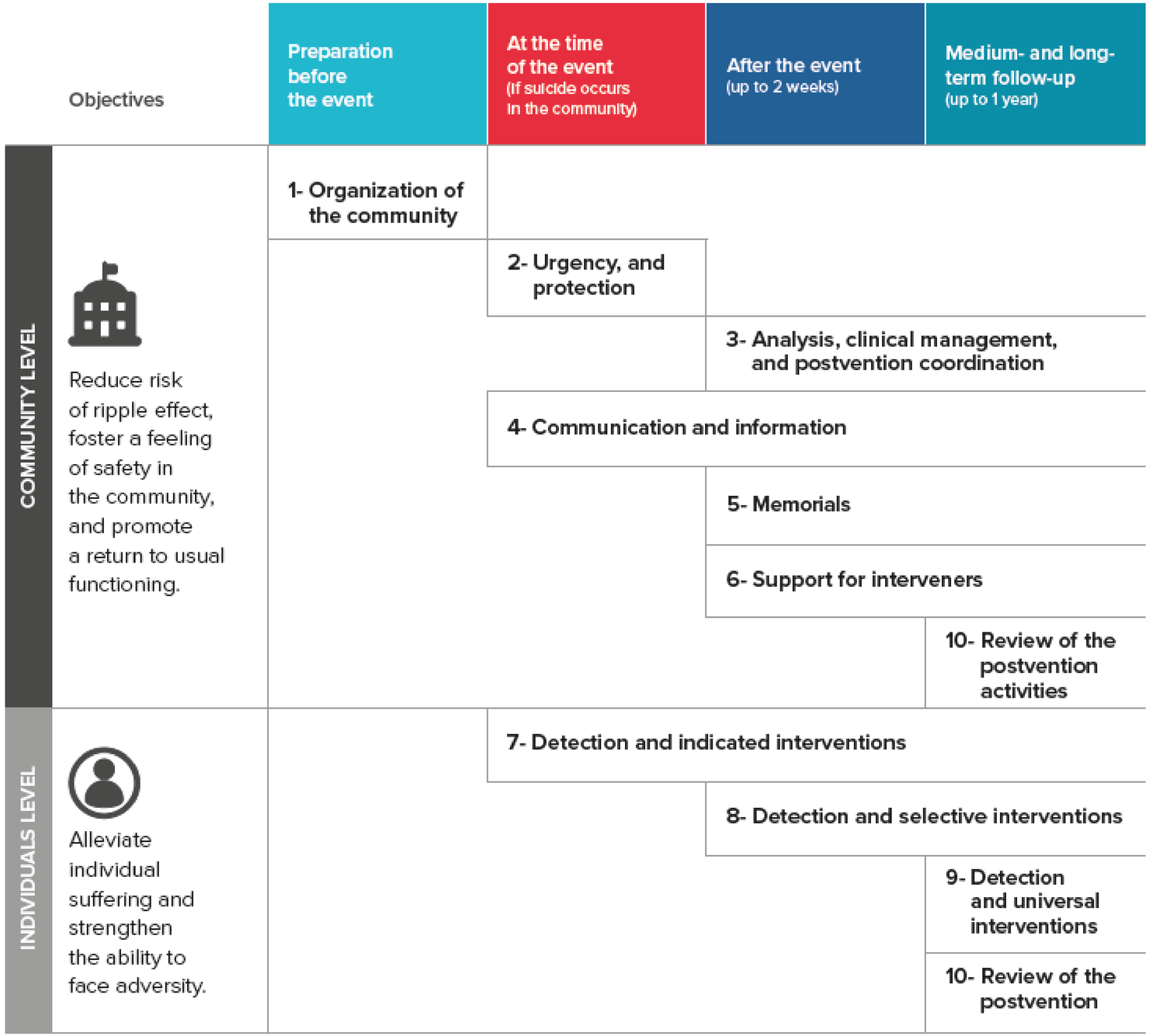
- Over a period of one year
- Identify signs or symptoms of mental health problems or complications of symptoms in group 1—bereaved individuals or witnesses (indicated interventions)
- Identify vulnerable individuals and intervene with group 2 (selective interventions)
- Implement universal interventions

10 MEASURES IN 4 SEQUENTIAL PHASES

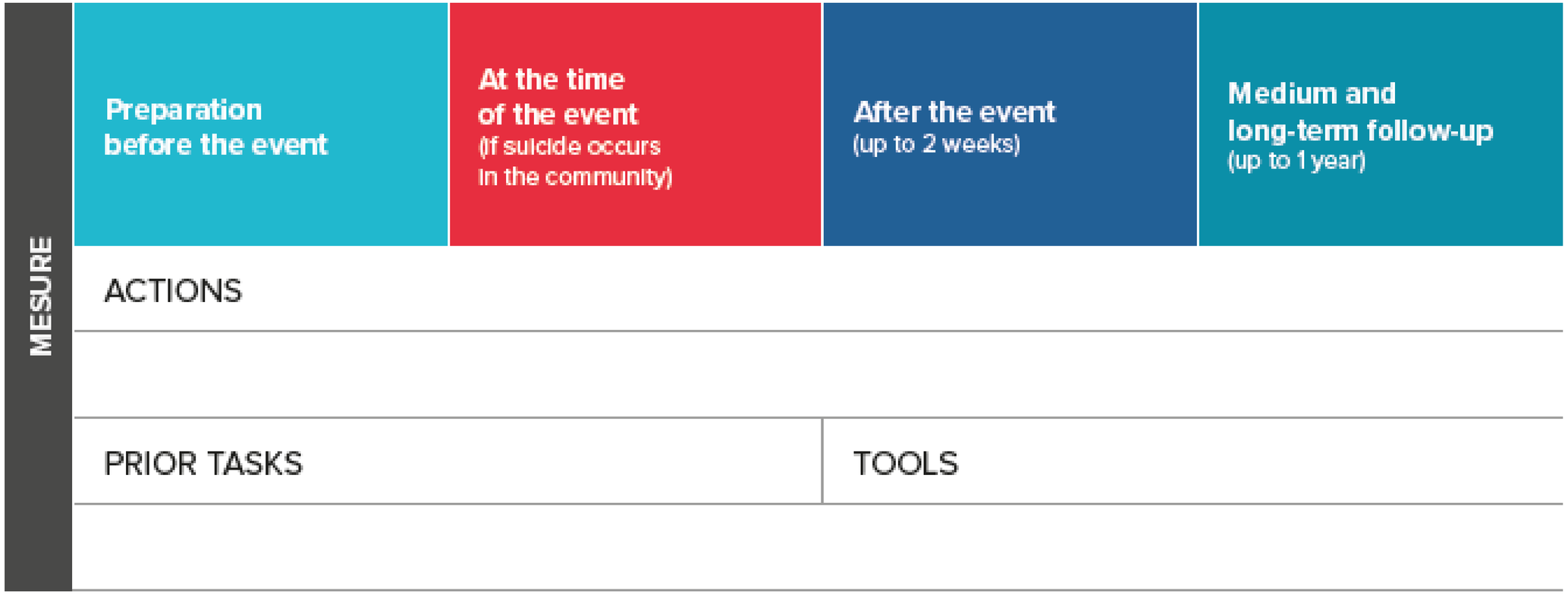


OVERVIEW OF MEASURES TO BE DEPLOYED SIMULTANEOUSLY, SUBDIVIDED BY PHASE AND LEVEL OF ACTION (INDIVIDUALS AND COMMUNITY)

FIGURE 4



ACTIONS, TASKS, AND TOOLS



MEASURE 1

ORGANIZATION OF THE COMMUNITY

Preparation before the event	At the time of the event (if suicide occurs in the community)	After the event (up to 2 weeks)	Medium and long-term follow-up (up to 1 year)

ACTIONS

Implementation steps

Step 1: Secure buy-in

- Ensure management–e.g., school management team, school board, business management, union–and decision-makers support the postvention program's philosophy and implementation of the 10 measures in the four-phase sequence.
- Provide the necessary human, material, and financial resources

Step 2: Identify internal and external resources

- Identify internal resources available in postvention situations
- Identify the external resources available to provide support or intervene in a postvention situation (Centre for suicide prevention [CPS], integrated health and social services centres or integrated university health and social services centres [CISSS or CIUSSS], school board, union, employee assistance program [EAP], occupational health and safety professionals, etc.)
- Ensure that resources are suitable for the particular features of the community (available internal resources are sufficient for the size of the community, community already compromised by other events, etc.)

Step 3: Create a postvention committee and establish its operating procedures

- Identify key internal actors based on postvention program guidelines
- Distribute and clarify committee members' roles and responsibilities:
  - ☐ Appoint a manager to act as spokesperson, if necessary
  - ☐ Appoint a postvention committee coordinator
  - ☐ For each of the 10 measures, appoint a leader who will be responsible for preparing the necessary material to implement during a suicide (the same person may be in charge of more than one measure)

Step 4: Ensure the collaboration and availability of external resources

- Ensure that the resources in the community have the necessary skills to intervene with individuals who are vulnerable to suicide and provide support until external resources take over
- Make service agreements to ensure competent external resources are accessible when needed (take part in postvention interventions, referrals for individual interventions, etc.)
- Clarify the roles and responsibilities of external actors

Step 5: Develop the skills of postvention committee members

- Inform the entire committee of the postvention program's impacts, objectives, intervention phases, and measures
- Equip postvention team members to handle measures they are responsible for

Step 6: Prepare the community

- Develop or update the internal postvention protocol
- Prepare the tools for each postvention program measure
- Inform staff members of the existence of the postvention protocol
- Educate staff on detecting vulnerable individuals

TASKS TO COMPLETE	TOOLS
☐ Develop a postvention protocol, with the support of decision-makers	1.A *Postvention Program Summary and Winning Conditions (p. 34)*
☐ Appoint a postvention team coordinator	1.B *List of tasks for the leaders of each measure (p. 36)*
☐ Appoint a leader for each measure	1.C *Who does what? – The Postvention Committee (request update of contact numbers at the beginning of each year) (p.38)*
☐ Identify internal and external resources capable of providing support and/or intervening	
☐ Prepare tools	
☐ Complete or adapt the tool *Who does what? – The Postvention Committee*	

TOOL 1.A WINNING CONDITIONS FOR IMPLEMENTING MEASURES

Step 1 Creation of a regional or local postvention team	Step 2 Implementation on the territory	Step 3 Follow-up of the implementation
1. Activate the team (e.g., suicide prevention centre, CISSS/ CIUSSS, school board, emergency services) 2. Implement the program and confirm the buy-in of everyone involved 3. Define roles and responsibilities for program implementation and intervention following a suicide	1. Target which institutions or communities for program implementation 2. Promote buy-in within these communities 3. Support the development of a postvention protocol in the community (Measure 1 of the program) 4. Support skills development for the community's postvention committee or the interveners involved during a suicide 5. If a suicide occurs: a. Provide support in the directly impacted community b. Ensure that other potentially impacted communities benefit from postvention	1. Perform an annual review of the postvention activities carried out on the territory 2. Adapt or revise protocols 3. Provide ongoing training for the communities and the regional or local team

TOOL 1.C

WHO DOES WHAT? THE POSTVENTION COMMITTEE

Organization of the community

Leader: _____

Phone: _____

Urgency and protection

Leader: _____

Phone: _____

Analysis, clinical management and postvention coordination

Leader: _____

Phone: _____

Review of the postvention

Leader: _____

Phone: _____

Postvention coordinator

Leader: _____

Phone: _____

Spokesperson/Media

Leader: _____

Phone: _____

Communication and information

Leader: _____

Phone: _____

Detection and universal interventions

Leader: _____

Phone: _____

Memorials

Leader: _____

Phone: _____

Detection and selective interventions

Leader: _____

Phone: _____

Detection and indicated interventions

Leader: _____

Phone: _____

Support for interveners

Leader: _____

Phone: _____

WINNING CONDITIONS FOR IMPLEMENTATION

In communities:

- **Buy-in and support from management**
- **Availability of internal and external resources**
- **Presence of trained staff**
- **Staff training in community-specific postvention protocols**
- **Pre-defined roles for each person involved in the protocol**
- **Community preparedness (Measure 1), including appropriating existing tools so they are consistent with program guidelines and community realities.**

WINNING CONDITIONS FOR IMPLEMENTATION

Following a suicide:

- **Adherence to the program’s sequential phases**
- **Commitment to continuing actions beyond the shock period in order to identify vulnerable individuals on an ongoing basis, thus potentially avoiding the ripple effect in both the short and long terms, and at a remove distance from the event**

MEASURE 2

URGENCY AND PROTECTION

Preparation before the event	At the time of the event (if suicide occurs in the community)	After the event (up to 2 weeks)	Medium and long-term follow-up (up to 1 year)
ACTIONS			
	If the death did not occur in the institution, go to Measure 3, "Analysis, clinical management, and postvention coordination." **The following sequence should be considered:** **Step 1** • Call emergency services (911) and follow their instructions • Assist physically injured witnesses • Block off the victim and the scene from view (e.g., with a curtain or panel) • Adjust or, if necessary, suspend the activity of the affected unit or institution • Refrain from moving any item that might be used as evidence **Step 2** • Identify family or friends of the deceased who may be on the premises • Identify all indiiduals exposed to the suicide: witnesses, victims, and anyone else associated with the situation **Step 3** • Provide immediate support to the direct witnesses (stay close to the person without forcing them to speak, listen to their initial reaction without trying to provide guidance) (see Tool 7.A *Detection and Indicated Interventions: Target Audiences and Suggested Interventions)* • Refer friends and loved ones to a competent health professional if necessary • Inform members of the immediate environment of the event and of the measures put in place **Step 4 (for minors)** • Inform parents (or legal guardians) that their loved one has witnessed a traumatic event and explain possible impacts **Step 5** • Minimize interruption of operations and/or closure of the establishment • If maintaining activities is not possible, it is recommended that teaching or normal tasks be resumed as soon as possible **Step 6** • Draft a list of the people who have been called in to provide help and manage the event or the scene • See Measure 6 for recommended interventions with these people **In the workplace** • Draft a statement explaining the event or work-related accident, as applicable, for each eye witness, in order to facilitate the management of potential post-traumatic disorders occurring at a remove from the event. **Pay special attention and provide support to individuals and teams involved in managing the body or the scene (e.g., first responders, occupational health and safety team, maintenance staff, janitor, etc.).**		

PRIOR TASKS	TOOL
☐ Plan gathering places ☐ Appoint those who will wear vests identifying them as resource people ☐ Plan to provide emergency telephones ☐ Liaise with those in charge of the emergency measures and ensure actions are consistent with what is already planned in the community ☐ Adapt the tool *Sample of an informative statement that can be broadcasted on the Institution's Website or Social Media Page*	2.A *Sample of an Informative statement that can be broadcasted on the Institution's Website or Social Media Page (p. 40)*

MEASURE 3

EVENT ANALYSIS, CLINICAL MANAGEMENT AND POSTVENTION COORDINATION

Preparation before the event	At the time of the event (if suicide occurs in the community)	After the event (up to 2 weeks)	Medium and long-term follow-up (up to 1 year)

ACTIONS

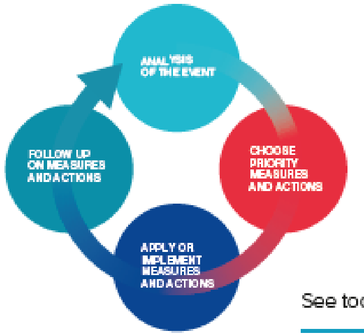
Coordination

- Verify accuracy and truthfulness of the information
- Mobilize a single spokesperson who will remain in contact with the family throughout the postvention
- Deploy the postvention protocol developed in Measure 1, "Organization of the community"
- Contact the responsible of this measure to mobilize the postvention committee
- Convene the postvention committee and ensure that planned actions are carried out and tools are adapted to the context or situation
- If there is no postvention committee identify resource persons capable to mobilize to form a working group and specify key positions for postvention deployment

Analysis of the event, and clinical management

The analysis of the event allows responders to gather information related to the characteristics of the individuals and the community which will help to prioritize the measures to be implemented. Clinical management actions include:

- Identifying affected individuals (see Figure 2)
- Selecting the appropriate interventions (refer to measures 7, 8, 9)
- Carrying out interventions according to the skills of the available responders
- Review, at the end of each day and on an ongoing basis, in the mediumand long term, the measures, actions and interventions carried out,to identify further interventions in light of the impacts onSee Tool 3.A. individuals and the environment.



See tool 3.A.

In situations of multiple suicides within a community (ripple effect):

While it is difficult to ascribe a suicide to the ripple effect, if a community is struck by multiple suicides, it is important to implement or intensify measures or actions, and ensure they will be continued over time (see Tool 3.E for more details).

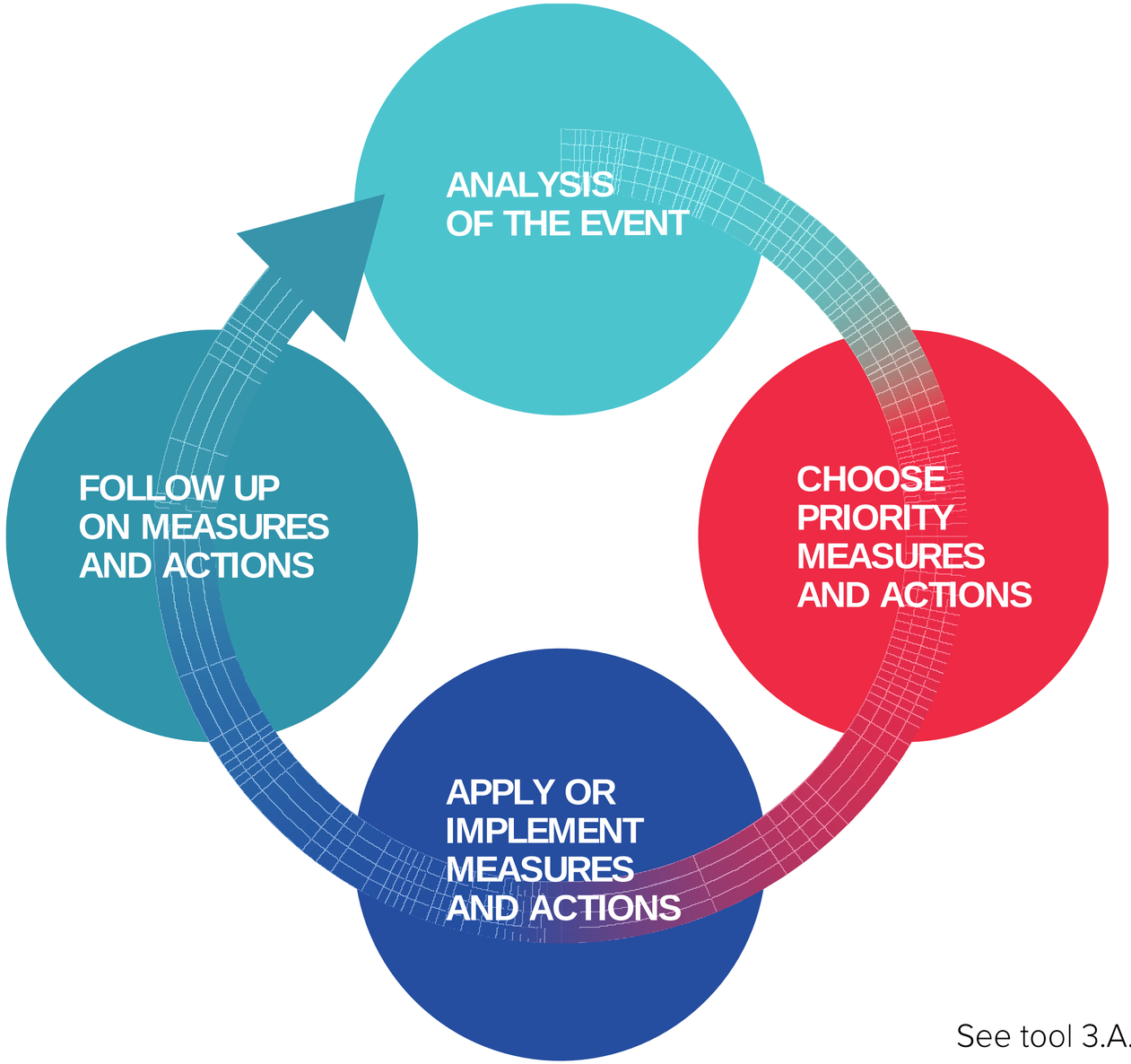
It is critical to:

- Intensify the process of detecting directly affected or vulnerable individuals
- Consolidate the trajectory of services
- Increase communications with the community to foster a sense of safety and competence;
- Provide increased coordination of postvention measures.

PRIOR TASKS	TOOLS
☐ Refer to the tool *Diagram of the Clinical Management Steps of the event*	3.A *Diagram of the Clinical Management Steps of the event (p. 42)*
☐ Refer to the tool: *Characteristics to Consider When Analyzing the event*	3.B *Characteristics to consider when analysing the event (p. 43)*
☐ Design or adapt the tool: *Event Analysis Grid*	3.C *Event Analysis Grid (p.45)*
☐ Refer to the tool: *Managing Disagreements with the Bereaved Family*	3.D *Managing Disagreements with the Bereaved Family (p.50)*
☐ Refer to the tool *Dealing with Multiple Suicides in the Community (Ripple Effect)*	3.E *Dealing with Multiple Suicides in the Community (Ripple Effect) (p. 51)*

TOOL 3.A

DIAGRAM OF CLINICAL MANAGEMENT STEPS OF THE EVENT



See tool 3.A.

TOOL 3.C

EVENT ANALYSIS GRID

DATE

Who informed of the death?

Name:

Relationship to deceased:

Phone:

Email:

Characteristics of the deceased

Name:		Sex: ☐ F ☐ H	Age:
Was the person well-known in the community?	☐ Little-known	☐ Average	☐ Well-known
Was the person a member of any groups?	☐ Yes If so, specify:		☐ No ☐ Don't know

Circumstances of the suicide

Type of suicide	☐ Individual suicide	☐ Suicide pact Number of deceased: Number of survivors:	
Confirmed facts	Suicide date:		Method of suicide:
	Suicide location:		

Circumstances/Facts of interest:

Were there direct witnesses?

Events that may have contributed to the suicidal act:

Characteristics of the community

Have there been other suicides in the community in recent weeks?	☐ Yes	☐ No (If the answer is “No” or “Don’t know,” skip to the next section.)	☐ Don’t know
Is this a series of suicides?	☐ Yes If so, how many?	☐ No (If the answer is “No” or “Don’t know,” skip to the next section.)	☐ Don’t know

Specify			
1st suicide	Date :	Location:	Method of suicide:
2nd suicide	Date :	Location:	Method of suicide:
3rd suicide	Date :	Location:	Method of suicide:

Were postvention activities held at the institution in response to these suicides?		☐ Yes	☐ No
Have there been other tragic events in the community?	☐ Yes If so, what type of event?	☐ No	
Is the death a topic of discussion on social media?	☐ Yes What is the source of this information?	☐ No	

Characteristics of the deceased’s immediate environment

What individuals or communities have been informed of the event?

People/Communities	**Yes**	**No**	**Don’t know**
Family (father, mother, brother, sister, spouse, child)			
Loved ones (boyfriend/girlfriend, friends, confidants)			
Social environment (neighbours, classmates)			
The community (school, work, groups, community)			

How were these communities informed?

By whom:

By what means:

Have external organizations been informed, or should they be?

☐ Yes ☐ No

If so, which ones?

Name of organizations or contact person	**Why?**	**Already informed**	**To be informed**

How did individuals and communities react?

MEASURE 4

COMMUNICATION AND INFORMATION

Preparation before the event	At the time of the event (If suicide occurs in the community)	After the event (up to 2 weeks)	Medium and long-term follow-up (up to 1 year)

ACTIONS

Information:

Announcement of the event *(objectives: inform, reframe information, detect vulnerable people, promote services))*

- Verify accuracy and truthfulness of the information
- Mobilize the designated spokesperson who will remain in contact with the family throughout the postvention
- Decide who to target with the announcement based on the analysis of the event (specific departments, classes or colleagues)
- Choose the most appropriate format for the announcement based on the target audience: the format may differ for announcements made to individuals directly exposed to the event, vulnerable individuals, or the entire population (e.g., direct verbal announcement, group or individual)
- Identify the people who will make the announcement within the institution (ideally people known to the community who are able to convey empathy and be reassuring)

Communication:

- **With the parents of minors** *(Objectives: inform of postvention, develop awareness regarding identification and warning signs [when to worry], and inform of available resources)*
  - ☐ Decide with which parents to announce the event
  - ☐ Choose the most appropriate medium to announce the event (e.g., phone, email, letter)
  - ☐ Identify the people who will announce the event
- **With the media** *(Objectives: minimize prejudices that limit preventive actions, inform of warning signs and available resources, minimize prejudices around seeking help)*
  - ☐ A spokesperson (leader, representative, or other) should be designated as sole media contact
  - ☐ It is vital to ensure all information about the event has been communicated to the family before communicating with the media (see Tool 4.C)
  - ☐ It is critical to follow the recommendations of various media relations best practices guides
- **On social media**
  - ☐ Be proactive with both traditional and social media (use them to encourage people to seek help and raise awareness of available resources) (see Tool 4.D)
  - ☐ Make direct contact with people who leave disturbing messages on social media (distress or misinformation)

- Promote assistance services
- Be attentive to what is being said within the community and on social media

PRIOR TASKS	TOOLS
☐ Connect with local media to establish a procedure to follow in the event of a suicide. Refer to the tool: *Media Management Guide*	4.A *Guide for Announcing the event (p.53)*
☐ Name a spokesperson/media officer	4.B *Model Letter to Parents (can be adapted to another community) (56)*
☐ Appoint a person to be responsible for social media monitoring	4.C *Media Management Guide (p.57)*
☐ Target and equip all those who may be involved in announcing the event	4.D *Social Media Guidelines (p.60)*
☐ Adapt the tool *Guide for Announcing the event*	
☐ Adapt the tool *Model Letter to Parents*	
☐ Refer to the tool *Social Media Guidelines to establish an intervention procedure on social media*	

TOOL 4.C

MEDIA MANAGEMENT GUIDE

WHAT IS MOST EFFECTIVE, ACCORDING TO THE WORLD HEALTH ORGANIZATION

HOW TO REPORT ON SUICIDE IN GENERAL

- Interpret statistics carefully and accurately
- Use reliable sources of information
- Always be extremely cautious when making on-the-spot statements, despite time pressure
- Be wary of generalizations based on small numbers and avoid expressions such as "suicide epidemic" and "the place with the world's highest suicide rate"
- Provide a list of all mental health services and telephone hotlines, with the numbers to call and current website addresses
- List all the red flags for suicidal behaviour
- Do not present suicidal behaviour as a response to social and cultural changes or a recession

HOW TO REPORT ON A SPECIFIC SUICIDE

- Deliberately avoid sensationalizing articles abouta suicide, especially when it concerns a celebrity. Information must be kept to a minimum. You should also disclose any mental health issues the person might have had. Exaggeration must be avoided at all costs. Do not publish photographs of the deceased, of the means used, or of the location. Front-page headlines arenever the appropriate place for news about a suicide.
- Explicit descriptions of the method used and how the person got it must be avoided. Certain places—bridges, cliffs, tall buildings, train tracks, etc.—are commonly linked to suicides, and publicizing them can increase the risk of suicides occurring there.
- A suicide should never be reported in a simplistic way or as inexplicable. It is never the result of just one factor or event. The is generally triggered by a complex interaction of multiple factors, such as mental or physical illness, excessive drug or alcohol consumption, family problems, relationship conflicts, or life stressors. It is helpful to point out that a number of factors contribute to suicide.
- Suicide should certainly not be depicted as a solution to personal problems such as bankruptcy, failing an exam, or sexual abuse.
- Mention that suicidal behaviour is often associated with depression and that depression is curable.
- Media reports must take into consideration the impact of suicide on family members and loved ones, who are distressed and grieving.
- Glorifying people who have died by suicide as martyrs and objects of adulation may suggest to vulnerable people that society admires suicidal behaviour. Rather, reports should focus on the grief experienced by the deceased's loved ones.
- Descriptions of the physical consequences of a suicide attempt (brain damage, paralysis, etc.) can be a deterrent.

MEASURE 5

MEMORIALS

Preparation before the event	At the time of the event (If suicide occurs in the community)	After the event (up to 2 weeks)	Medium and long-term follow-up (up to 1 year)
ACTIONS			
		Attending memorial services The role of the person responsible for memorials in the postvention committee is to: • Contact the family to obtain information about memorial services • Discuss with the family about having community members attend the funeral service • Provide relevant information on the funeral service and other memorial events to specific groups wishing to participate in the ceremony, with the family's consent • Determine whether the presence of a representative of the institution is required • Avoid the following: ☐ Cancelling activities (courses, employee shifts, etc.) to allow people to attend memorial services (attending such events should be done privately) ☐ Organizing public transportation for mass participation by the community **Managing memorial rituals** • Avoid engaging the entire community in memorial rituals • If the community or its members wish to do so (after a few days to process and analyze the event), it may be possible to propose a mode of memorial chosen with them (e.g., a book of best wishes for the family) (see Tool 5.B) • Conditions to consider when organizing a memorial: ☐ Suitable to the deceased's age and development stage ☐ Limited in time and space ☐ Accompanied by an intervener or a member of the postvention committee ☐ Consistent with the same rituals as with any other type of death (illness, accident, etc.). • Avoid creating memorial pages online • Refrain from creating permanent memorials, to avoid giving the event undue emphasis (e.g., posting a photo of the person on a bulletin board, keeping the person's locker or workspace untouched, etc.)	• Avoid organizing memorial days on anniversaries of the event • Be attentive to those who have been directly affected and to vulnerable individuals for whom the anniversary dates may rekindle the loss and their suffering (see measures 7 and 8)

PRIOR TASKS	TOOLS
☐ Learn about the community's habits regarding rituals and memorial services in order to choose a ritual that does not single out suicide deaths for special treatment ☐ Refer to the tool *Managing Funeral Rituals or Memorials* ☐ Refer to the tool *Potential Memorial Ideas*	5.A *Managing Funeral Rituals or Memorials (p.65)* 5.B *Potential Memorial Ideas (p.66)*

MEASURE 6

SUPPORT FOR INTERVENERS

Preparation before the event	At the time of the event (if suicide occurs in the community)	After the event (up to 2 weeks)	Medium and long-term follow-up (up to 1 year)
ACTIONS			
		To determine the necessary support, consider the involvement and requirements of the various groups who play a role in the postvention. In general, it will be important to provide support or assistance, psychological or otherwise, to the interveners who need it (e.g., supervision, ad hoc meetings, replacement in their role). Therefore, it will be important to work with human resources and employee assistance programs to provide support to the different types of interveners. More specifically: **For individuals directly involved in managing the postvention** • Ensure mutual vigilance in order to detect distress signs in others • Use external resources to help with the analysis of the event and decision-making, and even participate in interventions (e.g., suicide prevention centre) **For those involved in announcing the event and detection** • Make sure they are psychologically equipped to fulfill their roles • Provide guidance for more potentially challenging actions • Hold regular meetings in the short, medium and long term to provide general information, guidance, reassurance and support for their actions, particularly in detecting directly affected or vulnerable individuals **For those responsible for handling the deceased's body or the scene (occupational health and safety team, janitorial staff, first aid team, etc.)** • Offer one-on-one meetings allowing them to discuss, express their feelings, and receive support • Allocate time to make short-term assessments of the actions undertaken **For the interveners who worked directly with the deceased** • Provide support for the interveners who worked directly with the deceased (see Tool 6.A) • Verify their ability to participate in the postvention and their psychological readiness to do so	• During post-intervention evaluations, involve those who took part in the postvention activities

PRIOR TASKS	TOOL
☐ Educate the interveners who will have a role to play in the postvention ☐ Plan support to be made available to everyone involved in postvention ☐ Name a person responsible for managing internal or external conflicts ☐ Consult the tool *Support for Interveners who Worked Directly with the Deceased*	6.A *Support for Interveners who Worked Directly with the Deceased (page 68)*

MEASURE 7

DETECTION AND INDICATED INTERVENTIONS

Preparation before the event	At the time of the event (If suicide occurs in the community)	After the event (up to 2 weeks)	Medium and long-term follow-up (up to 1 year)
ACTIONS			
For the bereaved individuals			
	• Identify bereaved relatives who may be in the community, to prevent them from hearing about their loved one's death through rumours or social media and finding themselves alone without support • Identify individuals who should be offered an initial meeting, and could benefit from more services	• In the short term, those responsible for postvention activities should maintain regular contact with bereaved relatives and ensure the grieving process proceeds healthily • If needed, provide psychological support to assist bereaved relatives in the grieving process	• Refer individuals experiencing difficulties at a remove from the event to appropriate services • Exercise ongoing vigilance in detecting difficulties experienced by bereaved individuals when they return to the community a few weeks after the event, or those who have been referred to external services
Note: Activities that require guidance are to be carried out by trained professionals, and are conducted following an assessment of the individuals who have been directly affected.			
For witnesses			
	• Identify individuals who witnessed the event (students, employees, other staff and administration members) • Provide immediate support to the direct witnesses (remain close to the individual, without forcing them to speak; listen to their first reactions without attempting to direct the conversation)	• Re-contact witnesses (in person or by telephone), to: ☐ Offer an individual meeting to reassure and inform them while validating the temporary stress reactions ☐ Provide information on common reactions that may appear ☐ Inform them of available resources	• Provide a psycho-traumatic care intervention for people who witnessed the event (if deemed necessary) • Exercise ongoing vigilance in detecting difficulties experienced by witnesses when they return to the community, or by those who have been referred to external services
Important: Refrain from debriefing (see Tool 7.B, Reasons Not to Use a Debriefing Strategy).			

PRIOR TASKS	TOOLS
☐ Develop service trajectories and referral protocols for internal or external resources or professional services ☐ Refer to the tool *Detection and Indicated Interventions: Target Audiences and Suggested Interventions* ☐ Refer to the tool *Reasons Not to Use a Debriefing Strategy* ☐ Refer to the tool *Monitoring Sheet for Indicated Interventions*	7.A *Detection and Indicated Interventions: Target Audiences and Suggested Interventions (p. 70)* 7.B *Reasons Not to Use a Debriefing Strategy (p. 74)* 7.C *Monitoring Sheet for Indicated Interventions (p. 76)*

TOOL 7.A DETECTION AND INDICATED INTERVENTIONS

Target subgroups	Changes and signs to look for	Confirmation of a potential disorder by someone with the right skills (Restricted practices)	Treatment options
Evolution of grief reactions in bereaved relatives	**Short term:** • Shock • Denial • Numbness • Crying • Looking to blame someone **Medium and long term:** • Sorrow • Sadness • Missing the person • Searching for meaning • Guilt	Healthy grieving process	• Self-care • Social support • Psychosocial follow-up • Psychosocial intervention: sessions for problem solving, stress management, personal growth; • Support group (e.g., available at certain Centre for Suicide Prevention)
	• **Medium and long term (12 to 18 months):** • Difficulty adjusting to the loss • Constantly looking for the deceased • Thoughts that interfere with daily life • Sadness	Grieving process with complications	• Psychotherapy (if the response to psychotherapy does not help, the person must meet with a specialist)
	• **Medium and long term (between 18 months and 2 years):** • Nostalgia • Persistent loneliness • Constantly thinking about the deceased • Dwelling on the topic of death and the deceased • Persistent feeling of chaos • Inability to trust others • Extreme yearning to be close to the deceased	Grief evolving in conjunction with the development of other disorders (post-traumatic stress disorder [PTSD], depression or other)	• Psychotherapy (if the response to psychotherapy does not help, the person must meet with a specialist) • Pharmacological treatment combined with psychotherapy in the form of cognitive behavioural therapy (CBT) or interpersonal therapy (IPT) • Follow-up with a psychiatrist
Evolution of stress reactions in people exposed to the event (witnesses)	• Temporary stress • Initial temporary stress reactions, concerns arising as a result of the event (a few days)	• Temporary stress • Healthy responses	• Support • Psychoeducation

Target subgroups	Changes and signsto look for	Confirmation of a potential disorder by someone with the right skills (Restricted practices)	Treatment options
People exposed to the event (witnesses)	Post-traumatic stress disorder (PTSD) According to the DSM-5 diagnosis criteria, there are four types of symptoms: • Reliving the event • Avoidance • Persistent negative thoughts and feelings • Heightened startled response/reactivity	• Post-traumatic stress disorder (PTSD) (symptoms last at least a month) • Chronic PTSD (symptoms last three or more months) • Deferred-onset PTSD (at least six months between the traumatic event and the onset of symptoms) • Depression in 50% of people, with a suicide rate 15 times higher than for the general population • Psychoactive substance (alcohol) abuse: 52% among men, 28% among women • (National Institute for Health and Care Excellence, 2005)	To prevent PTSD after trauma, brief individual cognitive behavioral psychotherapy (CBT) interventions have been shown to be effective two to five weeks after trauma.
	Reliving the event: • Recurrent overwhelming memories of the event • Nightmares • Flashbacks • Distress or a physiological response when exposed to stimuli associated with the traumatic event **Avoidance:** • Avoidance of memories, thoughts, and feelings associated with the traumatic event • Avoidance of elements that are a reminder of the trauma (people, places, activities, objects, situations) **Negative thoughts and feelings:** • Inability to remember an important aspect of the traumatic event • Persistent and exaggerated negative thoughts about oneself, others, or the world • Tendency to self-blame • Persistent negative emotions (fear, horror, anger, guilt, shame) • Loss of interest in activities • Feeling detached from others • Restricted positive emotions **Heightened startled response/reactivity** • Irritability or extreme anger • Reckless or self-destructive behaviour • Hypervigilance • Jumpiness • Difficulty concentrating • Sleep problems	• Post-traumatic stress disorder (PTSD) • Frequent occurrence of other anxiety disorders, including phobia and panic disorders • Various relationship problems (misunderstood by their immediate environment, rejection)	• Cognitive behavioural psychotherapy (CBT) • Psychoeducation • Training in anxiety management • Cognitive correction • Exposure in imagination and in vivo

MEASURE 8

DETECTION AND SELECTIVE INTERVENTIONS

Preparation before the event	At the time of the event (If suicide occurs in the community)	After the event (up to 2 weeks)	Medium and long-term follow-up (up to 1 year)
ACTIONS			
		While detecting individuals with known vulnerabilities is an immediate priority, it's important to keep in mind that other people may develop psychosocial or mental health difficulties in the weeks or months following a suicide. Detecting vulnerable individuals is thus an active, ongoing process necessary to counter the ripple effect, which can also occur at a remove from the event. **Involve personnel to help detect vulnerable individuals** • Regularly communicate with the community personnel or professionals to enhance their ability to identify community members in distress (signs and symptoms indicating a mental health problem) • Request collaboration from personnel by asking for names of people who show signs and symptoms, to initiate contact with them **Contact vulnerable individuals and refer them to services that meet their needs** • Record the names of people who exhibit signs and symptoms, and proactively contact them in an empathetic and confidential manner • If the suicide is discussed on social media, ensure you can recognize distress messages and intervene proactively (see Tool 4.D) • Pay special attention to individuals who are failing a class, on medical leave or in the process of dropping out, as well as those involved in managing the body or scene (e.g., first responders, occupational health and safety team, janitorial staff, etc.) • Assess the event's impact on already vulnerable individuals and the presence of suicidal thoughts • Refer vulnerable individuals to relevant services and qualified professionals	In the months following the suicide, it is critical to regularly repeat the process which consists in verifying with the community members their level of concern for a person: • Follow up with those who are likely to be in contact with individuals at risk of developing difficulties at a remove from the events–teachers, interveners, team leaders, etc.–to inform them of signs and symptoms that may be observed (see list in Tool 8.A) • Regularly reinitiate contact with individuals identified as vulnerable, and refer them to the appropriate services if difficulties arise or intensify; • Maintain contact with people who declined the first offer of support.

PRIOR TASKS	TOOLS
☐ Refer to the tool *Detection and Selective Interventions: Target Audiences and Suggested Interventions*	8.A *Detection and Selective Interventions: Target Audiences and Suggested Interventions (p. 78)*
☐ Refer to the tool *Monitoring Sheet for Selective Interventions*	8.B *Monitoring Sheet for Selective Interventions (p. 83)*

TOOL 8.A DETECTION AND SELECTIVE INTERVENTIONS

Target subgroups	Indicators to look for Signs and difficulties	Confirmation of a potential disorder by someone with the right skills (Restricted practices)	Treatment options
• People indirectly exposed to the event (for example, those exposed to repetitive accounts from people who experienced the event, first responders, rescue workers, emergency doctors) • People exposed to one or more traumatic events in the past	If post-traumatic stress disorder is confirmed, the following signs might be noticeable: **Reliving the event** • Recurrent overwhelming memories of the event • Nightmares • Flashbacks • Distress or a physiological response when exposed to stimuli associated with the traumatic event **Avoidance** • Avoidance of memories, thoughts, and feelings associated with the trauma • Avoidance of elements that are a reminder of the trauma (people, places, activities, objects, situations) **Negative thoughts and feelings** • Inability to remember an important aspect of the traumatic event • Persistent and exaggerated negative thoughts about oneself, others, or the world • Tendency to self-blame • Persistent negative emotions (fear, horror, anger, guilt, shame) • Loss of interest in activities • Feeling detached from others • Restricted positive emotions **Heightened startled response/reactivity** • Irritability or extreme anger • Reckless or self-destructive behaviour • Hypervigilance • Jumpiness • Difficulty concentrating • Sleep problems	• Acute stress (responses lasting one month) • Deferred-onset post-traumatic stress disorder (PTSD) (at least six months between the traumatic event and the onset of symptoms)	• Cognitive behavioural psychotherapy (CBT) • Psychoeducation • Training in anxiety management • Cognitive correction

Target subgroups	Indicators to look for Signs and difficulties	Confirmation of a potential disorder by someone with the right skills (Restricted practices)	Treatment options
Crisis and suicidal crisis responses People who are vulnerable because they: • Have experienced challenging life events • Have previously made a suicide attempt • Have seriously considered suicide • Have had a known mental health disorder • Are dealing with psychoactive substance abuse • Are experiencing difficulties associated to impulsiveness or oppositional behaviours • Have been the victim of violence or bullying, or have bullied other people, etc.	• Feeling of profound and persistent sadness (may happen for no apparent reason) • Irritability • Feeling of despair • Loss of interest and pleasure in a number of activities and aspects of life • Feeling of excessive guilt • Feeling of unworthiness, low self-esteem • Suicidal ideation • Loss or gain in appetite or weight • Insomnia or hypersomnia • Psychomotor retardation (heavy legs, slower gait speed) • Fatigue or lack of energy, even after a rest (feeling that everything is an effort) • Physical pain (headaches, back pain, or stomach ache) • Difficulty remembering things or concentrating • Difficulty making decisions • Isolation	• Adjustment disorders • Mood disorders	**Adjustment disorder** • Self-care and psychosocial follow-up • Psychosocial intervention: sessions to help with problem solving, stress management, personal growth; support group **Mild depression** • Psychoeducation • Support therapy • Psychosocial intervention: sessions to help with problem solving, stress management, personal growth; support group • Cognitive behavioural therapy (CBT) or interpersonal therapy (IPT)) **Moderate depression** • CBT or IPT • If the person does not respond well to psychotherapy, a pharmacological treatment can be added (antidepressant) • Pharmacological follow-up with a family doctor **Severe depression** • Pharmacological treatment combined with CBT or IPT • Follow-up with a psychiatrist • Hospitalization
	• Significant level of distress • Constant worrying, which prevents the person from functioning and acting normally at work, in society, or in other areas of daily life • The person may have one or more of the following reactions: headaches; nausea; diarrhea; excessive perspiration; tremors; restlessness (intense agitation); heart palpitations (unusually fast heartbeat); muscle pain, difficulty concentrating; difficulty breathing; numbness or tingling.	Anxiety disorders	Anxiety disorder experts usually recommend one of the following two therapies: • Cognitive behavioural therapy (CBT), which seeks to modify problematic thoughts and behaviours and replace them with thoughts and reactions in line with reality • Therapy based on a humanistic or analytical approach, aimed at identifying the causes of the psychological suffering Medications such as antidepressants and anxiolytics can be used to treat a general anxiety disorder.

Target subgroups	Indicators to look for Signs and difficulties	Confirmation of a potential disorder by someone with the right skills (Restricted practices)	Treatment options
	• Inability to meet important obligations • Taking substances even when it is physically dangerous • Relationship or social problems • Tolerance • Withdrawal • Loss of control over how much they take and for how long • Desire to cut back or persistent efforts to cut back • A lot of time spent taking substances • Dropping out of activities in favour of substance use, which continues despite a physical or psychological diagnosis • Craving	Disorders associated with excessive use of psychoactive substances	• Motivational interview • Psychotherapy and preventing a relapse (CBT) • Support group (AA, NA) • Psychodynamic and family psychotherapy

MEASURE 9

DETECTION AND UNIVERSAL INTERVENTIONS

Preparation before the event	At the time of the event (If suicide occurs in the community)	After the event (up to 2 weeks)	Medium and long-term follow-up (up to 1 year)
ACTIONS			
			The aim of these interventions is to help the community as a whole develop the skills to identify the warning signs of psychological suffering, reduce barriers to seeking professional counseling, and develop personal skills to maintain sound mental health. *These activities will help contain the risks of a ripple effect.* **Literacy activities (increasing knowledge)** • Implement actions to raise awareness of the warning signs of depression, excessive drug or alcohol use, distress, and social isolation (education initiatives that **do not specifically target suicide, but tackle related topics**, information booths, social activities, etc.) • Promote activities to increase the acceptability of seeking mental health services • Promote seeking professional help in a positive light through awareness-raising and education activities **Detection of the population and access to mental health services** • Identify individuals who may be developing personal, social, academic, or mental health difficulties Initiate contact with these individuals, and make an initial offer of support. If these individuals have psychological needs beyond support, it is important t o encourage them to commit to seeking professional services. • Assist individuals in seeking professional help • Promote access to consultation with health professionals (access to on-site professionals, online consultation, etc.) **A global health program to strengthen the community** • Develop strategies such as *Milieu en santé* and promote to enhance individuals' resilience and well-being Use existing programs, to implement in the community for the long term (e.g., Agir en sentinelles pour la prevention du suicide [Acting as a Suicide Prevention Gatekeeper]) (see Tool 9.A) • Promote individual and collective strategies to maintain good mental health (see strategies such as *Milieux de vie en santé* (Healthy Communities) *or École en santé* (Healthy Schools)

PRIOR TASK	TOOL
☐ Refer to the tool *Detection and Universal Interventions: Target Audiences and Suggested Activities*	9.A *Detection and Universal Interventions: Target Audiences and Suggested Activities (p. 85)*

MEASURE 10

REVIEW OF THE POSTVENTION ACTIVITIES

Preparation before the event	At the time of the event (If suicide occurs in the community)	After the event (up to 2 weeks)	Medium and long-term follow-up (up to 1 year)
ACTIONS			
			Review of the interventions after a death • Hold a committee meeting a few weeks after the event to assess the situation and to ensure ongoing detection of vulnerable individuals • Keep written records of the number of persons referred, the number of groups met with, etc., for the annual assessment **Annual assessment of postvention activities** • Hold a meeting with the postvention committee, external partners, and everyone involved in postvention activities • Evaluate postvention activities • Analyze and evaluate actions undertaken: Which were successful? Which were unsuccessful or in need of improvement? • If possible, interview individuals targeted by postvention interventions (students or employees) to determine which services were helpful, and which services they would have liked to receive **Planning for future postvention activities** • Review the postvention protocol annually and make appropriate adjustments • Take into account the assessment of the postvention activities • Train new committee members • Update knowledge and awareness of personnel **Implementation or improvement suicide prevention programs or activities in the community** • Implement a suicide prevention policy • Integrate a monitoring tool on the psychological health of employees or students • Provide an ongoing assessment of the risk factors for individuals and in the community and propose measures to mitigate their impacts

PRIOR TASKS	TOOLS
☐ Record information on each postvention activity using the *Review of the Postvention Following a Suicide* tool ☐ Plan an annual review of the postvention activities ☐ Refer to the tool *Review of the* Annual's Postvention Activities	10.A *Review of the Postvention Following a Suicide (p. 88)* 10.B *Review of the Annual's Postvention Activities (p. 91)*

TOOL 10.A REVIEW OF THE POSTVENTION

FOLLOWING A SUICIDE

	What has been done	What worked out	What was helpful	What should we do differently in the future	Key takeaways
Measure 2 Urgency and protection					
Measure 3 Analysis, clinical management, and postvention coordination					
Measure 4 Communication and information					
Measure 5 Memorials					
Measure 6 Support for interveners					

	What has been done	What worked out	What was helpful	What should we do differently in the future	Key takeaways
Measure 7 **Detection and indicated interventions**	Number of individual meetings: Number of group meetings: _____ meetings with _____ people Type of service offered internally: _____ Number of people referred externally, and to which organizations: _____ people Organizations: _____				
Measure 8 **Detection and selective interventions**	Number of individual meetings: Number of group meetings: _____ meetings with _____ people Type of service offered internally: _____ Number of people referred externally, and to which organizations: _____ people Organizations: _____				
Measure 9 **Detection and universal interventions**					

Measure 10

Review of the postvention activities
What helped the community resume usual functioning?
What was particularly helpful?
What was more difficult?
What should we do differently going forward?
What are the main observations to make in relation to the postvention and the interventions implemented?
Did the community buy into the postvention?
What is planned for the rest of the year?

THANK YOU !

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