# BEING PREPARED TO ACT IN THE EVENT OF A SUICIDE

## POSTVENTION PROGRAM

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Funded by

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# MESSAGE FROM THE PREMIER

While it is true that *Life is Beautiful*, as in the celebrated Roberto Benigni film, we must also not forget, as Luc De Larochellière's song reminds us, that it can also be "so fragile." Though suicide rates have declined in recent years, suicide remains a serious concern. It is critical that we continue to take good care of our young people and encourage them to develop healthy lifestyles from the earliest possible age. That was one of the strategic priorities identified in the 2030 Québec Youth Policy, *Working Together for Current and Future Generations*. We are working to promote and foster young people's physical and psychological wellness and their ability to prevent difficulties and take action.

Suicide is an irreversible act that puts a great strain on our communities, families, and friends. The risk that one suicide may trigger others is all too real. To counter this "ripple effect," we must take the necessary steps to mitigate the impacts of people's reactions to stress, crisis, and grief.

To address these issues, we assembled a team of partners–Association québécoise de prévention du suicide (AQPS), Monique Séguin, Françoise Roy, and Regroupement des centres de prévention du suicide du Québec–and created the *Postvention Program: Being Prepared to Act in the Event of a Suicide*. We believe that by taking swift, targeted, long-term action we can minimize the repercussions of suicide on the deceased person's loved ones, prevent mental health problems among young people, and avoid further suicides.

I am very proud to note that our postvention program is already attracting interest from other francophone nations, proof positive that our strategic direction is solid, our partners inspire confidence, and our project implementation is rigorous. I am confident that our program will produce the desired positive outcomes. I would like to thank everyone who helped design a strategy that is effective and humanistic.

I wholeheartedly admire, believe in, and am proud of Quebec's young people. And I am thrilled to know that we are all working together to enhance the wellness of our youth.

François Legault

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# WHO THE PROGRAM IS FOR

This program is designed for institutions and organizations that offer postvention services or are called upon to intervene in the event of a suicide. It is also suitable for secondary and postsecondary educational institutions and their administration, workplaces, and living spaces (e.g., group homes, youth community centres) that wish to be prepared, act appropriately, and limit the impacts of a suicide.

# HOW TO USE THIS PROGRAM

**This program sets out measures to address the concerns of impacted communities and alleviate the suffering of affected individuals. The document includes:**

- An **overview of current literature** on the impacts of suicide
- A description of the **three specific groups** targeted for the proposed interventions
- The **four sequential intervention phases,** which extend beyond the period of shock created by the event
- **Ten measures** to put in place to avoid a ripple effect and encourage a return to usual life
- Recommended **actions** under each of these measures
- **Preliminary tasks** and tools to support the proposed actions

The program is designed to be easy to use and includes multiple tables and figures for quick reference. But behind the user-friendly presentation is a solid theoretical and clinical conceptual framework, including a comprehensive literature review (available at aqps.info) of both academic publications and “grey literature” (unpublished or non-academic sources). This program has also been the subject of a Delphi method expert consensus assessment (also available at aqps.info) of actions to be included in each of the ten measures of the postvention programs.

The ten (10) measures are presented in the form of sequential intervention phases, in order to better organize actions. However, during implementation, it is normal for multiple measures to be implemented simultaneously or to overlap.

Note that while each measure is numbered 1 to 10, these numbers are in no way indicative of the measures’ relative importance. Rather, the numbering system is intended as a structure to facilitate the understanding of actions to deploy.

# INTRODUCTION

**Postvention** refers to the sum of all actions taken in response to a suicide, either in the immediate environment or in communities where the deceased was known. The objectives of postvention are to alleviate individual suffering, strengthen individuals' ability to cope with adversity, reduce the risk of a ripple effect, reinforce the sense of security, and promote a return to usual functioning for the affected community (school, workplace, residential or community space, etc.).

The earlier postvention program used in Quebec, *Programme de postvention: stratégies d'intervention à la suite d'un suicide* (Séguin et al., 2004), designed for high schools and junior colleges, was published in 2004 – 2005. For the past fifteen years, it has been used throughout Quebec by communities affected by suicide and organizations that provide postvention services. When it appeared in 2004, this program represented a major change in practice. Its situational analyses provided a framework to determine which actions to undertake, with whom, at what time, and for how long. It also provided a broad range of intervention approaches based on reactions commonly experienced by subgroups of young people affected by the suicide of a peer – stress, crisis, and grief. By informing response actions with these three types of reactions, the program aimed to mitigate impacts and prevent a ripple effect. The program creators also wanted to promote intervention with bereaved individuals, witnesses, and vulnerable people, and ensure intervention continued past the initial period of stupor created by the event.

Since 2004, the program has been widely used in schools when suicides occur. It was considered practical and helpful in managing the impacts of a suicide, thanks in part to the many tools it provided. While the program was designed specifically to help in the school setting address the suicide problem, it has been successfully used in various contexts (workplaces, residential environments, communities) and for different types of events (shootings, accidental deaths of community members, etc.).

Over the years, users of the 2004 program have had to adapt to new realities, including social media. Given the importance of new developments in knowledge, interventions had to be adapted to integrate best practices, and halt others, such as debriefings.

In 2020, we felt it had become important to update the postvention program, which dated back to 2004, to better integrate best practices and evidence-based intervention based on scientific knowledge. **The strategic priorities of the new program are drawn from the following research** (the first three documents mentioned are available at aqps.info):

- A comprehensive literature review of both academic and "grey," or unpublished, literature on postvention and the potential for a ripple effect
- An inventory of postvention actions and a Delphi method expert consensus, which provide a means of evaluating the relevance of each of the actions identified in the program
- A needs analysis created using focus groups drawn from users of the 2004 program (internal or external stakeholders from affected communities or those responsible for implementing postvention measures)
- A review of postvention services offered by suicide prevention centres in Quebec, and of tools or programs used or developed by them or within the school setting

The new postvention program is built on the community's ability to respond to post-suicide difficulties, with a view to conveying a sense of security and competence in light of the situation. Though designed primarily for youth, the program is not youth-specific. It can be adapted to various environments: the secondary and postsecondary education systems, workplaces, and living environments (e.g., group homes, and communities).

This intervention program is multimodal, meaning that it is deployed through multiple, simultaneous actions. It sets out a sequential plan for interventions that act on the impacts of a suicide and address both individuals and the community at large. **The program comprises four phases:**

- **Preparation before the event occurs:** Includes all aspects to be planned for in order to act quickly and effectively in the event of a suicide
- **At the time of the event:** Urgency intervention if suicide occurs in the community
- **After the event:** Swiftly taking appropriate action aimed at containing individual distress, conveying a sense of security in the community, and intervening early with individuals directly affected by the suicide (bereaved individuals or witnesses)
- **Medium- and long-term follow-up:** Implementing selective interventions (aimed at identifying complications among people who present multiple risk factors) and universal interventions (aimed at informing the entire population about support services and promoting their acceptability), as well as developing activities to enhance knowledge of mental health (literacy). Actions of this kind will strengthen the community and reduce the potential of a ripple effect

**Other features of the program:**

- Sets out recommended interventions that can be adjusted to specific environments, based on the ability to identify an individual's degree of suffering, in order to address both immediate difficulties and those liable to develop in the longer term as chronic issues
- Provides the means to enhance the community's ability to identify and respond to common mental health challenges
- Focuses on establishing basic methods for identifying stakeholders and intervening to address common mental health challenges
- The implementation of all these measures and actions can help reduce the risk of other suicides (the ripple effect) in the short, medium, and long term

This program must be integrated into existing protocols in the education system, workplaces, and community settings liable to be impacted by suicide. The program must be harmonized with both emergency services protocols and agreements with Quebec's public safety authorities and existing physical and mental health services.

It is impossible for any one program to definitively establish interventions to be carried out under all circumstances. No one can determine, ahead of time, when such interventions will have to take place. That is why those responsible for implementing a postvention program should be aware of the development, over time, of any mental health difficulties within their community. This awareness will enable them to understand which specific groups are likely to develop vulnerabilities, and when these may occur. They will be equipped to lead appropriate interventions in the medium and long term. While it is difficult to maintain a sustained focus on identifying directly affected or vulnerable individuals, these actions will enhance the well-being and overall health of the community.

The teams responsible for these actions must coordinate so the necessary resources will be available, and suitably adapted, when needed. It may be important to account for specific community sensibilities. For example, aspects associated with communication with the media and memorial events for the deceased must be considered in choosing which activities to implement.

It will also be important to evaluate interventions on an ongoing basis and adjust them to the community's needs. It is thus critical to analyze the event on an ongoing basis before determining actions to put in place. Those responsible for implementing the program must perform regular assessments – an ongoing reflection process – and share the results, in order to coordinate activities and ensure flexibility in the types and places of interventions.

# PROGRAM LIMITATIONS

## Using the program for other types of critical events

While certain elements and principles may be useful and applicable to other types of critical events, it must be remembered that this program is primarily developed for postvention interventions following a suicide death. If the program is used in other contexts, it would be desirable to qualify and adjust certain content as regards both concepts (understanding of the problem) and suggested intervention strategies.

## Suicide attempts

Postvention is not recommended in the event of a suicide attempt. A suicide attempt is a personal act that must remain confidential. Publicly disclosing such an act represents a failure to respect the privacy obligations of professional orders. If community members are affected by a loved one's suicide attempt, it is recommended that vulnerable people be identified, and individual interventions be carried out. The following actions can still be taken:

- Help the person who made a suicide attempt to reconnect with their community, and make sure they receive all the help they need
- Pay particular attention to vulnerable people who have been unsettled by the situation
- Help others develop positive interactions with the person who made a suicide attempt when they return to the community

01

# THE IMPACTS OF SUICIDE

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When choosing the type of intervention to use, it is important to understand the impacts of suicide. Nicolas, Notredame, and Séguin (2017) distinguish between two types of impacts: individual and macro-individual (affecting the community).

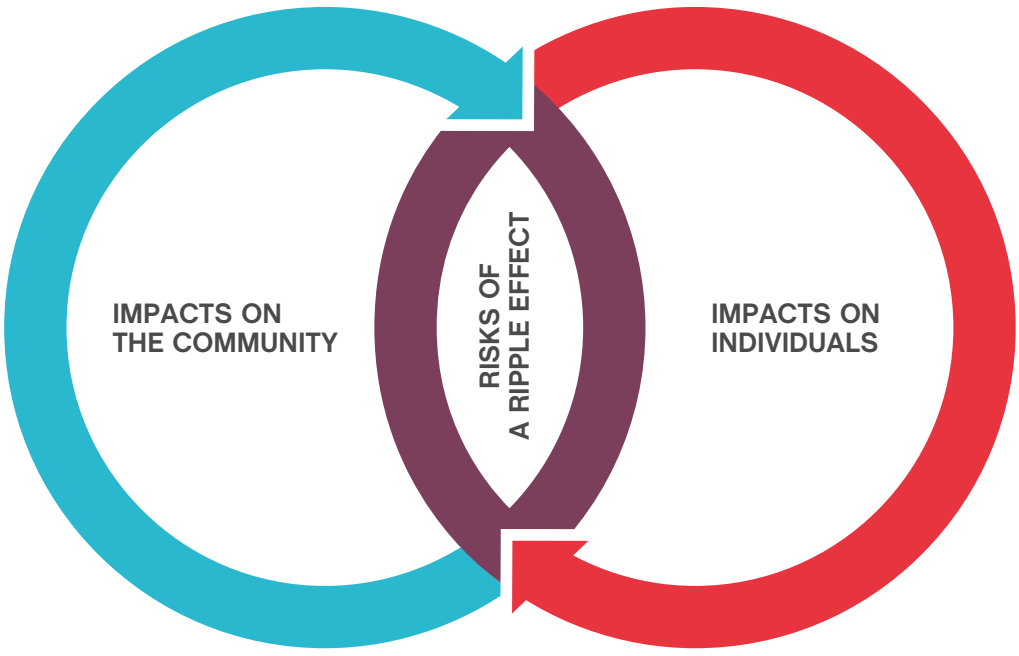
**Postvention programs involve two types of interventions, with different aims:**

- The first type of intervention focuses on the community as a whole with a view to helping the institution or the community resume usual functioning.
- The second type focuses on the individual, based on the belief that this will also have indirect preventive effects on the community as a whole. The primary objective is to provide support to affected individuals in accordance with established intervention priorities and help them regain emotional balance.

This postvention program is situated at the juncture of community-focused and individual-focused interventions, with a view to minimizing the risks of a ripple effect (the Werther effect).

Figure 1

**Impacts of suicide on the community and on individuals**



## 1.1
# IMPACTS ON THE COMMUNITY

When a given community (school, workplace, living environment or community, etc.) is impacted by suicide, a state of anxiety or helplessness may develop, increasing the likelihood of a swift and sudden unravelling of the social fabric. Organizational confusion can occur, disrupting usual levels of functioning (Hoffman & Bearman, 2015).

Such disorganization can be almost instantaneous, if the suicide occurs in the immediate environment (institution) or may spread quickly as the suicide becomes known to members of the community.

The community's ability to cope with the impacts of suicide and the ensuing repercussions will be strongly influenced by the presence of pre-existing vulnerabilities. These vulnerabilities can engender such outcomes as the search for responsible or guilty parties, increased tensions between individuals, a climate of mistrust, and exacerbated feelings of distress and psychosocial difficulties.

How the impacts of suicide are managed is crucial. It is critical to instill a sense of trust and safety in those affected. The longer the disorganization lasts, the more it can contribute to maintaining, prolonging, or amplifying feelings of distress in the community. Preparing the community ahead of time to cope with suicide is key: it will help the community resume its usual levels of functioning after the fact.

## 1.2
# IMPACTS ON INDIVIDUALS

On an individual level, suicide affects not only the deceased's family and social group, but also the entire community or institution where the suicide occurs, or where the deceased went about their daily activities (educational institution, workplace, living environment, community, etc.). This makes it difficult to predict the magnitude of the impact that the suicide will have. The intensity of the impact will vary from individual to individual, and be influenced by multiple factors: the degree of intimacy with the deceased, the proximity to the event (whether or not they witnessed the suicide), the pre-existing degree of vulnerability, and the impact of the suicide on the community in which it occurs (Séguin et al., 2004).

While some individuals require immediate attention from interveners, deployment of postvention measures in the event of suicide should be a concern to all individuals within the community; this is achieved by modulating the interventions according **to the needs of three specific groups.**

### Group 1: Individuals directly affected by the event

This group includes people whose reactions will involve grief or trauma. Specifically, this includes:

- Bereaved individuals, who had a close relationship with the deceased (parents, siblings, family, close friends)
- People who have had direct exposure to the suicide (e.g., who witnessed the act, or the deceased's body)

Although the reactions of these individuals will vary in the hours and days following the suicide, this group is considered more vulnerable to developing suicidal behaviour or other medium- and long-term complications (mental or addictive disorders; see Measure 7, on identifying individuals and indicated interventions [page 70]).

### Group 2: Vulnerable individuals

Individuals in this group do not necessarily belong to the deceased's social circle, but the suicide's impact can be amplified by a previous vulnerability (mental health problem, excessive use of psychoactive substances, traumatic history or suicidal behaviour), which in turn increases sensitivity to the event. These individuals are at greater risk of developing suicidal behaviours and psychopathologies in the medium and long term after a suicide, once the "cocoon" effect of the first week's postvention interventions has faded (Nicolas, Notredame, and Séguin, 2017; see Measure 8, on identifying individuals and selective interventions [page 77]). However, we must bear in mind that other individuals may develop psychosocial or mental health difficulties in the weeks or months following a suicide. For example, people who have directly witnessed a traumatic event may experience difficulties later on, even if they did not appear to be shaken up in the days or weeks immediately following it. Also, a person may develop anxiety or depressive disorders in the weeks following the suicide. Therefore, it is important to take account of the fact that psychosocial or mental health difficulties may evolve differently in different individuals. **Identifying vulnerable individuals is thus an active and ongoing intervention.**

### Group 3: The population at large

This group, made up of people who are neither witnesses to the event nor individuals with previously identified vulnerabilities, present a low risk of complications after the event, which nonetheless should not be considered as no risk. Some people may still be affected by the event (incomprehension, sadness, concern for others, etc.; see Measure 9, on identifying individuals and universal interventions [page 84]).

## 1.3
## POTENTIAL RIPPLE EFFECT: WHERE COMMUNITY AND INDIVIDUAL IMPACTS MEET

The most pressing fear arising from a suicide is that other people will develop a desire to kill themselves as well (Nicolas, Notredame, and Séguin, 2017). This potential ripple effect is a disturbing phenomenon. Some research findings show that 50% of young people exposed to suicide are 2 to 4 times more likely to take their own lives, while 1 to 4% of teen suicides occur in a local cluster (multiple suicides within a limited time and space; Gould et al., 1990).

Among youth, the risk of a ripple effect following a suicide may be greater due to their identification process with peers and other models (Gérin-Lajoie, 2010). Young people with mental health vulnerabilities may more easily identify with the suffering of the deceased, or with the means they took to put an end to their suffering.

Throughout the community, suicide tends to trigger a form of sudden structural disorganization. The institution or community suffers from a certain organizational "confusion" that alters or paralyzes its usual functioning (Hoffman and Bearman, 2015). Moreover, in the period following a suicide, tensions and conflicts tend to emerge, partly related to a group dynamic of searching for accountability, especially if the climate was already conflictual (Combalbert and Feltrin, 2008). Such a climate is likely to hinder the ability of community members to cope with the tragedy and may even exacerbate their distress.

There is no consensus in the scientific literature on whether the risk of a ripple effect after a suicide is direct or indirect. A recent study, however, does find that there is a form of ripple effect on social distress, without establishing whether this would impact suicidal mortality (Mueller and Abrutyn, 2015).

To minimize the risk of the ripple effect, it is important to recognize the individual factors or social mechanisms that can influence their development:

- At the individual level, the risks of a ripple effect are increased for people who have vulnerabilities prior to the event, for those who identify with the deceased individual (their difficulties, the method used to act on their suicidal thoughts, etc.), or those who might be identified by peers as responsible for the suicide.
- At the social level, "the occurrence of a suicide, let alone a group of suicides, is a subject that legitimately fuels the interest of journalists and finds significant echo on digital platforms where emotionally charged content is shared. This media coverage and digital activity tend to maintain the risk of a suicidal ripple effect within the institution (vicious circle effect)"; (Nicolas, Notredame, and Séguin, 2017).

It is critical to address how suicide is approached on digital platforms and social media, as well as in discussions among community members or at memorial events. In this respect, misinformation (rumours), trivialization (an impression that suicide is a personal choice, or that it was inevitable), and glorification should all be avoided.

02

# PROGRAM STRUCTURE

# PROGRAM STRUCTURE

The postvention program focuses on **10 measures** that act on both individuals and communities affected by suicide.

**In this section we will present the following:**

- Appropriate intervention levels for the three specific groups of individuals (directly affected, vulnerable, and the population at large)
- The deployment sequence of the measures (four phases)
- The level on which the measures are situated (individual or community)
- The objectives of each program measure
- Actions to be deployed for each measure, and tools that can be adapted to the reality of each community

## 2.1
## INTERVENTIONS ADAPTED TO SPECIFIC GROUPS

Given the individual dimension, the program emphasizes the importance of offering **interventions that are adapted and adjusted according to the three specific groups**: those directly affected by the event, vulnerable individuals, and other members of the community (the population at large). It is important to provide **the appropriate level of intervention** (indicated, selective, or universal interventions) to groups at greater risk of developing medium- and long-term complications (see the box below for a definition of indicated, selective, and universal interventions), and also **to ensure that interventions continue beyond the period of "shock"** created by the event. Care must be taken to properly identify individuals at risk and to intervene adequately in the event of complications, or distant reactions to the event, among those who were directly exposed, bereaved relatives, and vulnerable persons (medium- and long-term follow-up phase, up to one year after a suicide).

**Definition of indicated, selective, and universal interventions**

The World Health Organization (WHO) uses the USI classification (Mrazek and Haggerty, 1994) to distinguish between different key prevention and intervention actions. This postvention program refers to strategies for indicated, selective, and universal interventions. This classification is more precise than the previous classification into primary, secondary, and tertiary programs.

**Indicated interventions** are aimed specifically at individuals directly affected by the suicide for whom the reactions will include grief, trauma (acute stress or post-traumatic stress disorder), or crisis. Direct exposure to the event, the intensity and severity of reactions, and risks of psychopathologies will be taken into account.

Early interventions adapted to this subgroup could mitigate the complications of grief and limit the development of acute stress or post-traumatic stress disorder in the short and medium term.

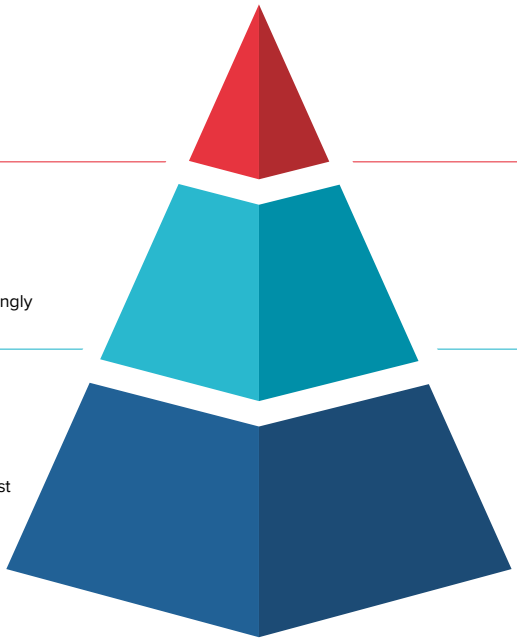
**Selective interventions** specifically apply to individuals with multiple risk factors and vulnerable groups. There may be two subgroups of vulnerable people: those who already present multiple risk factors and those who may become vulnerable as a result of the event. Selective interventions aim both to intervene with vulnerable people and to provide the necessary training for professionals so they can better detect certain mental disorders or better identify people considering suicide and intervene with them. The goal is to take action as far "upstream" as possible, and promote problem-solving skills, development of positive coping strategies, etc. Identifying vulnerable people makes it possible to intervene early in development of individual vulnerability and to provide support before mental disorders are crystallized.

**Universal interventions** apply to the general population rather than individuals vulnerable to suicide. They help:

- Increase awareness of certain mental health disorders (depression, adverse effects of alcohol consumption, etc.), and promote self-evaluation and the early detection or identification of signs and symptoms. This greater awareness of mental health could lead people to consult a professional as soon as the symptoms appear, or could enable them to detect signs of mental health difficulties in their loved ones and ensure they receive the help they need.
- Develop individual and community protective factors, such as improving mental health, reducing social stigma regarding this type of difficulty, and promoting individual resilience through the use of better coping strategies or wellness

Figure 2

**Groups and appropriate levels of intervention**



**INDIVIDUALS DIRECTLY AFFECTED BY THE EVENT**

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

**INDICATED INTERVENTIONS**

Detection and early interventions to reduce the complications of grief and limit the acute stress or post-traumatic stress disorder

**VULNERABLE INDIVIDUALS**

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

**SELECTIVE INTERVENTIONS**

Detection 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

## 2.2
# FOUR SEQUENTIAL PHASES: 10 MEASURES TO IMPLEMENT

This program sets out a planned sequence of interventions to act simultaneously on the impacts on the community and on individuals in order to reduce the risk of a ripple effect.

### The four phases:

- **Preparation before the event:** Ensures in advance that the community will be ready to deploy postvention measures in the event of a suicide. Examples: having identified internal and external resources to be called into action, creating postvention protocols or service agreements, having a psychological intervention plan, preparing tools, equipping staff and interveners who will be involved in postvention

- **At the time of the event:** Urgent interventions and protective measures implemented **if a suicide occurs in the community** (indicated interventions)

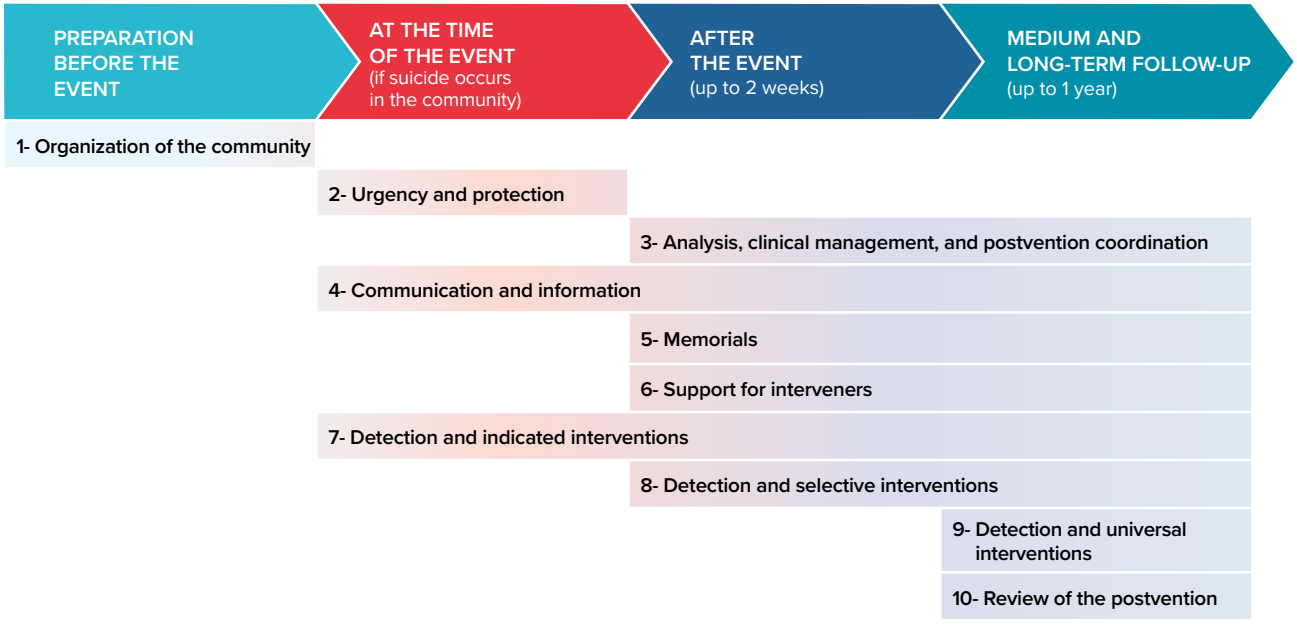
- **After the event:** Measures to be implemented **in the first two weeks** following the event, to help the community "contain" the impacts of the suicide and identify affected people who may benefit from early interventions, including bereaved individuals or witnesses (indicated interventions) and vulnerable people (selective interventions)

- **Medium- and long-term follow-up:** Interventions to be carried out in the medium and long term, **over a period of one year**, which are designed to:

  - Identify signs or symptoms of mental health problems or complications of symptoms in bereaved individuals or witnesses (indicated interventions)
  - Detect vulnerable individuals who present an accumulation of risk factors and an increased risk of developing mental health difficulties and imitating the act of suicide (selective interventions)
  - Implement activities to raise awareness in order to identify difficulties that may emerge over time, and to promote the resilience within the community (universal interventions)

Figure 3

**Ten measures in four sequential phases**



# THE 10 MEASURES

## 1. Organization of the Community

This process involves appointing the individuals who will be responsible for implementing the measures set out in the program. Clearly assigned roles and “upstream” teamwork are required to achieve the necessary level of responsiveness and coordination. This preparation is indispensable for achieving an effective, well-coordinated postvention process. It will allow the community to quickly resume usual functioning.

## 2. Urgency and Protection

This measure is designed to trigger rapid response during what is known as the “impact” period, i.e., the period immediately following the discovery of a suicide in the community. Actions during this period include calling in emergency medical teams, administering first aid, and ensuring the premises and all at-risk individuals are safe.

## 3. Analysis, Clinical Management, and Postvention Coordination

This measure reminds us of the importance of taking the time to properly organize postvention interventions, despite the sense of urgency felt when a suicide occurs.

The purpose of analyzing the event is to gather the information that will guide the process of assigning priority measures to implement. Managing the clinical postvention response makes it possible to: identify affected individuals, select which interventions to prioritize, carry out these interventions, and monitor the continuity of the actions and interventions carried out in order to identify the medium- and long-term impacts of the event on the individuals and the community. Coordination of these measures will help the institution or community to resume usual functioning.

## 4. Communication and Information

This measure refers to how the information will be shared. It includes both internal communications, such as announcing the event, and external communications, including informing the friends and loved ones of affected individuals and using or managing social media.

Communication plays a pivotal role in strategies for preventing a suicide ripple effect. It promotes a sense of security in the community by countering misinformation, which can feed sensationalism, exacerbate disorganization and stoke the climate of tension.

## 5. Memorials

This measure entails both overseeing attendance of funeral services organized by the family and managing memorials or other ceremonies in the aftermath (or on subsequent anniversaries) that the community members may wish to organize. The choice of memorial events can result in the dramatization and glorification of the deceased person and of their suicide, which may increase the risk of a ripple effect.

### 6. Support for Interveners

This measure emphasizes the support that should be made available to everyone involved in the postvention: those responsible for postvention management; personnel working in the community who may be involved in announcing the event, managing logistics, or identifying vulnerable individuals (support staff, teaching staff, administration, etc.); and people or teams involved in managing the body and the scene. Support to be provided in the short, medium, and long term can take various forms: guidance, training on each person's role, identifying distress signs among employees, psychological referrals, etc.

### 7. Detection and Indicated Interventions

This measure highlights the importance of identifying individuals directly affected by the suicide (bereaved individuals and witnesses) who may be at risk of developing grief complications or acute stress or post-traumatic stress disorder. The needs for help and support are immediate, and it is crucial to take note of the reactions generated by the event. It will also be necessary to monitor the condition of affected individuals on an ongoing basis to identify complications that may occur at a distance from the event (medium and long term).

### 8. Detection and Selective Interventions

This measure requires paying particular attention to vulnerable people–those with a pre-existing vulnerability, even if they are not directly affected by the event–as well as individuals liable to develop difficulties because of the event. These are short-term support needs, and the process of identifying individuals must continue over the long term. The purpose of detection is to identify the individuals, to be proactive in reaching out to them, and to assess the impacts of the event and the needs of these individuals in order to direct them toward suitable resources.

### 9. Detection and Universal Interventions

This measure focuses on activities that can be deployed quickly in the weeks following the event, and continue during the year following the suicide, at varying levels of intensity. Activities of this kind serve to increase mental health awareness, enhance the ability to recognize distress signs in oneself and others, publicize available resources, and make receiving help more socially acceptable.

### 10. Review of the Postvention Activities

This measure is to review how postvention activities were deployed, analyze their effectiveness, and learn lessons with a view to maintaining and improving future postvention interventions.

**Important**

It must be remembered that the ten measures must be deployed simultaneously.

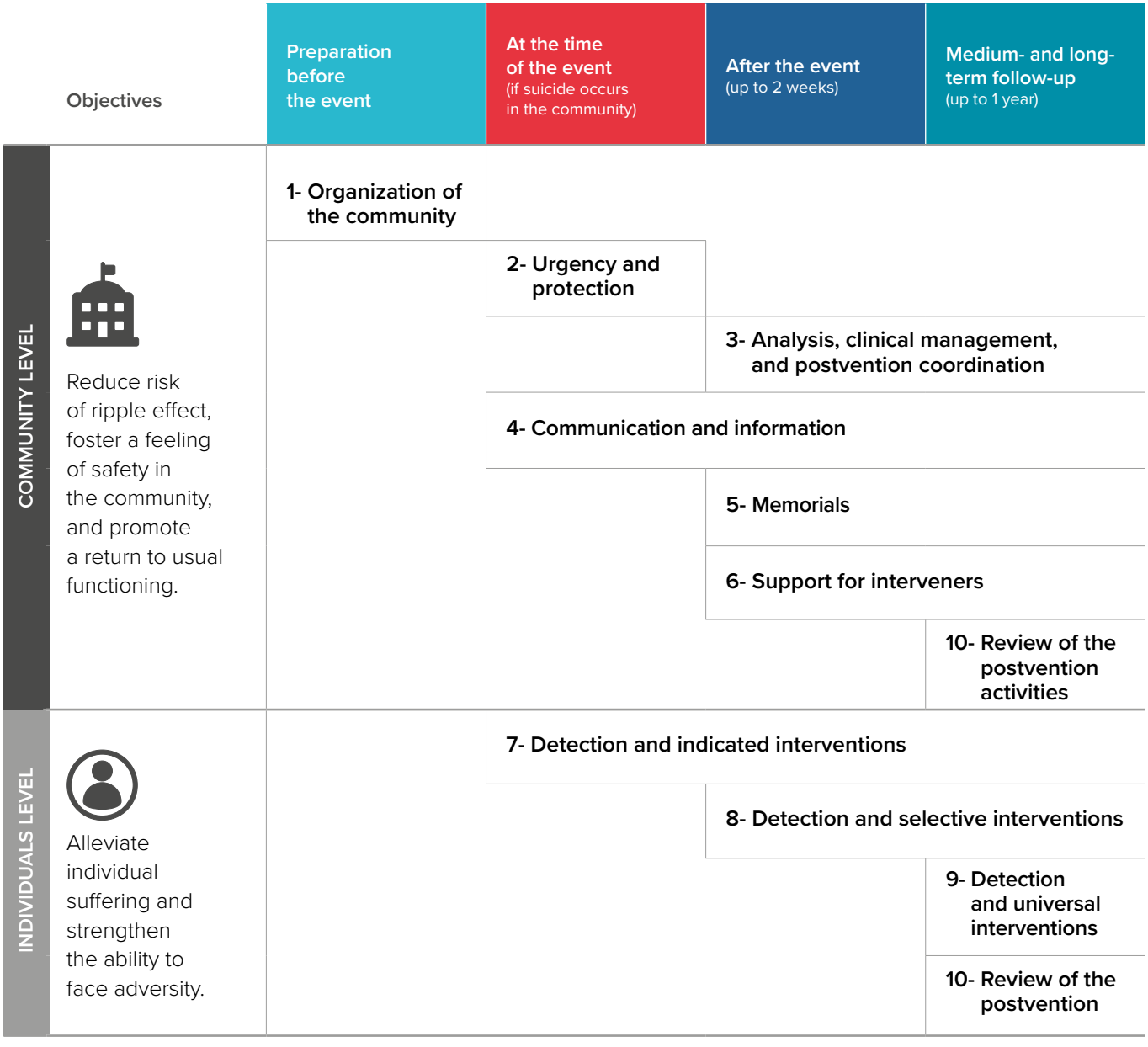
## 2.3
# MEASURES THAT WORK ON TWO LEVELS: THE COMMUNITY AND THE INDIVIDUAL

Figure 4 is an overview of the 10 measures to be deployed over time (sequentially) in four major phases. The figure can be used to locate measures to be implemented in order to contain the disorganization of the community or institution, and those aimed at reducing individual distress and suffering.

Figure 4 is to provide a snapshot of the postvention program.

Figure 4

**Overview of measures to be deployed simultaneously, subdivided by phase and level of action (individuals and community)**



## 2.4
# PROGRAM OBJECTIVES

The program objectives are presented in relation to both the four phases and the level of action on which the 10 measures act (community or individuals).

| | **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) |
|---|---|---|---|---|
| COMMUNITY LEVEL | **Equip the community to cope with the impacts of suicide** (Measure 1) | **Ensure the safety of the premises and the individuals when a suicide occurs in the community** (Measure 2)<br>• Mitigate the risk of a ripple effect and promote the Papageno effect (transmission of protective elements) through all communication channels (Measure 4) | **Support the community by fostering a sense of competence and security and act rapidly to resume usual functioning**<br>• Ensure the postvention plan is fluidly executed (measures 1 and 3)<br>• Mitigate the risk of a ripple effect and promote the Papageno effect (transmission of protective elements) through all communication channels (Measure 4)<br>• Support those who wish to participate in memorials, supervise rituals in the community and on social media (Measure 5)<br>• Guide and support the interveners who have a role to play in the postvention and provide psychological support (Measure 6) | **Support the community and promote recovery**<br>• Provide all members of the affected community with information and resources to better cope with the repercussions of suicide and help the community return to its usual activities (measures 3, 4, 7, 8, 9)<br>• Guide and support the interveners who have a role to play in the postvention and provide psychological support (Measure 6)<br>• Adapt interventions throughout the postvention process and identify possible improvement measures for the future (measures 3 and 10) |
| INDIVIDUALS LEVEL | | **Implement actions to alleviate individual suffering**<br>• Identify those directly affected by the suicide (bereaved individuals and witnesses) and take proactive steps (Measure 7) | **Intervene to alleviate individual suffering**<br>• Identify individuals directly affected by the suicide (bereaved individuals and witnesses) and take proactive steps (Measure 7)<br>• Identify vulnerable individuals in order to implement appropriate interventions at a suitable time, while establishing a follow-up (acting proactively by, for example, re-establishing contact) to be continued in the medium term (Measure 8) | **Intervene to alleviate individual suffering**<br>• Maintain activities throughout the year that will strengthen the resilience of the individuals (Measure 9)<br>• Identify individuals directly affected by the suicide (bereaved and witnesses) and offer them indicated interventions (Measure 7)<br>• Identify vulnerable individuals and offer selective interventions (Measure 8)<br>• Monitor on an ongoing basis to identify mental disorders liable to develop months later (measures 7, 8, 9, 10)<br>• Provide the necessary interventions to prevent the development of psychopathologies or complications related to the occurrence of the suicide (measures 7, 8, 9) |

## 2.5
# ACTIONS, TASKS, AND TOOLS FOR THE 10 MEASURES

The following pages provide guidelines on community postvention structures to be put in place to effectively respond to a suicide.

**Each of the 10 measures is presented on its own page, in the following format:**

| MESURE | **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 | | | |
| | | | | |
| | PRIOR TASKS | | TOOLS | |
| | | | | |

**For each measure:**

- It is specified when the actions must be deployed (preparation before event, at the time of the event, after the event, and medium- and long-term follow-up)
- Prior tasks and concerns to be considered are discussed
- Tools are suggested (for information purposes). It is recommended that the tools be adapted to the community's specific needs

# 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**<br><br>**Step 1: Secure buy-in**<br>• 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<br>• Provide the necessary human, material, and financial resources<br><br>**Step 2: Identify internal and external resources**<br>• Identify internal resources available in postvention situations<br>• Identify the external resources available to provide support or intervene in a postvention situation (Centre for Suicide Prevention [CSP]), 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.)<br>• 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.)<br><br>**Step 3: Create a postvention committee and establish its operating procedures**<br>• Identify key internal actors based on postvention program guidelines<br>• Distribute and clarify committee members' roles and responsibilities:<br>☐ Appoint a manager to act as spokesperson, if necessary<br>☐ Appoint a postvention committee coordinator<br>☐ 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)<br><br>**Step 4: Ensure the collaboration and availability of external resources**<br>• 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<br>• Make service agreements to ensure competent external resources are accessible when needed (take part in postvention interventions, referrals for individual interventions, etc.)<br>• Clarify the roles and responsibilities of external actors<br><br>**Step 5: Develop the skills of postvention committee members**<br>• Inform the entire committee of the postvention program's impacts, objectives, intervention phases, and measures<br>• Equip postvention team members to handle measures they are responsible for<br><br>**Step 6: Prepare the community**<br>• Develop or update the internal postvention protocol<br>• Prepare the tools for each postvention program measure<br>• Inform staff members of the existence of the postvention protocol<br>• Educate staff on detecting vulnerable individuals | | | |

| TASKS TO COMPLETE | TOOLS |
|---|---|
| ☐ Develop a postvention protocol, with the support of decision-makers<br>☐ Appoint a postvention team coordinator<br>☐ Appoint a leader for each measure<br>☐ Identify internal and external resources capable of providing support and/or intervening<br>☐ Prepare tools<br>☐ Complete or adapt the tool *Who Does What? – The Postvention Committee* | 1.A *Postvention Program Summary and Winning Conditions (p.38)*<br>1.B *Task List for the Leaders of Each Measure (p.40)*<br>1.C *Who Does What? – The Postvention Committee (request update of contact numbers at the beginning of each year) (p.42)* |

# 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**

- Detect family or friends of the deceased who may be on the premises
- Detect all individuals 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 distance 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<br>☐ Appoint those who will wear vests identifying them as resource people<br>☐ Plan to provide emergency telephones<br>☐ Liaise with those in charge of the emergency measures and ensure actions are consistent with what is already planned in the community<br>☐ Adapt the tool *Sample Statment for Institution's Website or Social Media Page* | 2.A *Sample Statment for Institution's Website or Social Media Page (p.44)* |

# MEASURE 3 – 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

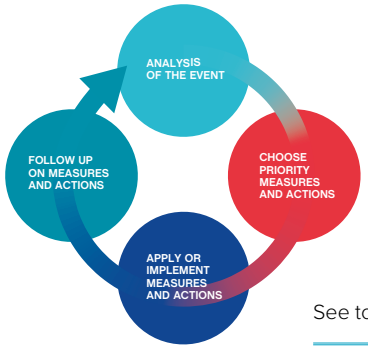
**Coordination**

- 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 person 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 interveners
- Review, at the end of each day and on an ongoing basis, in the medium and long term, the measures, actions and interventions carried out,to identify further interventions in light of the impacts on individuals and the community (see Tool 3.A.)




See tool 3.A.

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

While it is difficult to assign 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.46)* |
| ☐ Refer to the tool: *Characteristics to Consider When Analyzing the Event* | 3.B *Characteristics to Consider When Analysing the Event (p.47)* |
| ☐ Design or adapt the tool: *Event Analysis Grid* | 3.C *Event Analysis Grid (p.49)* |
| ☐ Refer to the tool: *Managing Disagreements with the Bereaved Family* | 3.D *Managing Disagreements with the Bereaved Family (p.54)* |
| ☐ 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.55)* |

# 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:**<br>**Announcement of the event** *(objectives: inform, reframe information, detect vulnerable people, promote services)*<br>• Verify accuracy and truthfulness of the information<br>• Mobilize the designated spokesperson who will remain in contact with the family throughout the postvention<br>• Decide who to target with the announcement based on the analysis of the event (specific departments, classes or colleagues)<br>• 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)<br>• 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)<br>**Communication:**<br>• **With the parents of minors** *(Objectives: inform of postvention, develop awareness regarding detection and warning signs [when to worry], and inform of available help resources)*<br>☐ Decide with which parents to announce the event<br>☐ Choose the most appropriate medium to announce the event (e.g., phone, email, letter)<br>☐ Identify the people who will announce the event<br>• **With the media** *(Objectives: minimize prejudices that limit preventive actions, inform of warning signs and available help resources, minimize prejudices around seeking help)*<br>☐ A spokesperson (leader, representative, or other) should be designated as sole media contact<br>☐ 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)<br>☐ It is critical to follow the recommendations of various media relations best practices guides<br>• **On social media**<br>☐ Be proactive with both traditional and social media (use them to encourage people to seek help and raise awareness of available help resources) (see Tool 4.D)<br>☐ Make direct contact with people who leave disturbing messages on social media (distress or misinformation) | • Promote assistance services<br>• 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*<br>☐ Name a spokesperson/media officer<br>☐ Appoint a person to be responsible for social media monitoring<br>☐ Target and equip all those who may be involved in announcing the event<br>☐ Adapt the tool *Guide for Announcing the event*<br>☐ Adapt the tool *Model Letter to Parents*<br>☐ Refer to the tool *Social Media Guidelines to establish an intervention procedure on social media* | 4.A *Guide for Announcing the event (p.58)*<br>4.B *Model Letter to Parents (can be adapted to another community) (p.61)*<br>4.C *Media Management Guide (p.62)*<br>4.D *Social Media Guidelines (p.65)* |

# 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**<br>The role of the person responsible for memorials in the postvention committee is to:<br>• Contact the family to obtain information about memorial services<br>• Discuss with the family about having community members attend the funeral service<br>• 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<br>• Determine whether the presence of a representative of the institution is required<br>• Avoid the following:<br>☐ Cancelling activities (courses, employee shifts, etc.) to allow people to attend memorial services (attending such events should be done privately)<br>☐ Organizing public transportation for mass participation by the community<br>**Managing memorial rituals**<br>• Avoid engaging the entire community in memorial rituals<br>• 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)<br>• Conditions to consider when organizing a memorial:<br>☐ Suitable to the deceased's age and development stage<br>☐ Limited in time and space<br>☐ Accompanied by an intervener or a member of the postvention committee<br>☐ Consistent with the same rituals as with any other type of death (illness, accident, etc.).<br>• Avoid creating memorial pages online<br>• 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<br>• 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<br>☐ Refer to the tool *Managing Funeral Rituals and Memorials*<br>☐ Refer to the tool *Potential Memorial Ideas* | 5.A *Managing Funeral Rituals and Memorials (p.70)*<br>5.B *Potential Memorial Ideas (p.71)* |

# 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.<br><br>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 jointly with human resources and employee assistance programs to provide support to the different types of interveners.<br><br>More specifically:<br><br>**For individuals directly involved in managing the postvention**<br>• Ensure mutual vigilance in order to detect distress signs in others<br>• Use external resources to help with the analysis of the event and decision-making, and even participate in interventions (e.g., Centre for Suicide Prevention)<br><br>**For those involved in announcing the event and detection**<br>• Make sure they have the psychological readiness to fulfill their roles<br>• Provide guidance for more potentially challenging actions<br>• 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<br><br>**For those responsible for handling the deceased's body or the scene (occupational health and safety team, janitorial staff, first aid team, etc.)**<br>• Offer one-on-one meetings allowing them to discuss, express their feelings, and receive support<br>• Allocate time to make short-term assessments of the actions undertaken<br><br>**For the interveners who provided care to the deceased**<br>• Provide support for the interveners who provided care to the deceased (see Tool 6.A)<br>• 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<br>☐ Plan support to be made available to everyone involved in postvention<br>☐ Name a person responsible for managing internal or external conflicts<br>☐ Consult the tool *Support for interveners who Provided Care to the Deceased* | 6.A *Support for Interveners Who Offered Care to the Deceased (p.74)* |

* We refer to Interveners as all those who were involved in the postvention and not exclusively to psychosocial interveners.
**Note:** Individuals involved in postvention may also require indicated or selective interventions (see measures 7 and 8).

# MEASURE 7 – DETECTION AND INDICATED INTERVENTIONS: FOR INDIVIDUALS DIRECTLY IMPACTED

| 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<br>• 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 loved ones and ensure the grieving process proceeds healthily<br>• If needed, provide psychological support to assist bereaved loved ones in the grieving process | • Refer to appropriate services the individuals who may experience difficulties at a remove distance from the event<br>• 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)<br>• 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:<br>☐ Offer an individual meeting to reassure and inform them while validating the temporary stress reactions<br>☐ Provide information on common reactions that may appear<br>☐ Inform them of available help resources | • Provide a psycho-traumatic care intervention for people who witnessed the event (if deemed necessary)<br>• Exercise ongoing vigilance in detecting difficulties experienced by witnesses when they return to the community, or by those who have been referred to the healthcare system |
| **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<br>☐ Refer to the tool *Detection and Indicated Interventions: Target Audiences and Suggested Interventions*<br>☐ Refer to the tool *Reasons Not to Use a Debriefing Strategy*<br>☐ Refer to the tool *Monitoring Sheet for Indicated Interventions* | 7.A *Detection and Indicated Interventions: Target Audiences and Suggested Interventions (p.76)*<br>7.B *Reasons Not to Use a Debriefing Strategy (p.80)*<br>7.C *Monitoring Sheet for Indicated Interventions (p.82)* |

# MEASURE 8 – DETECTION AND SELECTIVE INTERVENTIONS: FOR VULNERABLE INDIVIDUALS

| 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 distance from the event.<br>**Involve personnel to help detect vulnerable individuals**<br>• 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)<br>• Request collaboration from personnel by asking for names of people who show signs and symptoms, to initiate contact with them<br>**Contact vulnerable individuals and refer them to services that meet their needs**<br>• Record the names of people who exhibit signs and symptoms, and proactively contact them in an empathetic and confidential manner<br>• If the suicide is discussed on social media, ensure you can recognize distress messages and intervene proactively (see Tool 4.D)<br>• 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.)<br>• Assess the event's impact on already vulnerable individuals and the presence of suicidal thoughts<br>• 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 key members their level of concern for a person:<br>• Follow up with those who are likely to be in contact with individuals at risk of developing difficulties at a remove distance 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)<br>• Regularly reinitiate contact with individuals identified as vulnerable, and refer them to the appropriate services if difficulties arise or intensify<br>• 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.84)* |
| ☐ Refer to the tool *Monitoring Sheet for Selective Interventions* | 8.B *Monitoring Sheet for Selective Interventions (p.89)* |

# MEASURE 9 – DETECTION AND UNIVERSAL INTERVENTIONS: FOR THE POPULATION AT LARGE

| 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**

- Detect 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 to 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**

- 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 and enhance individuals' resilience and well-being (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.92)* |

# 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 postvention committee members
- Update knowledge and awareness of personnel

**Implementation or improvement suicide prevention programs or activities in the community**

- Implement a suicide prevention policy
- 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<br>☐ Plan an annual review of the postvention activities<br>☐ Refer to the tool *Annual Review* of the Postvention Activities | 10.A *Review of the Postvention Following a Suicide (p.96)*<br>10.B *Annual Review of the Postvention Activities (p.99)* |

## IN SUMMARY

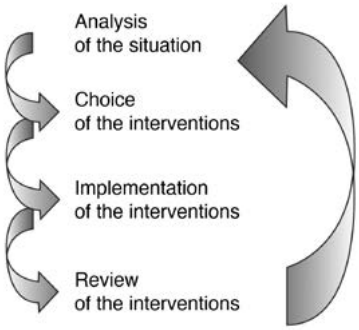
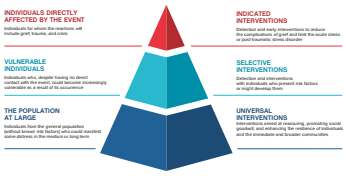
**This postvention program adopts a multimodal vision of interventions to be carried out. That means:**

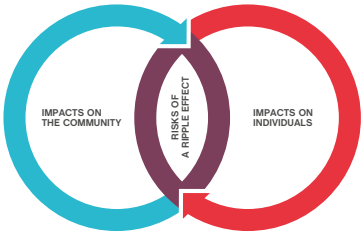
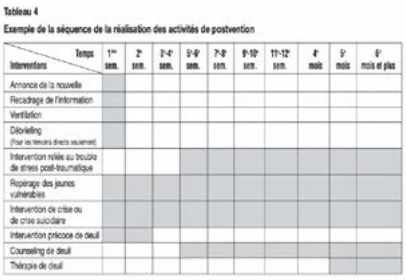
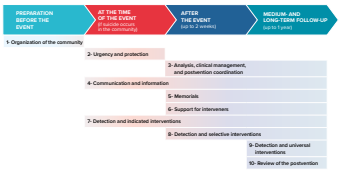
- The variety of interventions makes it possible to target different groups of individuals with equally diverse needs (indicated interventions, selective interventions, and universal interventions).
- The sequence of interventions continues beyond the period of shock for the community (preparation before the event, at the time of the event, after the event, medium- and long-term follow-ups).
- Greater emphasis is placed on identifying people with mental health problems or those at risk of developing them (individuals who are directly impacted by the event and otherwise vulnerable)
- Universal interventions are designed to help maintain the mental health of the population not impacted by the suicide.
- Attention is paid to individuals, communities and institutions affected by the suicide.
- Postvention seeks to ensure that individual interventions are provided to those in need, and appropriate interventions are made in the affected institution and communities.
- The response includes aspects enabling a more natural adaptation of interventions in various spheres of activity (schools, workplaces, communities, etc.), facilitating outreach to young people in a range of communities.

The affected community (school, workplace, living environment, community, etc.) cannot and should not be by themselves responsible for all the steps described in this program. This means the postvention program must develop memoranda of understanding ahead of time with local or regional organizations (Centre for Suicide Prevention), Quebec healthcare system institutions (CISSS and CIUSSS), and government organizations (e.g., public health authorities), which should also support the community affected by the suicide and recommend short- and long-term interventions. For this reason, a sequential approach to intervention is recommended, to alleviate stress in the community, reduce individual suffering, proactively support the most vulnerable people in the long term, and reduce the risk of a ripple effect.

# DIFFERENCES BETWEEN THE 2004 AND 2020 PROGRAMS

While the 2020 program introduces new features, it also retains certain elements of the 2004 program. The table below summarizes the main differences between the **2004 and 2020 postvention programs**.

| 2004 | Change | 2020 | Explanation |
|---|---|---|---|
|  | **Clinical management of the event**<br>**Format change, adjustment of titles** |  <br>**Tool 3.A** | While the presentation is more precise and certain steps have been renamed to maintain consistency with the new program, **the logical basis of the diagram and the clinical management steps remain the same** |
| **Reduce stress levels**<br>• Temporary stress<br>• Acute stress<br>• Posttraumatic stress disorder (PTSD)<br>**Reduce the impact of the crisis and the suicidal crisis**<br>• Crisis state<br>• Suicidal crisis state<br>**Facilitate the grieving process and prevent the development of complicated grief**<br>• Initial responses to the loss<br>• Support through grieving stages<br>• Grief complications | Identification of Specific Groups<br>**Broadening of the Clinical Perspective** |  <br>**Figure 2** | Identification of three specific groups, clinically broadening the identification of at-risk subgroups:<br>• Individuals directly affected by the event: bereaved (grieving), and witnesses (acute stress or PTSD)<br>• Vulnerable individuals (crisis, suicidal behaviour, potential mental disorders in the medium or long term)<br>• The population at large (temporary stress)<br>**Focus on the importance of being attentive to the development of mental health difficulties and substance abuse** |

| 2004 | Change | 2020 | Explanation |
|---|---|---|---|
| Measures focused more on reducing individual impacts | Integration of impacts on the community and the ripple effect<br>**New** |  <br>**Figure 1** | **Measures designed to comfort the community, foster a feeling of security, and alleviate individual suffering** |
|  <br>**Tableau 4**<br>**Exemple de la séquence de la réalisation des activités de postvention**<br>Temps / Interventions<br>1re sem.<br>2e sem.<br>3e-4e sem.<br>5e-6e sem.<br>7e-8e sem.<br>9e-10e sem.<br>11e-12e sem.<br>4e mois<br>5e mois<br>6e mois et plus<br>Annonce de la nouvelle<br>Recadrage de l'information<br>Ventilation<br>Débriefing<br>(Pour les témoins directs seulement)<br>Intervention reliée au trouble de stress post-traumatique<br>Repérage des jeunes vulnérables<br>Intervention de crise ou de crise suicidaire<br>Intervention précoce de deuil<br>Counseling de deuil<br>Thérapie de deuil | Long-term intervention sequence<br>**Emphasis on duration** |  <br>**Figure 3** | **Emphasis on the deployment of the interventions on the long-term (especially selective and universal interventions), to reduce the potential ripple effect** |

03

# TOOLS FOR IMPLEMENTING POSTVENTION PROGRAM MEASURES

MEASURE 1

# ORGANIZATION OF THE COMMUNITY

- **1.A**
  Postvention Program Summary and Winning Conditions
- **1.B**
  Task List for the Leaders of Each Measure
- **1.C**
  Who Does What? – The Postvention Committee

## 1.A
# POSTVENTION PROGRAM SUMMARY AND WINNING CONDITIONS

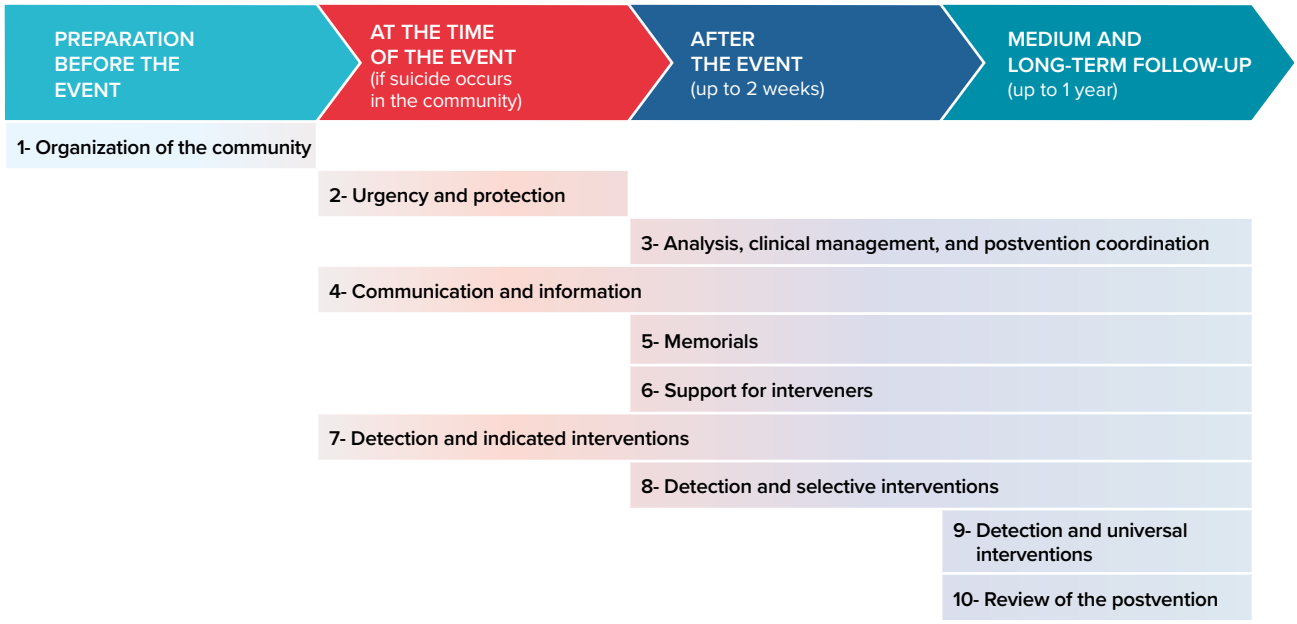
The **postvention program** is **multimodal**, meaning that it involves simultaneously deploying multiple actions over a period of many months (up to one year after the suicide).

**The simultaneous deployment of these interventions has two objectives:**

- **First**, it aims to **minimize the risks of the ripple effect** (Werther effect). Epidemiological data shows that there is in fact a risk of "copycat" suicidal behaviour. The main objective is to prevent the community from being affected by another or many more suicides. Strategies for preventing the ripple effect focus on methods used to announce the suicide, on the methods of communication inside and outside the community, and on regulatory efforts (preparedness, clinical management, and coordination in the event of a suicide). These strategies are designed to act on collective factors believed to predispose individuals to copycat Suicides (ripple effect), including sensationalistic, normalizing, or trivializing messages about the suicide **act**, and the effects of institutional disorganization (Center for Disease Control, 1988).

- **Secondly**, it aims to detect **individuals who may be impacted by the suicide and intervene with them** to alleviate their suffering. Mainly, it implies limiting psychological disorganization early, and containing the impact of the event in order to prevent psychopathological complications by promoting the resumption of usual functioning.

The program sets out **10 measures to be implemented in four sequential phases:**




The program emphasizes the importance of offering adapted and adjusted interventions to the population, starting by circumscribing individuals according to three specific groups, namely:

**Group 1: Individuals directly affected by the event:** the bereaved relatives and the witnesses who may experience serious stress responses (acute stress or post-traumatic stress).

**Group 2: Vulnerable individuals:** those who may be in crisis, vulnerable to suicidal behaviour, or living with mental health difficulties.

**Group 3: The population at large:** other community members who will need information, advice, and support for themselves or for loved ones.

It is important to offer the appropriate level of **intervention** (indicated interventions for directly affected individuals, selective interventions for vulnerable individuals, and universal interventions for the entire population of the community). It is also vital to ensure **that intervention continue beyond the period of shock** and upheaval the event creates in the community. Equally important, is to ensure an **ongoing necessary detection** in order to intervene appropriately in the event of complications or reactions at a remove distance from the event (medium- and long-term follow-up phase, up to one year).

## Winning conditions for implementing measures

**At the regional or local level:**

- The presence of a team of local and regional postvention partners responsible for implementing the program within its territory
- Active participation of organizations who have a suicide prevention mandate, such as suicide prevention centres, that can support the various deployment phases in the territory.

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

**During implementation in a community:**

- Support and commitment of the institution's management
- Availability of the community's resources (internal and external)
- Presence of trained personnel within the institution
- Personnel training in a postvention protocol tailored to the community
- Prior definition of the roles to be played by each person involved in a potential protocol deployment
- Community preparedness (Measure 1 of the program), including appropriating existing tools so they are consistent with program guidelines and community realities.

**When deploying the program following a suicide:**

- Adherence to the program's sequential phases
- Commitment to continuing actions beyond the shock period in order to detect 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.

## 1.B
# TASK LIST FOR THE LEADERS OF EACH MEASURE

| | |
|---|---|
| **Measure 1**<br><br>**Organization of the community** | ☐ Develop a postvention protocol, with the support of decision-makers<br>☐ Name a postvention team coordinator<br>☐ Appoint a leader responsible for each measure<br>☐ Identify internal and external resources capable of providing support and/or intervening<br>☐ Prepare tools<br>☐ Complete or adapt the tool *Who Does What? – The Postvention Committee* |
| **Measure 2**<br><br>**Urgency and protection** | ☐ Plan gathering places<br>☐ Identify people who will act as resources and provide them with vests so they will be easily singled out<br>☐ Plan to provide emergency telephones<br>☐ Liaise with those responsible for emergency measures and ensure the actions are consistent with what is already planned in the community<br>☐ Adapt the tool *Sample Statement for Institution's Website or Social Media Page* |
| **Measure 3**<br><br>**Analysis, clinical management, and postvention coordination** | ☐ Refer to the tool *Diagram of the Clinical Management Steps of the Event*<br>☐ Refer to the tool *Characteristics to Consider When Analyzing the Event*<br>☐ Design or adapt the tool *Event Analysis Grid*<br>☐ Refer to the tool *Managing Disagreements with the Bereaved Family*<br>☐ Refer to the tool *Dealing with Multiple Suicides in the Community (Ripple Effect)* |
| **Measure 4**<br><br>**Communication and information** | ☐ Establish with the local media a procedure to follow in the event of a suicide. Refer to the tool: *Media Management Guide*<br>☐ Name a spokesperson/media officer<br>☐ Appoint a person to be responsible for social media monitoring<br>☐ Target and equip all those who may be involved in announcing the Event<br>☐ Adapt the tool *Guide for Announcing the event*<br>☐ Adapt the tool *Model Letter to Parents (can be adapted to another community)*<br>☐ Refer to the tool *Social Media Guidelines* to establish an intervention procedure on social media |

| | |
|---|---|
| **Measure 5**<br>Memorials | ☐ Learn about the community's habits regarding rituals and memorials, in order to choose a ritual that does not single out suicide deaths for special treatment<br>☐ Refer to the tool *Managing Funeral Rituals and Memorials*<br>☐ Refer to the tool *Potential Memorial Ideas* |
| **Measure 6**<br>Support for interveners | ☐ Educate the interveners who will have a role to play in the postvention<br>☐ Plan support to be made available to everyone involved in the postvention<br>☐ Name a person responsible for managing internal or external conflicts<br>☐ Consult the tool: *Support for interveners who Offered Care to the Deceased* |
| **Measure 7**<br>Detection and indicated interventions | ☐ Establish service trajectories and referral protocols to provide internal or external help or professional services<br>☐ Refer to the tool *Detection and Indicated Interventions: Target Audiences and Suggested Interventions*<br>☐ Refer to the tool *Reasons Not to Use a Debriefing Strategy*<br>☐ Refer to the tool *Monitoring Sheet for Indicated Interventions* |
| **Measure 8**<br>Detection and selective interventions | ☐ Refer to the tool *Detection and Selective Interventions: Target Audiences and Suggested Interventions*<br>☐ Refer to the tool *Monitoring Sheet for Selective Interventions* |
| **Measure 9**<br>Detection and universal interventions | ☐ Refer to the tool *Detection and Universal Interventions: Target Audiences and Suggested Activities* |
| **Measure 10**<br>Review of the postvention activities | ☐ Record information on each postvention activity using the *Review of Postvention Following a Suicide* tool<br>☐ Plan an annual review of the postvention activities<br>☐ Refer to the tool *Annual Review of the Postvention Activities* |

## 1.C
# WHO DOES WHAT? – THE POSTVENTION COMMITTEE

Year: _____

**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: _____

MEASURE 2

# URGENCY AND PROTECTION

› **2.A**
Sample Statement for Institution's Website or Social Media Page

## 2.A

# SAMPLE STATEMENT FOR INSTITUTION'S WEBSITE OR SOCIAL MEDIA PAGE

There has been a death of *(an employee/student)* at our institution. Rest assured that measures were quickly implemented to appropriately manage the situation and provide support to those in need.

If you or a loved one needs help, do not hesitate to contact the following resources:

**You can also call 1-866-277-3553, the Quebec suicide prevention helpline, which is available 365 days a year, 24 hours a day.**

**Note:** Only use this statement if the suicide occurred on the institution's premises.

This sample statement should not be taken as encouragement to announce the suicide on social media! The statement's purpose is to foster a sense of security in the community by letting people know they are safe.

MEASURE 3

# ANALYSIS, CLINICAL MANAGEMENT, AND POSTVENTION COORDINATION

- **3.A**
  Diagram of Clinical Management Steps of the Event
- **3.B**
  Characteristics to Consider When Analyzing the Event
- **3.C**
  Event Analysis Grid
- **3.D**
  Managing Disagreements with the Bereaved Family
- **3.E**
  Dealing with Multiple Suicides in the Community (Ripple Effect)

## 3.A
# DIAGRAM OF THE CLINICAL MANAGEMENT STEPS OF THE EVENT

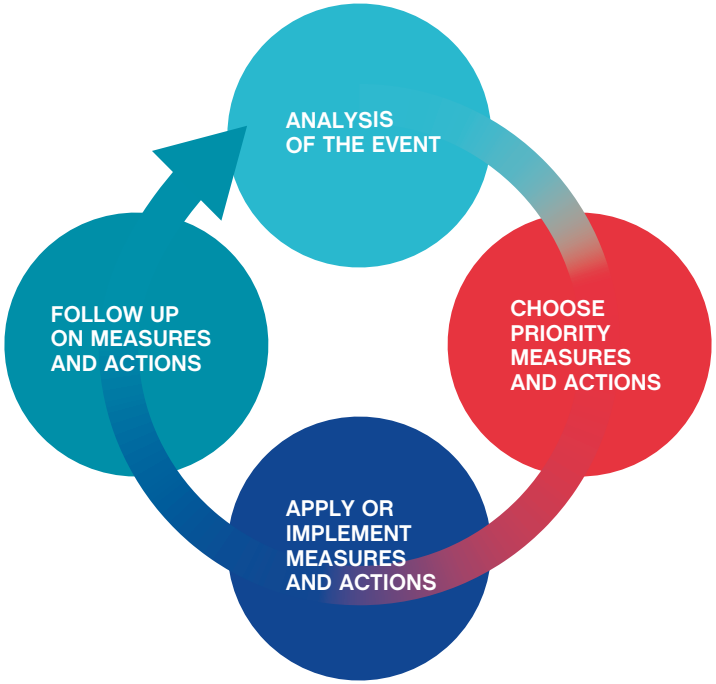
### Analysis of the event

- Verify the accuracy and truthfulness of the information
- Gather information on the individual characteristics of the deceased and those of the community in order to recognize the impacts and to determine which groups to prioritize for interventions
- The analysis of the event is conducted as soon as the community learns about the suicide, AND is ongoing throughout the postvention activities

### Follow up on measures and actions

Review measures, actions, and interventions carried out (effects and impacts)

- Is carried-out at the end of each day, with all individuals and organizations who were involved
- This review process contributes to ongoing analysis of the event and makes it possible to adjust the selected actions and measures as the situation evolves in the community
- Is ongoing in the weeks and months after the death




### Choose priority measures and actions

- Identify priority sub-groups in need of intervention
- Choose the measures and the actions to be prioritized based on the three sub-groups and the impacts on the community
- Decide who can carry out the actions and/or provide the services required
- Mobilize other resources
- Etc.

### Apply or implement measures and actions

- Concretely apply actions related to the 10 measures
- Intervene with directly affected or vulnerable individuals
- Sequentially implement postvention measures according to each phase: at the time of the event, after the event (up to 2 weeks), or afterward (medium- and long-term follow-up [up to 1 year])

## 3.B

# CHARACTERISTICS TO CONSIDER WHEN ANALYZING THE EVENT[1]

It is crucial to analyze the event before undertaking postvention activities. Choosing appropriate interventions is possible only through a comprehensive analysis of the situation and the potential impacts of the suicide on the individuals and the community. To create a portrait that is as accurate and complete as possible, the following spheres must be taken into account when analyzing the event:

- **Sphere 1: Individual particularities**
  Certain pre-existing characteristics may make an individual more likely to be destabilized following a suicide (e.g., substance abuse, history of suicidal behavior, psychopathologies including depression, limited personal resources, etc.).
- **Sphere 2: The physical and human environment**
  The deceased's immediate environment, family, neighbourhood, places their siblings spend time in, etc.

It is critical to consolidate the information in the *Event Analysis Grid* to ensure no detail is forgotten. The information collected should cover the following:

### Characteristics of the deceased

These characteristics include the deceased's relationship with their community, how they were perceived within the community, according to their role and their involvement in the community. It is also important to see whether the deceased's vulnerabilities are shared by other individuals (e.g., belonging to a group). To do so, the following questions must be answered: How popular was the deceased? What community were they a member of? Were they experiencing difficulties?

### Circumstances surrounding the suicide

These circumstances refer primarily to such factors as when, where and in which context the suicide occurred, the triggering event, the witnesses, those who may have suspected that the deceased harboured suicidal intentions, those who are already aware of the event, rumours circulating in the community, etc.

### Characteristics of the deceased's immediate environment

These characteristics relate to the following questions: Who had a relationship with the deceased (e.g., siblings, peer group) and what was the nature of their relationship (e.g., competition, conflicts)? Where are these people? Are there other impacted communities?

1 Adapted from: Séguin, M., Roy, F., Bouchard, M., Gallagher, R., Raymond, S., Gravel, C., and Boyer, R. (2004).*Programme de postvention en milieu scolaire : stratégies d'intervention à la suite d'un suicide*. Montreal: Association québécoise de prévention du suicide.

## Characteristics of the community

These characteristics refer to the type of community (urban or rural), its size, and its organization. It is important to verify whether any vulnerabilities were already present in the community stemming from tragic events in recent years (e.g., previous suicides, accidents involving multiple individuals or a prominent individual), and the general climate of the institution. It is also important to look into the presence of any problems, conflicts, or tensions prior to the suicide (e.g., gangs, bullying, violence, strikes or labour unrest, collective agreement negotiations, etc.).

## Organizational context of the postvention

This context includes actions previously undertaken in the community, available internal or external resources (e.g., to see who is trained to intervene, check for the presence of peer helpers, sentinels, employee delegates, etc.), and the types of actions or interventions they can provide. It is critical to verify whether the people involved in postvention activities have received training and have the necessary support to do so. We must also be able to rely on the presence of individuals who will be coordinating the postvention activities and those who will be liaising with the media.

## 3.C
# EVENT ANALYSIS GRID[1]

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<br>If so, specify: | | ☐ No<br>☐ Don't know |

### Circumstances of the suicide

| | | | |
|---|---|---|---|
| Type of suicide | ☐ Individual suicide | ☐ Suicide pact<br>Number of deceased:<br>Number of survivors: | |
| Confirmed facts | Suicide date: | | Method of suicide: |
| | Suicide location: | | |

Circumstances/Facts of interest:

Were there direct witnesses?

**If so, what are their names?**

Events that may have contributed to the suicidal act:

1 Adapted from: Séguin, M., Roy, F., Bouchard, M., Gallagher, R., Raymond, S., Gravel, C., and Boyer, R. (2004).*Programme de postvention en milieu scolaire : stratégies d'intervention à la suite d'un suicide.* Montreal: Association québécoise de prévention du suicide.

| | |
|---|---|
| Meaningful antecedents: | |
| Who confirmed this information? | |
| What is the contact person's perception of the current situation? | |

## Characteristics of the community

| | | | |
|---|---|---|---|
| Have there been other suicides in the community in recent weeks? | ☐ Yes | ☐ No<br>(If the answer is "No" or "Don't know," skip to the next section.) | ☐ Don't know |
| Is this a series of suicides? | ☐ Yes<br>If so, how many? | ☐ No<br>(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<br>If so, what type of event? | ☐ No |
| Is the death a topic of discussion on social media? | ☐ Yes<br>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?

| Individuals/Communities | Reactions |
|---|---|
| Family and loved ones | |
| Social environment and community | |
| The media | |
| Social networks | |

Are there vulnerable people in the deceased's immediate environment?

| Individuals/Communities | Yes | No | Don't know | If so, specify | Already met with? | |
|---|---|---|---|---|---|---|
| | | | | | Yes | No |
| Family (father, mother, brother, sister, spouse, child) | | | | | | |
| Loved ones (boyfriend/girlfriend, friends, confidant) | | | | | | |
| Social environment (neighbours, classmates, colleagues) | | | | | | |
| The community (school, work, groups, community) | | | | | | |
| Other communities to inform for detection | | | | | | |

## Organizational context of the postvention

What internal resources are available?

| Name | Function |
|---|---|
| | |
| | |
| | |
| | |

What external resources could be called in as needed?
(Centre for Suicide Prevention, CISSS/CIUSSS, hospital, community organization, etc.)

| Name | Function |
|---|---|
| | |
| | |
| | |
| | |

Are there internal staff members who need to be informed?
(Management, administration, student services, employee services, social representatives, etc.)

| Name | Function |
|---|---|
| | |
| | |
| | |
| | |

Are there people to inform outside the community?
(Youth centre, employees on vacation, sports teams, etc.)

| Name | Function |
|---|---|
| | |
| | |
| | |
| | |

## 3.D
# MANAGING DISAGREEMENTS WITH THE BEREAVED FAMILY[1]

It is critical to make it clear from the outset that the institution is responsible for postvention activities. Even if the deceased's loved ones refuse to have the suicide addressed in any fashion within the institution (school or workplace), the institution is still responsible for ensuring all affected individuals receive the support they need.

The death is not confidential; it is public information. Therefore, after a suicide, the institution has the mandate to deploy the necessary measures to stabilize its environment and reduce the individual suffering of its members.

The institution's management must then inform the deceased's relatives of the postvention measures it will put in place. Even faced with loved ones' denial or refusal to cooperate, the institution remains entirely responsible for applying the postvention measures. This is more an ethical than a legal issue. By adopting a postvention program, management clearly positions itself as promoting an organized response when a suicide occurs, but the decision to act still resides with management, based on their evaluation of the situation.

Refusal or denial is a normal grief response, due largely to the state of shock. In general, we can agree with parents on the need to intervene quickly in order to prevent other students from being affected by the ripple effect, dramatization, "making heroes" out of the deceased, or "romanticizing" the suicide.

It is not a question of respecting or disrespecting the family, but rather a matter of mitigating the impacts associated with such an event. It is well-established that misinformation greatly increases the risk of a ripple effect.

Choosing to silence the nature of the death could be interpreted as passing judgment on the action taken, the person who committed suicide, or the bereaved family. Such an attitude is in contradiction with the objectives of a postvention program. Suicide is an act of despair that plunges the deceased's immediate environment into deep disarray. By choosing to take refuge in secrecy, families deprive themselves of the support that may be available from their family and friends. They are within their rights to do so, but families do not have the right to deprive others of that support.

1 Adapted from the postvention protocol prepared by Allard et al, in collaboration with Céline Beauregard of the Centre de prévention du suicide de la Haute-Yamaska (1996, p.16), and Séguin, M., Roy, F., Bouchard, M., Gallagher, R., Raymond, S., Gravel, C. and Boyer, R. (2004). *Programme de postvention en milieu scolaire : stratégies d'intervention à la suite d'un suicide.* Montreal: Association québécoise de prévention du suicide.

## 3.E
# DEALING WITH MULTIPLE SUICIDES IN THE COMMUNITY (RIPPLE EFFECT)

The occurrence of multiple suicides within a community greatly increases the risk of a ripple effect, or concerns over additional suicides.

It is critical that the community demonstrate that the situation is under control and being competently handled, with benevolent supervision and capable decision-making. In such situations, it would be normal to expect that extraordinary actions must be implemented. However, the 10 measures of this postvention program may continue to be used. It will however be useful to pay special attention to certain aspects:

| | |
|---|---|
| **Intensify detection of directly affected or vulnerable individuals** | • Intensify the detection of directly affected individuals (Group 1) or vulnerable individuals (group 2)<br>• Make efforts to proactively contact them, encourage them to accept services, and provide the appropriate interventions<br>• Promote longer-term, sustained interventions that continue beyond the period of shock caused by the event |
| **Consolidate the trajectory of services** | • Increase available resources and make them accessible directly in the community (school, workplace, living spaces, etc.)<br>• Review the process of emergency services or hospitals in order to ensure post-crisis follow-up or an intensive monitoring without delay |
| **Increase communications with the community to foster a sense of security (services put in place for those in need) and competence (the community has everything required to act or is able to get support)** | • Organize meetings with families and community members<br>• Use the media (including social media):<br>  • Inform community members about specific measures implemented to deal with the situation (additional resources, hours of service, etc.)<br>  • Promote help services<br>  • Publicize the hours at which information meetings will be held for the community members or the community at large, in order to answer questions |
| **Enhance coordination of postvention measures** | • Make sure to meet regularly with the interveners to offer support in their decision-making, and provide an opportunity for them to “vent”<br>• Manage media: Provide guidelines, work with them to disseminate information about resources available for the community<br>• Consolidate the resources or the intervention teams<br>• Clarify expectations about the people or partners involved (avoid confusion)<br>• Assess whether there is a need to reorganize services (e.g., provide places for consultations with psychosocial interveners directly on the premises)<br>• Manage conflicts |

MEASURE 4

# COMMUNICATION AND INFORMATION

- **4.A**
  Guide for Announcing the Event
- **4.B**
  Model Letter to Parents (can be adapted to the community in question)
- **4.C**
  Media Management Guide
- **4.D**
  Social Media Guidelines

## 4.A
# GUIDE FOR ANNOUNCING THE EVENT[1]

News of a suicide usually spreads quickly through the community. People tend to start talking about the circumstances surrounding the death, such as why it happened, what method was used, who is affected, etc. Some information might even be inaccurate or could help fuel the ripple effect.

Announcing the suicide is an important step, for all these reasons. The purpose of this tool is to answer common questions as to how a suicide should be announced.

**Note**: The suicide should never be announced with the intention of notifying everyone at the same time, for example, in a large room, over the intercom, or on social media. Announcements made like this could create more stress within the community. It is best to notify people in small groups as this will make it easier to detect vulnerable individuals, among other things.

### To whom should the event be announced, and why?

In general, the suicide should be announced to people who were in close physical contact with the deceased, such as classmates, co-workers in the same department, people who live in the same residential community, etc.

In certain circumstances where other people in the community might identify with the deceased (such as rumours about who might have been responsible for the suicide, simplistic explanations of what happened, "romanticization," or glorification of the deceased), it would also be helpful to talk about the suicide in order to reframe the information.

### How should the event be announced?

The announcement should be made orally, and it must be short, factual, and clear (who and when). The decision about whether to announce the suicide to individuals or small groups will depend on which individuals need to be notified.

### What information should be provided?

- Say that the person's death was a suicide.
- Name and validate the emotions that these types of events normally generate (sadness, confusion, concern, anger, etc.). Explain that such reactions are normal and can vary from person to person.
- Provide information about available support services and how to access them. At least one of the resources must be available 24/7.
- Generally, it is not recommended to mention the method used.

1 Adapted from: Séguin, M., Roy, F., Bouchard, M., Gallagher, R., Raymond, S., Gravel, C. et Boyer, R. (2004). Programme de postvention en milieu scolaire : stratégies d'intervention à la suite d'un suicide. Montréal : Association québécoise de prévention du suicide.

Although it is normal for people to ask about the suicide method, the literature suggests this information should not be provided right away. Rather, it is best to stick to underlying issues and needs and intervene on that basis.

Curiosity about the means used often stems from concern for the deceased or their friends and family (Did they suffer? Who found the deceased and how is that person doing? Did someone come across a traumatizing scene? and so on).

When dealing with questions about the means used, it is important to provide reassurance by pointing out that someone is taking care of everyone who was directly affected by what happened.

Community officials are, however, free to respond and intervene if rumors escalate to worrisome levels or are likely to prevent a return to normal.

## Who should make the announcement?

The announcement must be made by someone who is well known in the community and can convey empathy and reassurance. This will foster a sense of security and will show that the community is ready and able to face the situation and provide support. The person must be calm, understanding, reassuring, empathetic, respectful, and non-judgmental about the suicide. There will then be no dramatization of the event.

## In the event of rumours

If rumours start circulating about the method, about who can be blamed or held accountable, or about a simplistic explanation for the suicide, the conversation should be redirected. Mention how desperate people who commit suicide are and the fact that they generally believe there was no other way to alleviate their suffering that had become intolerable. Explain that suicide is multifaceted and that there is rarely just one reason that leads someone to suicide.

In such situations it is important to pay close attention to people exposed to these types of rumours.

**2** Adapted from : Séguin, M., Roy, F., Bouchard, M., Gallagher, R., Raymond, S., Gravel, C. et Boyer, R. (2004). Programme de postvention en milieu scolaire: stratégies d'intervention à la suite d'un suicide. Montréal : Association québécoise de prévention du suicide

### Here is an example of an oral announcement of a suicide:

Sometimes we are faced with tragedies that are hard to understand and to announce. This morning we were saddened to learn that one of our *students/employees* has died by suicide.

*(first and last name of the person)*, *(their level [if a student] or department [if an employee])*, died *(time and place of death)*. We do not know the circumstances that led to this tragic event, but we do know it can be a shock to us all.

You might be feeling all sorts of emotions, such as grief, incomprehension, fear, concern, and anger. All these emotions are normal, and please know that there are people available to support you at this difficult time.

If you yourself are experiencing moments of distress, please contact (name of the person or organization) at (phone number or address): _____

I encourage you to talk about how you're feeling with your friends, your family, caregivers in your community, or anyone else you trust.

You can also contact interveners at different resources such as the regional Centre for Suicide Prevention (*phone number*), the *Ligne Québécoise de prevention du suicide* (the Quebec Suicide Prevention Helpline), available 365 days a year, 24 hours a day at 1-866-277-3553, Tel-Jeunes (1-800-263-2266), or Kids Help Phone (1-800-668-6868).

## 4.B
# MODEL LETTER TO PARENTS
## (CAN BE ADAPTED TO ANOTHER COMMUNITY)

(Date)

Dear Parents,

*(Circumstances: Over the weekend, this morning, etc.)* we learned that one of our (*students/employees)* has died by suicide. Their death is a shock to all of us.

A response team has been mobilized in order to help those affected by this tragic loss in our community.

Your loved one will probably feel the need to talk about what has happened when they get home. We encourage you to take the time to listen to what he/she has to say.

If you have any concerns about how your child's reactions or if you need support or information, please contact *(name and title)* at *(phone number)*.

We will collaborate in any way we can and rest assured that your requests for assistance will remain strictly confidential.

You can also contact interveners at different resources such as the regional Centre for Suicide Prevention (*phone number*), the *Ligne Québécoise de prevention du suicide* (the Quebec Suicide Prevention Helpline), available 365 days a year, 24 hours a day at 1-866-277-3553, Tel-Jeunes (1-800-263-2266), or Kids Help Phone (1-800-668-6868).

Thank you for your collaboration.
Sincerely,

(Director's name)

Principal

## 4.C
# MEDIA MANAGEMENT GUIDE

As everyone knows, the media has a strong influence on how the public reacts, behaves, and thinks.

People in charge of communication with the media and media organizations themselves need to understand how the things they do and say will affect other people in the community.

By working together, media communication managers and news agencies can release information about the suicide in a way that limits the risk of "copycat" suicides as much as possible while allowing journalists to report the facts accurately and appropriately. We are hearing more and more about the Papageno effect and how the media can help prevent suicide. To learn more about the Papageno effect, go to http://www.preventionsuicide.info/medias/. AQPS has also created a media guide: aqps.info

### General guidelines

- **Do not publish statistics that might be out of date.**
  Pay close attention to the statistics provided. Transmit the latest statistics to avoid publishing inaccurate information. Make sure you can justify your facts and figures.
- **Do not sensationalize the news.**
  It is inappropriate to discuss details about the reasons for the suicide or the method. Sensationalist stories can toxify the emotional atmosphere after a suicide. Deaths by suicide must be reported objectively, based on the facts. Avoid embellishments that could increase emotional tension.
- **Do not disclose detailed information on how the suicide was committed.**
  Releasing such information can be harmful. A detailed description of how someone committed suicide could be used as a reference for people considering taking their own life. Avoid information like "they used a such-and-such pipe, purchased at such-and-such store and attached it in such a way to a car exhaust pipe."
- **Do not glorify the victim or give them celebrity status**
  Flags at half mast, monuments, and so on can lead vulnerable people to think that society honours the act of suicide.
- **Do not simplify the cause of a suicide.**
  There is never just one cause for a suicide. Rather, it is the complex and combined effect of a variety of factors. It is important not to give the impression that the most recent event triggered the suicide and was the sole cause.
- **Do not portray suicide as an appropriate way to face difficulties.**
  Suicide should never be considered "successful" or presented as an appropriate way to solve a problem.

## For the community affected:

- **Forward all media requests to the designated person at the institution.**
  Instruct administrative staff not to respond to requests but rather to direct the media to the person in charge. This will prevent confusion during a crisis and will ensure that the information communicated to the media is consistent.
- **Avoid "no comment" statement.**
  It is not a helpful response. Such statements can create or aggravate a confrontation between the source of the information and the media. The person in charge of communication with the media must be prepared to give answers, even if it means asking for a reasonable amount of time before responding.
- **Avoid giving opinions.**
  On-the-spot, improvised, or personal comments can create or lead to inappropriate coverage. A proper dialogue must be encouraged between the communication manager and the media on the points of interest in any articles about the suicide. But neither party should try to dictate what needs to be reported.
- **Be alert if the interviewer asks to be put in touch with someone who has made a suicide attempt.**
  First determine whether it is in the interest of the person in question and what the educational value would be for such an interview. If the request is granted, the communication manager should talk to the person first to make sure they agree to having their name and telephone number given to the media, or whether they would prefer to remain anonymous to avoid unwanted phone calls.
- **Ask the media not to walk around the premises and film or interview members of the community.**
  Talk about what was done to support members of the community. Prepare a message for the friends and family of the deceased (they are the ones who will be listening to the news).

## For journalists

- **Keep media coverage of suicides to a minimum.**
  Use clear, simple, and common terms that readers or listeners will understand.
- **Be aware of the underlying message portrayed in media coverage.**
  The media are entitled to report unbiased, truthful, and accurate information to the public. There is a tendency to report only suicides committed in public or by well-known people. Selective reporting of suicides can give the impression that only people who are important or socially successful commit suicide, and that taking one's own life is an acceptable way of gaining recognition.
- **Avoid coverage that is too broad and could fuel the ripple effect.**
  Continuous or unnecessarily broad coverage of a suicide could leave a stronger impression in the mind of a vulnerable person, making them think that suicide is the most attractive "solution" to their own problems.
- **Understand that suicide is a source of stress.**
  Suicide is a source of stress for the victim's family and friends, but also for the community as a whole. In addition to reporting the suicide, articles should provide information on how suicide can be prevented, including a list of resources available locally such as mental health professionals and suicide prevention centres that can help suicidal individuals.

# 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 are never 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.

Sources: World Health Organization. (2002). *Preventing Suicide: A Resource for Media Professionals*. Geneva, Switzerland: Department of Mental Health and Substance Abuse.

Association québécoise de prévention du suicide. (2012). *Prévention du suicide et traitement médiatique*. Association québécoise de prévention du suicide.

## References:

Agence de la santé et des services sociaux de la Montérégie. (2011). *Aide-mémoire pour la couverture médiatique du suicide*. Longueuil, Quebec: Direction de santé publique de la Montérégie.

Mental Health Commission of Canada and CBC News. (2014). Mindset: Reporting on Mental Health. Retrieved from http://www.journalismforum.ca/mindset-reporting-on-mental-health

## 4.D
# SOCIAL MEDIA GUIDELINES[1]

The arrival of social media on the suicide prevention scene has created new issues, challenges, and opportunities to be considered in postvention activities.

### Issues

The growing traction of social media as a communication method and a source of information has had a big impact on how information about a death by suicide is released. It makes it more likely that at some point, a person will come across an announcement that a peer, an acquaintance, or someone they didn't know has died by suicide. Unfortunately, sometimes even friends and family learn about the death this way.

Loved ones, peers, and acquaintances of the deceased sometimes use these virtual chat and discussion spaces to send condolences or express sadness, anger, confusion, etc. Through theses exchanges, many try to make sense of the suicide, understand what happened, understand the causes, and so on.

Online tributes are sometimes created to honour the memory of the deceased and those are read by loved ones, peers, and acquaintances. People can honour the deceased, share memories, and post sympathy messages for the family or for the person who has died. The bereaved can visit these tributes as often as they like over the years, particularly on significant dates such as the deceased's birthday and the anniversary of their death.

### Risks and challenges

Broad access to information on social media about a suicide can be a problem for suicide prevention.

- **It can fuel the ripple effect:**
  A number of studies indicate that simply being exposed to certain types of information and communication about suicide (e.g., the method used, the idea that suicide is a courageous act) can fuel the ripple effect. On social media, it is easy for unsafe information to be distributed widely because it is generally not monitored, unlike the mainstream news media.
- **It can perpetuate misconceptions:**
  Discussions on social media can also be a problem. Misconceptions about the suicide and rumours about the causes and circumstances can be perpetuated online, and there is also a strong risk of unsafe information (misinformation, trivialization, oversimplified explanation of what happened, pointing the finger, etc.) being circulated.
  The need to make sense of a death can even push some people to try to identify who might be guilty of leading the victim to suicide. This is often the case when the deceased was being bullied, for example. These social media witch hunts can have serious consequences for the people facing such accusations and for their friends and family.
- **It can disrupt the grieving process:**
  Online virtual shrines meant to honour the deceased can also be problematic because they sometimes help "glamourize" suicide. These virtual memorials can disrupt the grieving process for some people. For instance, they might feel even more isolated when people close to them stop posting publications, or it may also reduce their ability to let go of their loved one.

1 Written by Louis-Philippe Côté, program evaluation consultant, specialist in new technology for suicide prevention. AQPS project manager for digital suicide prevention strategy

## Prevention opportunities

Despite the risks of a ripple effect and copycat suicides, social media offers great opportunities for disseminating useful information about suicide prevention on a large scale. There are opportunities for suicide prevention intervention, such as:

- **Detecting people at risk of suicide:**
  People who become more vulnerable because someone has died by suicide are usually connected to each other on social media. We can therefore both identify and reach them by this medium.

  Online discussions can lead to the identification of the distress created by the event and prove useful in detecting individuals vulnerable to suicide in the immediate environment of the deceased.

- **Providing the right information and dispelling the myths and prejudices that limit preventive actions:**
  It is sometime possible to reframe misconceptions, make the discussion less personal (talk about what suicidal people are going through, the combination of multiple factors that lead someone to consider suicide, etc.).

  This type of information about suicide prevention can be provided to everyone in the deceased's circle and be distributed to their network in order to reach a large number of people.

- **Promoting access to resources and making it more acceptable to seek help:**
  Social media offers an opportunity to post information about detecting a suicidal person (distress indicators), about the right ways to offer help, about the resources available to vulnerable people, including the suicide prevention hotline at 1-866-277-3553, etc.

  In addition to promoting resource services, social media can also be used to promote help-seeking.

- **Being there to support people in distress and those bereaved by suicide:**
  Numerous studies indicate that people in distress and those bereaved by suicide seek and find support from other people online. Social media may therefore offer a multitude of possibilities for creating virtual support groups.

## How to intervene in social media in the aftermath of a death by suicide

### Step 1
Identify the social media where the suicide is discussed

**Ahead of time, set up a procedure for using social media** in the aftermath of a death by suicide. There are various types of online spaces within social media where suicide can be talked about. Some are public (e.g., Twitter), while others are private (e.g., closed groups on Facebook or Instagram).

When a suicide occurs, identify the social media where people are talking about it.

If the discussion is in a public online space, it will be relatively easy to find it. Enter the full name of the deceased in Google or other search engine that includes social media to find the relevant online accounts and profiles.

If the discussion is in a private online space, you need to gain access through the account of someone who was close to the deceased, with their approval. Given that discussions about suicide often take place in private online spaces, you usually need to contact the family or peers and work with them to identify where the suicide is being talked about on social media.

**If you find malicious pages that encourage suicide, you must report them to the police.**

### Step 2
Post information about resources that can help

**If you get access to the online space where the suicide is being discussed:**

- It would be appropriate to post information about resources available to people in distress (including the suicide prevention hotline at 1-866-277-3553). Make sure that the resources are national rather than local because the people reading the information might live in various regions

**If the page is managed by an administrator** (school or company website, closed group page on Facebook, etc.), it can be helpful to ask for their cooperation so you can:

- Post information for all members of the group or highlight certain information about suicide prevention on the page (e.g., create a pinned post on a Facebook discussion thread).

### Step 3
Monitor discussions in order to detect people in distress

It can be helpful to set up a monitoring system to keep an eye on what is being said about the suicide on social media, to detect people in distress. Here are a few guidelines:

When **posts seem to indicate distress**: Post a message of support that includes information about resources that can help.

**If the post is alarming and likely to cause distress for others**: Find out whether you (or someone else) can delete the public post and contact the author in a private message. It will then be possible to express our concern, to support the person, and direct them to resources that can help them.

**If you cannot directly contact someone who expresses distress**:

- Ask their peers to pass on the information or to reach out openly through their account (these intermediaries are not responsible for conducting an intervention but for making it easier to contact the person in distress and passing on the information they see in the online space);
- Send the group administrator a suggested generic message they can use to confidentially contact people who seem distressed.

Along the same lines, you can contact the group administrators to suggest they draft terms and conditions for using the online page. Such terms and conditions can include the group rules, the objectives for the page (e.g., a place for messages of support), and which messages will be deleted (e.g., accusations and rumours will not be tolerated).

## The big question remains: Who is responsible for monitoring social media or carry out the suggested actions?

Unfortunately, it is impossible to clearly identify who will be responsible for monitoring, primarily because each community is unique and because we do not know ahead of time which social media will be used to talk about the suicide.

Of course, if the posts are on a page belonging to the institution or a specific organization (e.g., school, factory, CISSS, Centre for Suicide Prevention, group), it is easier to designate one or more people to be in charge of monitoring. If not, other people will need to look for red flags and promote preventive actions.

In this sense, we can consider joining forces with students, employees, practitioners in the community, staff at community organizations, public health authorities, etc. Ultimately, if you think a page should be shut down, seek the cooperation of the police services.

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MEASURE 5

# MEMORIALS

- **5.A**
  Managing Funeral Rituals and Memorials
- **5.B**
  Potential Memorial Ideas

## 5.A

# MANAGING FUNERAL RITUALS AND MEMORIALS[1]

**What are funeral rituals?** All the actions, symbols, and words used to commemorate the deceased and support their loved ones.

**What purpose do they serve?** Funeral rituals are a way to express thoughts and feelings (anxiety, anger, sadness). It allows people who are grieving a chance to do something concrete and come to terms with the death (Roy, Parrot, Proulx, Chagnon, and Tremblay, 1999).[2]

The decision to attend a funeral or memorial service must be made by the individual or their parents, in the case of a minor. Attendance to a memorial service should never be mandatory. It might even be best to avoid making group travel plans to attend a memorial service, instead leaving it up to each person (with their family or parents) to decide whether to go.

Some young people might not have been to a memorial service before. It can therefore be helpful to prepare them by telling them about what usually happens, how they can offer condolences, and so on.

Pay attention to how people are reacting during the service so you can identify who might need extra support or indicated or selective interventions.

**If the community wishes to do a specific commemorative gesture, we suggest:**

- Contacting the family and respecting their wishes
- Perform the rituals in the same way as any other type of death, like an accident, natural cause, or illness (e.g., how long their photo is displayed, when their office, locker, or other space they used is reassigned, etc.)

**Things to avoid:**

Do not choose activities that would showcase or glorify the suicide or serve as a permanent reminder of the nature of the death (e.g., making a video of the deceased, creating a shrine, making a photo wall, making personalized T-shirts, armbands, or badges).

**If members of the community wish to organize a memorial ritual**, identify the need behind the request (what does the ritual mean for those suggesting it?) and help these people express their feelings and reactions in an appropriate way.

1 Adapted from Séguin, M., Roy, F., Bouchard, M., Gallagher, R., Raymond, S., Gravel, C., and Boyer, R. (2004). *Programme de postvention en milieu scolaire: stratégies d'intervention à la suite d'un suicide*. Montreal, Quebec: Association québécoise de prévention du suicide.

2 Roy, F., Parrot, R., Proulx, N., Chagnon, J., and Tremblay, É. (1999). Un sentier d'espoir : guide d'accompagnement en prévention du suicide. Montreal, Quebec: Assemblée des évêques du Québec.

## 5.B
# POTENTIAL MEMORIAL IDEAS

The goal of this tool is to suggest options for memorials in the event of a suicide in your community.

First of all, **there are a few guidelines to follow**:

- Memorials must have a time limit (a few days).
- They should be similar to what is usually done for other types of deaths (accidents, natural causes, etc.).
- They must not value the manner of death.
- Be attentive to the messages that are transmitted. For example, memorials should not imply that the person is no longer suffering, that suicide was inevitable, etc.

### Memorial Ideas

| | |
|---|---|
| **Written messages for the family** | The institution can send a condolence card to the family that includes personal messages from the members of the community who wish to express their sympathy. |
| **A minute of silence** | Ask members of the community (in the same class or department, etc.) to observe a minute of silence in memory of the deceased.<br><br>You can use this opportunity to guide people's thoughts by including a few words about prevention. For example:<br><br>"We are saddened by the death of (*name of the person*). We'd like to observe a minute's silence in his/her (*delete as applicable*) memory, and for those affected by what has happened. We'd also like to encourage anyone who is struggling to seek help." |
| **Expressing words that people would like to say to the deceased** | Ask friends, co-workers, or anyone else affected to write or say something they want to remember about the person (their values, a personality trait, a phrase, etc.). |
| **Suicide prevention activity** | A death in the community can create a desire to advance the cause.<br><br>Examples:<br>• Organize a walk where participants hold signs with the phone numbers for support services<br>• Fundraise for a suicide prevention organization<br>• Take part in Quebec's Semaine de prévention du suicide or in World Suicide Prevention Day |

MEASURE 6

# SUPPORT FOR INTERVENERS

- **6.A**
  Support for Interveners who Offered Care to the Deceased

## 6.A

# SUPPORT FOR INTERVENERS WHO OFFERED CARE TO THE DECEASED

If the deceased was known to resource professionals in the community and had been in their care, it is important to offer some support to these interveners.

Supporting an intervener of the community who offered care or was in contact with the deceased does not mean they should be excluded from participating in postvention measures. Rather, pay close attention to their needs.

### In the short term:

- Announce the death in private, before making an announcement to other members of staff.
- Assess how the suicide has affected the intervener's emotional state.
- Assess their ability to participate in the postvention measures, especially when it comes to meeting with vulnerable people in their care.
- Offer to arrange an appointment with an external resource (to talk about the impact of the suicide and support them in clinical decision making, etc.).
- Do not exclude them from postvention activities (at the very least, they can help analyze the event and identify priority measures and actions).

It will be important to notice how the suicide affects the person's professional practice in the weeks and months that follow. It seems that professionals with a client who has committed suicide are more sensitive to indicators of suicide, are worried or more anxious about their skills for evaluating and treating suicidal individuals, develop a sense of guilt or responsibility towards the deceased, admit more clients to hospital, and so on (Henry, Drouin, and Séguin, 2003).

**These practitioners would benefit from medium- and long-term support.**

MEASURE 7

# DETECTION AND INDICATED INTERVENTIONS

- **7.A**
  Detection and Indicated Interventions:
  Target Audiences and Suggested Interventions
- **7.B**
  Reasons Not to Use
  a Debriefing Strategy
- **7.C**
  Monitoring Sheet
  for Indicated Interventions

## 7.A

# DETECTION AND INDICATED INTERVENTIONS: TARGET AUDIENCES AND SUGGESTED INTERVENTIONS

In general, individuals who were directly affected by the event should be rapidly identified. Although there is no exclusive ruled, there are two main groups that can be identified.

### 1. Bereaved friends and family of the deceased

- **At the time of the event**, identify bereaved relatives or friends who may be in the community, to prevent them from hearing about their loved one's death through social media (or other) and finding themselves alone without support

  If they already know about or witnessed the death, they will need support at the time of the shock. In the short term, postvention team leaders should maintain regular contact with bereaved relatives and ensure the grieving process proceeds healthily.

- **In the medium and long term**, if these individuals start to struggle, they should be offered follow-up care and directed to the appropriate resources. Of course, the age of the bereaved individual is a factor in deciding whether certain reactions are normal. It is important to remember that even when it stems from a traumatic event, the grieving process can proceed healthily. Only 5% to 7% of people experience complicated or prolonged grief (Kersting, Brahler, Glaesmer, and Wagner, 2011).

### 2. People who were exposed to the traumatic event (witnesses)

- **At the time of the event**, these individuals will need to feel protected. Simple things like handing them a telephone (so they can call a parent or friend), suggesting a quiet place where they can rest, and offering a secure environment are essential.
- Above all, do not force intervention on someone who was a witness to the event. Interveners who are on site must reassure and guide them without forcing them to say anything unless they want to. Of course, people may exhibit different types of social behaviour, and this is completely normal. Nonetheless, the interveners must direct anyone who is showing signs of extreme distress in public to a different location, so they do not make things worse or more stressful for others who were exposed to the event. Ideally, a list of the names of all those who witnessed the event should be drawn up so that these people can be offered follow-up support as soon as possible.
- **DO NOT ORGANIZE GROUP MEETINGS WITH WITNESSES. In addition, debriefing is not recommended** (see Tool 7.B**).** The postvention team must, however, carefully identify those who seem vulnerable (see Tool 8.A) and direct anyone with mental health problems to specialized external resources.

- **In the short term**, people who were exposed to the event should be contacted (in person or by phone) and invited to meet with an intervener. These meetings should be one-on-one, and aim to:
  - Provide reassurance
  - Inform about the types of stress reactions they may experience and explain that such reactions are usually short lived and are completely normal
  - Provide information about reactions they may experience in the future: which are expected and which could indicate complications
  - Inform them of available resources for those who need help
- **In the medium and long term**, postvention team leaders should regularly check on people who were exposed to the event and make sure that their stress responses are diminishing in a healthy manner. If difficulties arise, follow-up support should be offered and the person should be directed to the appropriate resources.

# 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:**<br>• Shock<br>• Denial<br>• Numbness<br>• Crying<br>• Looking to blame someone<br>**Medium and long term:**<br>• Sorrow<br>• Sadness<br>• Missing the person<br>• Searching for meaning<br>• Guilt | Healthy grieving process | • Self-care<br>• Social support<br>• Psychosocial follow-up<br>• Psychosocial intervention: sessions for problem solving, stress management, personal growth;<br>• Support group (e.g., available at certain Centre for Suicide Prevention) |
| | • **Medium and long term (12 to 18 months):**<br>• Difficulty adjusting to the loss<br>• Constantly looking for the deceased<br>• Thoughts that interfere with daily life<br>• 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):**<br>• Nostalgia<br>• Persistent loneliness<br>• Constantly thinking about the deceased<br>• Dwelling on the topic of death and the deceased<br>• Persistent feeling of chaos<br>• Inability to trust others<br>• 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)<br>• Pharmacological treatment combined with psychotherapy in the form of cognitive behavioural therapy (CBT) or interpersonal therapy (IPT)<br>• Follow-up with a psychiatrist |
| Evolution of stress reactions in people exposed to the event (witnesses) | • Temporary stress<br>• Initial temporary stress reactions, concerns arising as a result of the event (a few days) | • Temporary stress<br>• Healthy responses | • Support<br>• Psychoeducation |

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

## 7.B

# REASONS NOT TO USE A DEBRIEFING STRATEGY

The debriefing technique was developed by Mitchell (1983) and was frequently used in the 1980s and 1990s in the aftermath of a catastrophic or traumatic event.

Initial intervention took place 24 to 72 hours after the event and was originally designed for first responders (ambulance staff, fire fighters, police officers, etc.) who were mobilized following a catastrophic event. The intervention protocol was broken down into seven steps. It allowed teams of first responders to support each other and aimed to alleviate acute stress responses.

This intervention was then expanded to all victims and witnesses of disasters or traumatic events.

Current data seems to indicate that debriefing does not help reduce or prevent post-traumatic stress responses. Debriefing could even present risks. Many studies have called into question the helpfulness of debriefing by showing that for some people, it can add to distress rather than reduce it.

Such studies conclude that psychological debriefing is ineffective in preventing symptoms of acute stress or post-traumatic stress disorder and in improving social and occupational functioning following a traumatic event (American Psychiatric Association, 2004; International Society for Traumatic Stress Studies, 2009; National Institute for Health and Care Excellence, 2005). Some studies even show a higher level of post-traumatic symptoms following debriefing (American Psychiatric Association, 2004; International Society for Traumatic Stress Studies, 2009; National Institute for Health and Care Excellence, 2005), especially when the debriefing brings together groups of strangers who have experienced very different types of trauma or when it occurs too soon after exposure to a traumatic event (American Psychiatric Association, 2004).

Some studies have shown that people who participated in a group debriefing exhibit more stress and depression symptoms in the medium term than people who did not. According to the research, most trauma victims recover on their own, with the support of their friends and family, based on their ability to adapt and provided there are no risk factors for developing a post-traumatic disorder.

**A number of factors explain why debriefing can be potentially harmful. These include:**

- The unique nature of debriefing (only one intervention with no follow-up meeting).
- An in-vivo reminder of the traumatic event that is too quick, which disrupts the protection mechanisms in place (repression, denial, etc.) that are appropriate adaptation strategies for the circumstances.
- The fact that debriefing is held too soon after the event. It appears that the longer the period between the trauma and the debriefing, the lower the risk of negative consequences.
- Listening to testimonials from other people in the group while the person is wrapped up in their own emotional responses.

It is essential to promote preventive interventions that are more comprehensive and tailored to the nature of each event and the specific needs of the victims.

**See Tool 7.A to learn more about recommended interventions for witnesses.**

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## 7.C

# MONITORING SHEET FOR INDICATED INTERVENTIONS

Person responsible for follow-up _____

---

Name of the individual: _____

Age and level (if a student): _____

Mailing or email address: _____

Home/cell phone: _____

---

Name of the person who made the referral, and why: _____

---

The individual has been contacted: ☐ YES Date : _____

☐ NO

Expressed needs: _____

_____

---

Referrals and recommendations: _____

_____

_____

Name of the intervener who made contact/issued recommendations/conducted follow-up: _____

---

Follow-up: when and by whom? _____

_____

_____

Name of the intervener who made contact/issued recommendations/conducted follow-up: _____

---

Follow-up verified and what comes next: _____

_____

_____

Name of the intervener who made contact/issued recommendations/conducted follow-up: _____

MEASURE 8

# DETECTION AND SELECTIVE INTERVENTIONS

- **8.A**
  Detection and Selective Interventions:
  Target Audiences and Suggested Interventions
- **8.B**
  Monitoring Sheet for Selective Interventions

## 8.A

# DETECTION AND SELECTIVE INTERVENTIONS: TARGET AUDIENCES AND SUGGESTED INTERVENTIONS

The goal of this measure is to detect vulnerable people who may be impacted by the event or anyone who may start to experience difficulties in the weeks or months that follow (at a remove distance from the event). Studies show that vulnerable people run the highest risk of developing suicidal behaviour. When the detection activities are implemented efficiently, there will be less individual suffering and the risk of a ripple effect will be reduced.

**Detection interventions generally occur in the hours, days, weeks, and months after the event. It is important to start detecting vulnerable people quickly. The goal is to:**

- Provide outreach (proactively contact people in their own environment)
- Meet with people to assess the impact of the event and their needs
- Direct people to the appropriate resources

Although "vulnerable people" is a broad concept and it is difficult to identify ahead of time which people or subgroups will be more vulnerable due to the event, these individuals and anyone with multiple risk factors need to be monitored more closely.

**Vulnerable people could be those who:**

- Were exposed to the event indirectly (for example, they were exposed to repetitive accounts from people who were there when the traumatic event occurred, the first responders)
- Have been exposed to one or more traumatic events in the past
- Have experienced difficult life events for which their coping strategies are limited or exhausted.
- Have previously made a suicide attempt or are seriously considering it
- Have a known mental health disorder
- Are dealing with psychoactive substance abuse
- Experience difficulties associated with impulsivity or have oppositional behaviors
- Have been the victim of violence or bullying or are bullies themselves

It is important to note that while postvention team leaders should identify people with known vulnerabilities as an immediate priority, other people may develop psychosocial or mental health difficulties in the weeks or months following a suicide. **Identifying vulnerable individuals is thus an active, ongoing intervention necessary to counter the ripple effect, which can also occur at a remove distance from the event.**

- **After the event (in the short term)**, vulnerable people should be sought out. This requires good judgment and the respect of confidentiality. The members of the postvention committee must ask the community's interveners, teachers, team leaders, and/or employees if they are worried or concerned about anyone who may be experiencing individual vulnerabilities.
- Committee members can then take the names of those showing signs and symptoms and conduct outreach activities, i.e., contact them with empathy and confidentiality in order to assess how the event could have impacted existing vulnerabilities and suicidal thoughts, and to check on their well-being. If mental health issues arise, a follow-up support should be offered and the person should be directed to the appropriate resources.

**It is necessary to repeat regularly, during the months following the suicide, the process which consists in verifying with the leaders of the community their level of concern for a person.**

- **For medium- and long-term follow-up**, postvention team leaders should regularly reinitiate contact with these individuals and offer appropriate services if difficulties arise or intensify.
- People who have developed difficulties since the suicide must be rapidly identified so the intensity of their difficulties can be assessed and refer them to specific services depending on the needs expressed.
- Identification will be easier if there is regular follow-up with everyone (teachers/professors, practitioners, team leaders, etc.) likely to be in contact with individuals at risk of developing difficulties so they can be informed as to which signs and symptoms they might notice in these individuals (see the list on the following pages). These reminders should take place regularly during the year following the critical event.
- Sometimes people might not accept the initial offer of support. It is important to stay in touch with anyone at risk of showing signs and symptoms and check in with them regularly. Maintaining this contact by those responsible for postvention activities could generate a motivation to consult or an acceptability of the consultation and make it possible to offer access to services at the appropriate time.

The result of such detection activities will be to identify individuals at an early stage, before their struggles become overwhelming. Merely offering services and support already reduces the risks of a copycat suicide. Likewise, follow-up contact with people in the community enhances knowledge about mental illness, making detection easier to deploy.

# 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)<br>• People exposed to one or more traumatic events in the past | If post-traumatic stress disorder is confirmed, the following signs might be noticeable:<br>**Reliving the event**<br>• Recurrent overwhelming memories of the event<br>• Nightmares<br>• Flashbacks<br>• Distress or a physiological response when exposed to stimuli associated with the traumatic event<br>**Avoidance**<br>• Avoidance of memories, thoughts, and feelings associated with the trauma<br>• Avoidance of elements that are a reminder of the trauma (people, places, activities, objects, situations)<br>**Negative thoughts and feelings**<br>• Inability to remember an important aspect of the traumatic event<br>• Persistent and exaggerated negative thoughts about oneself, others, or the world<br>• Tendency to self-blame<br>• Persistent negative emotions (fear, horror, anger, guilt, shame)<br>• Loss of interest in activities<br>• Feeling detached from others<br>• Restricted positive emotions<br>**Heightened startled response/reactivity**<br>• Irritability or extreme anger<br>• Reckless or self-destructive behaviour<br>• Hypervigilance<br>• Jumpiness<br>• Difficulty concentrating<br>• Sleep problems | • Acute stress (responses lasting one month)<br>• Deferred-onset post-traumatic stress disorder (PTSD) (at least six months between the traumatic event and the onset of symptoms) | • Cognitive behavioural psychotherapy (CBT)<br>• Psychoeducation<br>• Training in anxiety management<br>• 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**<br><br>People who are vulnerable because they:<br>• Have experienced challenging life events<br>• Have previously made a suicide attempt<br>• Have seriously considered suicide<br>• Have had a known mental health disorder<br>• Are dealing with psychoactive substance abuse<br>• Are experiencing difficulties associated to impulsiveness or oppositional behaviours<br>• 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)<br>• Irritability<br>• Feeling of despair<br>• Loss of interest and pleasure in a number of activities and aspects of life<br>• Feeling of excessive guilt<br>• Feeling of unworthiness, low self-esteem<br>• Suicidal ideation<br>• Loss or gain in appetite or weight<br>• Insomnia or hypersomnia<br>• Psychomotor retardation (heavy legs, slower gait speed)<br>• Fatigue or lack of energy, even after a rest (feeling that everything is an effort)<br>• Physical pain (headaches, back pain, or stomach ache)<br>• Difficulty remembering things or concentrating<br>• Difficulty making decisions<br>• Isolation | • Adjustment disorders<br>• Mood disorders | **Adjustment disorder**<br>• Self-care and psychosocial follow-up<br>• Psychosocial intervention: sessions to help with problem solving, stress management, personal growth; support group<br><br>**Mild depression**<br>• Psychoeducation<br>• Support therapy<br>• Psychosocial intervention: sessions to help with problem solving, stress management, personal growth; support group<br>• Cognitive behavioural therapy (CBT) or interpersonal therapy (IPT))<br><br>**Moderate depression**<br>• CBT or IPT<br>• If the person does not respond well to psychotherapy, a pharmacological treatment can be added (antidepressant)<br>• Pharmacological follow-up with a family doctor<br><br>**Severe depression**<br>• Pharmacological treatment combined with CBT or IPT<br>• Follow-up with a psychiatrist<br>• Hospitalization |
| | • Significant level of distress<br>• Constant worrying, which prevents the person from functioning and acting normally at work, in society, or in other areas of daily life<br>• 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:<br>• Cognitive behavioural therapy (CBT), which seeks to modify problematic thoughts and behaviours and replace them with thoughts and reactions in line with reality<br>• Therapy based on a humanistic or analytical approach, aimed at identifying the causes of the psychological suffering<br><br>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<br>• Taking substances even when it is physically dangerous<br>• Relationship or social problems<br>• Tolerance<br>• Withdrawal<br>• Loss of control over how much they take and for how long<br>• Desire to cut back or persistent efforts to cut back<br>• A lot of time spent taking substances<br>• Dropping out of activities in favour of substance use, which continues despite a physical or psychological diagnosis<br>• Craving | Disorders associated with excessive use of psychoactive substances | • Motivational interview<br>• Psychotherapy and preventing a relapse (CBT)<br>• Support group (AA, NA)<br>• Psychodynamic and family psychotherapy |

## 8.B
# MONITORING SHEET FOR SELECTIVE INTERVENTIONS

Intervener responsible for the follow-up: _____

---

Name of the individual: _____

Age and level (if a student): _____

Mailing or email address: _____

Home/cell phone: _____

---

Name of the person who made the referral, and why: _____

---

The individual has been contacted: ☐ YES Date : _____
☐ NO

Expressed needs: _____

---

Referrals and recommendations: _____

Name of the intervener who made contact/issued recommendations/conducted follow-up: _____

---

Follow-up: when and by whom? _____

Name of the intervener who made contact/issued recommendations/conducted follow-up: _____

---

Follow-up verified and what comes next: _____

Name of the intervener who made contact/issued recommendations/conducted follow-up: _____

MEASURE 9

# DETECTION AND UNIVERSAL INTERVENTIONS

## 9.A

# DETECTION AND UNIVERSAL INTERVENTIONS: TARGET AUDIENCES AND SUGGESTED ACTIVITIES

These activities generally start in the weeks after the event and continue for the following year, at varying intervals. They increase the following, among the general public:

- Literacy (knowledge) about health and mental illnesses
- The ability to recognize signs of distress in ourselves and in others
- The ability to recognize our own distress and acceptance that we need to see someone about our problems
- The social acceptability of getting help from a friend or family member or a psychosocial intervener when mental health problems are present

The more communities have the capacity to detect individuals who are suffering, to help and to offer options that allow them to reduce suffering adequately, the more resilient and mentally healthy the communities will be.

### Literacy activities (increasing knowledge)

- Set up activities (to teach people **not about suicide specifically but about related topics**, booths, social activities, etc.) to increase knowledge about the warning signs of depression, substance abuse, distress, and social isolation.
- Promote activities that make it more socially acceptable to seek mental health services.
- Portray seeking professional help in a positive light through awareness-raising and education activities.

### Detection of the population and access to mental health services

- Detect and identify individuals who may be developing personal, social, academic, or mental health difficulties. Make initial contact with these people to show support. If these individuals have psychological needs beyond support, it is important to encourage them to commit to seeking professional services (assist individuals in seeking professional help).
- Pass on the information verbally at meetings, conferences, or working groups or by sending out reference documents, letters, flyers, cards, posters, or brochures. The information will help people who develop mental disorders to self-identify or it will allow other people to identify friends or co-workers who are struggling and encourage them to see a healthcare professional.
- Help set up consultations with healthcare professionals (access to professionals on site, online consultations, etc.).

### A global health program to strengthen the community

These activities are already in place in a variety of formats. It is not necessary to create new initiatives, but rather existing projects or programs should be publicized and made available to the public. It will however be necessary to maintain interest in such programs over the long term, to have an impact on the entire population.

**Examples:**

### Being a gatekeeper for suicide prevention

People trained to recognize the warning signs of suicidal behaviour and direct people in distress to the right resources.

### Teaching mental health literacy

According to the World Health Organization (WHO), health literacy is linked to the cognitive and social skills that influence people's motivation and ability to find, understand, and apply information in ways that promote and maintain good health (WHO, 1998). In other words, health literacy determines our ability to understand and use information to make appropriate decisions about our health (retrieved from www.chiropractic.ca/blog/health-literacy-taking-control-of-your-health/).

### Healthy Schools

This program is about prevention and promoting health and wellness. It focuses on the development and implementation of a global, integrated approach to promotion and prevention in the school environment.

The objective of the *Healthy Schools* guide is to provide a framework for:

- Targeting the factors that determine academic success, health, and well-being
- Making connections between health, well-being, and skill development
- Creating and strengthening ties between members of school teams, between the school and the families, and between the school and the community

### Fondation Jeunes en Tête Partners for Life program

The aim of this program is to prevent psychological distress among young people. There are two presentations: *Depression is Reversible*, which teaches students over the age of 14 about depression, and a project that promotes good mental health among 11- to 13-year-olds.

### Zenétudes: healthy transition to college

This universal prevention program is a tool for teachers who want to help students transition successfully from high school to college and university and lower the risk of them dropping out.

### The Mental Health Commission of Canada website

The site offers a variety of tools to promote mental health in the workplace, including a training course on mental health first aid and a summary of recognized best management practices, etc.

The result of such detection activities will be to pinpoint individuals at an early stage, before their struggles become overwhelming. Merely offering services and support already reduces the risks of a copycat suicide. Likewise, follow-up contact with people in the community enhances knowledge about mental illness, making detection easier to deploy.

MEASURE 10

# REVIEW OF THE POSTVENTION ACTIVITIES

- **10.A**
  Review of the Postvention Following a Suicide
- **10.B**
  Annual Review of the Postvention Activities

## 10.A
# REVIEW OF THE POSTVENTION FOLLOWING A SUICIDE

**The objectives of the review after a suicide are to:**

- Assess the situation and make sure that people directly affected by the suicide or who are vulnerable continue to be identified and have access to the appropriate interventions
- Keep written records of the measures applied during postvention
- Maintain an overview of possible improvements at the time of the annual review

| | What has been done | What worked out | What was helpful | What should we do differently in the future | Key takeaways |
|---|---|---|---|---|---|
| **Measure 2**<br>Urgency and protection | | | | | |
| **Measure 3**<br>Analysis, clinical management, and postvention coordination | | | | | |
| **Measure 4**<br>Communication and information | | | | | |
| **Measure 5**<br>Memorials | | | | | |
| **Measure 6**<br>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**<br>**Detection and indicated interventions** | | | | | |
| | Number of individual meetings:<br>Number of group meetings: _____ meetings with _____ people<br>Type of service offered internally: _____<br>Number of people referred externally, and to which organizations: _____ people<br>Organizations: _____ | | | | |
| **Measure 8**<br>**Detection and selective interventions** | | | | | |
| | Number of individual meetings:<br>Number of group meetings: _____ meetings with _____ people<br>Type of service offered internally: _____<br>Number of people referred externally, and to which organizations: _____ people<br>Organizations: _____ | | | | |
| **Measure 9**<br>**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?

10.B

# ANNUAL REVIEW OF THE POSTVENTION ACTIVITIES

## Objectives

- Take a critical look at the postvention process
- Highlight the measures that helped the community resume usual functioning and those that helped with individual distress
- Identify areas for improvement regarding the functioning of the postvention committee and the partnership with internal and external resources
- Plan to keep the protocol and the postvention committee in place for the long term

## Helpful tools for reviewing the year's postvention activities:

- Tool 10.A *Review of the Postvention Following* a Suicide (filled out for each postvention activity)
- *Task List for the Leaders of Each Measure* (Tool 1.B)
- The *Who Does What? – The Postvention Committee* tool (Tool 1.C)
- **Tool 10.B (this document):** This is not a questionnaire to be answered. The items listed can serve as the basis for analysis to identify strengths and areas for improvement

| | |
|---|---|
| **Measure 1**<br>**Organization of the community** | ☐ The community has an internal postvention protocol that ties in with the 2020 program.<br>☐ It was easy to refer to the internal protocol as needed (clear tools, easily accessible documents, etc.).<br>☐ The tools had already been tailored to the community's reality and were easy to use.<br>☐ The roles and responsibilities of internal actors were clear.<br>☐ It was easy to access the community's external resources.<br>☐ Service agreements with external partners were efficient and worked well.<br>☐ Staff who were able to play a role in postvention were mobilized, knew what to do, etc. |
| **Measure 2**<br>**Urgency and protection** | ☐ Was intervention by officials (police, ambulance, coroner, etc.) a priority in the intervention?<br>☐ Did the members present feel equipped to assist people who were directly affected (bereaved individuals and witnesses)?<br>☐ Were steps taken to block off the scene?<br>☐ Were bereaved individuals and witnesses rapidly identified and supported?<br>☐ Did usual activity resume as quickly as possible? |

| | |
|---|---|
| **Measure 3**<br><br>**Analysis, clinical management, and postvention coordination** | ☐ Postvention activities were quickly put in place.<br>☐ The postvention committee responded quickly, and the leaders of each measure were ready.<br>☐ In the absence of a postvention committee, how did the community come together and organize a response?<br>☐ Each event was analyzed in order to identify the priority measures and actions.<br>☐ The priority subgroups in need of interventions were identified.<br>☐ During the event, there was regular follow-up with:<br>☐ The postvention committee<br>☐ The professors and department heads<br>☐ The external resources<br>☐ Did regular follow-up make it possible to continuously analyze the impacts, identify who was directly affected and who was vulnerable, and adapt the priority actions for each measure? |
| **Measure 4**<br><br>**Communication and information** | ☐ Before the event was announced and talked about within the community:<br>☐ The death had been confirmed<br>☐ The family of the deceased was aware of the postvention activities<br>☐ Announcement of the event to the community:<br>☐ It was easy to identify which groups should hear the announcement.<br>☐ The people who made the announcement felt equipped and comfortable.<br>☐ It was easy to work with the media to promote safety and prevention messages.<br>☐ The announcement and reactions on social media were properly managed. |
| **Measure 5**<br><br>**Memorials** | ☐ The family's wishes regarding funeral attendance and information provided to the community about the funeral were respected.<br>☐ The institution was able to organize rituals that did not single out suicide deaths.<br>☐ Time limits were put on rituals and memorials in the community.<br>☐ The community has started to think about how to handle requests or memorials at each anniversary. |
| **Measure 6**<br><br>**Support for interveners** | ☐ Meetings have been scheduled to support people involved in postvention (professors, department heads, social workers, administrators, interveners, etc.) or in dealing with the body or the scene (first responders, janitorial staff, etc.).<br>☐ They have been offered individual support (employee assistance program [EAP], external resource, etc.).<br>☐ Special support has been offered to interveners who offered care to the deceased. |

| | |
|---|---|
| **Measure 7**<br><br>Detection and indicated interventions | ☐ Witnesses and bereaved individuals were easy to contact.<br>☐ Detection was ongoing throughout the year.<br>☐ It was easy to refer people to the right resources.<br>☐ Tie-in with external services and resources was clear. |
| **Measure 8**<br><br>Detection and selective interventions | ☐ It was easy to identify vulnerable people.<br>☐ Detection was ongoing throughout the year.<br>☐ It was easy to refer people to the right resources.<br>☐ Tie-in with external services and resources was clear. |
| **Measure 9**<br><br>Detection and universal interventions | ☐ The community was able to take steps to raise awareness and make it easier to identify vulnerable people who could develop complications at a remove distance from the event.<br>☐ The community promoted assistance services and reduced the stigma associated with mental illness and help-seeking.<br>☐ The community helped set up consultations with healthcare professionals (access to professionals on site, online consultations, etc.).<br>☐ The community developed strategies to enhance individual resilience and well-being. |

**In general, what worked well? Which of the community's strengths and resources helped people come to terms with the event?**

**What could be reinforced, improved, developed, etc.?**

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