Guidelines for community response after suicide in rural areas

Sandra Black
Anara Guard
on behalf of CalMHSA
Background

• Tahoe Truckee region requested assistance with developing a community response plan after suicide ("postvention plan")
• Need for postvention plan guidance for whole communities, especially rural areas
• Additional funding secured from Central Region WET to develop guidelines for rural communities
• Incorporate best practices and guidance from around the nation and world
Goals of a postvention plan

• to support healing of those immediately affected
• to offer outreach to at-risk individuals
• to support recovery by the whole community
• to reduce contagion (additional attempts and/or deaths)
• to help individuals and organizations respond appropriately and promptly
• to offer prevention messaging and education
What a Community Postvention Plan can Accomplish

- Support for Loss Survivors
- Reduced trauma
- Accurate information
- Appropriate responses
- Prevention messaging and education
- Annual review to learn and improve

BEST PRACTICES
The Continuum Model: Effects of Suicide Exposure

- **Suicide Exposed**: Everyone who has any connection to the deceased or to the death itself, including witnesses.
- **Suicide Affected**: Those for whom the exposure causes a reaction, which may be mild, moderate or severe, self-limiting or ongoing.
- **Suicide Bereaved Short-Term**: People who have an attachment bond with the deceased and gradually adapt to the loss over time.
- **Suicide Bereaved Long-Term**: Those for whom grieving becomes a protracted struggle that includes diminished functioning in important aspects of their life.
The Community Postvention Process

1. Notify Core Team
2. Offer Support
3. Gather more info
4. Mobilize others as needed
5. Offer support
6. Review and learn
7. Notify Core Team
How is “rural” different?

• Impact and need may be greater
• “Everyone knows each other”
  • Information is often shared “word of mouth” and through informal networks
  • People may be reluctant to seek help
  • Balancing concerns about confidentiality and the wishes of immediate survivors with public health concerns
• Resources limited, people wear multiple hats
  • Challenging to maintain enough staff or volunteers that can be dedicated to response
• Remote locations; physical access but also access to internet and even phones
• People are isolated (and may prefer that)
Smaller can be “better”

• Smaller communities can make working closely with other agencies and stakeholders easier than in larger areas
• Local media and marketing can have a broad reach with fewer people and places to cover
• Strong identification with the community and sense of responsibility toward one another
Content Areas for a Community Response Plan After Suicide

Section I: Before a suicide occurs

Section II: Response
• In the hours after a suicide
• In the days after a suicide
• In the weeks after a suicide

Section III: Additional considerations
• When might a community response be needed?
• When might a targeted response needed?
• Prevention planning

Section IV: Resources
Section I: Before a suicide occurs

- Reach agreements between agencies for accurate and timely information sharing
- Designate a **Core Team**
- Prepare public statements and messaging templates
- Develop and provide brochures or business cards to connect survivors/witnesses to support
Before a suicide occurs (cont’d)

- Develop or identify a web site and designated contacts to serve as an information hub about support and prevention
- Clarify existing survivor support options and explore options for ongoing support
- Identify a planning body and a process for ongoing evaluation and prevention
Core Team Roles

• At least 2 people
• Receive information from first responder
• Coordinate response steps
• Connect loss survivors and witnesses with appropriate services and supports
• Interface with news media and issue public statements as needed
Core Team Roles (continued)

• Serve as “go-to” resource
• Offer prevention messaging and education
• Conduct a daily debrief among the Team for information sharing and self-care
• Provide follow-up
• Gather and present information and recommendations for prevention planning
Section II: Response
In the hours after a suicide occurs

• First responder shares basic information about a death with Core Team
• Core Team coordinates and implements the next steps in the plan
  • Monitor contagion risk and need for broader response
• Mobilize support to survivors/witnesses
  • Information about services and supports via brochure/business card
In the **hours after a suicide occurs** (continued)

- Implement strategies to influence information flow*
- Communicate with relevant affected parties, e.g., schools*, behavioral health, workplaces*, etc.
- Focus is on making sure people who are impacted know help is available and how to access it
Section II: Response

In the **days** after a suicide occurs

- Continue to mobilize support to others who may have been affected (e.g., first responders, co-workers, extended family)
- Monitor impact on community and risk of contagion
- Implement community or targeted response as appropriate
Section II: Response
In the first few weeks after suicide occurs

• Continue to mobilize support as needed for survivors, funerals, memorial services*
• Hold community meetings if appropriate
• Plan for anniversaries*
Section III: Additional considerations

When might a community-wide response be needed?

– When lots of people might be affected
– Local celebrity, public or well-known figure
– Suicide in a public place with witnesses
– When more than one suicide occurs in an unusually short time or among closely identified individuals (reduce risk of contagion)
– Suicide attempt with above conditions
Section III: Additional considerations

When might a targeted response be needed?

Examples could include:

– First responders
– Clients or providers in the behavioral health system
– Employees of a local business*
– Public health officer sending a letter to primary care providers throughout the area
Section III: Additional considerations

Possible activities in a broader response

• Community meeting or forum
• Grief counseling (for individuals or groups)
• Suicide prevention training and education
• Proactive outreach to promote resources
• Support for memorials, anniversaries
• Media engagement and outreach
• Public education and outreach
Section III: Additional considerations

Prevention planning

• Led by a SP coalition or task force
• Review suicide and attempt data
• Assess and modify response plan as needed
• Strengthen system of prevention
Section IV: Resources

- Samples and templates for documents such as checklists, public statements, MOUs
- Tools and resources
- Information on specific strategies
- Guidelines for a broader level of response
Does your county currently have a coalition, task force or other cross-agency group devoted to suicide prevention and/or response?

Answered: 18  Skipped: 0

- Yes—group is currently...
- Yes—but group meets...
- No—we had such a group but ...
- No
- I don’t know
How are suicides responded to by your county agency now?

Answered: 16  Skipped: 2

- No formal response: 7 (43.75%)
- WET coordinator...
- My BH agency is asked to...
- News media calls our...
- Our agency reaches out...
- A local CBO, crisis centre...
SURVEY: Who needs to know about a suicide death?

- Coroners office
- LOSS Team coordinators
- Crisis center
- Mental health [although often NOT the first to know]
- Family members
- School if child is affected
- CBOs, churches, private MH
SURVEY: Who do you think should be on the core group?

- County health
- County MH
- LOSS team
- Coroner
- Crisis center / crisis team
- Law enforcement chaplain / law enforcement
- Hospital personnel
- Loss survivors
An important element of postvention is providing support for survivors who are immediately affected by the death. Are there services for survivors available in rural areas of your county? Check all that apply.

Answered: 18  Skipped: 0
SURVEY: What services for beyond immediate family/friends?

- Support groups (in person and online)
- MHFA training
- Therapeutic services, grief counseling
- Wellness checks, self-care reminders
- Services at anniversaries
- Warm line and toll-free support
- Support that is not dependent on insurance, non-clinical setting
How would your agency use information on reaching out to the media?

Answered: 14   Skipped: 4

- When and if the news media...
- We provide interviews...
  - 8 (57.14%)
- We write letters to the...
- We never communicate...
- We proactively offer the...
- We could issue a...
When the guidelines are available later this summer, who in your county will take the lead in implementing them?

Answered: 16  Skipped: 2

- Mental health director: 60%
- Crisis center staff: 15%
- Coroner: 10%
- WET coordinator: 5%
- MHSA coordinator: 20%
- No one: 4%
- I don't know: 20%
Tahoe Truckee region plan progress

• Working closely with a core group of suicide prevention coordinators
• Completed a survey of stakeholders
• Engaging partners, clarifying roles, securing agreements
• Most of the work happens before a suicide occurs!
Some lessons learned so far

• Relationships are crucial
• The devil is in the details
• First responders need to see the benefits
• Must know what is available in order to offer it
• Effective supports and services must be mobilized, not just available

You don’t need to invent it, but you do need to invest in it!
THANK YOU!

Sandra Black, MSW
sandra@suicideispreventable.org

Anara Guard
anara@suicideispreventable.org