ONTARIO Youth Suicide Prevention
LIFE PROMOTION COLLABORATIVE

Postvention across settings and sectors:

A resource for community-based service providers

The Youth Suicide Prevention Life Promotion Collaborative

The Ontario Youth Suicide Prevention Life Promotion Collaborative was formed in 2019 to ensure Ontario's children and youth, and those who support them, have access to current evidence-based, practical knowledge to effectively guide their efforts in suicide prevention and life promotion. The Collaborative is composed of diverse stakeholders with expertise in suicide prevention and life promotion including those from regional, provincial and federal organizations, educational institutions, those with lived experience, and organizations representing youth populations.

Collaborative members include:

- Canadian Mental Health Association, Ontario (Acts as the Secretariat)
- Canadian Mental Health Association, Waterloo Wellington
- Centre for Innovation in Campus Mental Health
- Children's Mental Health Ontario
- Jack.org
- Knowledge Institute on Child and Youth Mental Health and Addictions
- Mental Health Commission of Canada
- Myles Ahead, Advancing Child and Youth Mental Health
- School Mental Health Ontario

Information on the Collaborative can be found at PreventingYouthSuicide.ca

Disclaimer

The information in this document is intended for information purposes only. It does not provide medical advice. This information is not a substitute for consultation with a regulated health professional. If you have a health question or are concerned about your child, you should consult a physician or other health care provider. For more information on how to access child and youth services visit cmho.org/findhelp.

In developing this resource, we recognize that each community and school has different needs and resources. The insights within the resource should be adapted for use according to specific community needs, resources, gaps, and context.

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Purpose

Postvention is an organized response in the aftermath of a suicide to best facilitate the healing of individuals from the grief and distress of the loss of a loved one to suicide, and prevent suicide among people who are at high risk and mitigate other negative effects after exposure to the event.

This resource was developed by the Ontario Youth Suicide Prevention Life Promotion Collaborative as a guide for community and education-based providers that support youth and their families bereaved by suicide. While this resource is intended for those working in sectors that support children and young people, we recognize that a whole community postvention effort should ensure that everyone in the community impacted should be supported.

The objectives of this guide are to:

- Enhance community-based child and youth service providers' understanding of postvention work
- Help organizations to consider their role in responding to a death by suicide
- Outline different postvention activities and things to keep in mind when supporting those bereaved by suicide
- Share additional resources and templates to support postvention work

In this guide, the Collaborative makes suggestions for community planning in advance of a suicide, supports in the immediate aftermath of a suicide, in the days and weeks following a suicide, and for ongoing or long-term postvention supports.

The guide integrates various types of evidence, including; academic literature, practice-based examples, and lived experience. We reviewed the academic literature, evidence reviews, national guidelines and existing toolkits as we developed this resource. While we were particularly focused on the child and youth mental health context, the search was broad and included all sectors and age groups (as postvention happens across settings and sectors.) Additionally, stakeholders in the child and youth mental health sector were consulted to review content and share practice-based examples of their work. Youth and family members with lived experience were also engaged, and shared insights into their experiences accessing postvention supports.

This resource guide is just that — a guide. Individuals and organizations should adapt the guide to best meet the needs and the context of their loss. This resource guide reflects the available evidence as of July 2021, and knowledge in this area is continuing to grow. Finally, while we present organizational considerations, we want to emphasize that the family and impacted individuals should be at the centre of all postvention work. The primary role for any organization in this context is to support the family and those impacted in the aftermath of a suicide.

While our hope is that this guide is relevant and useful to many, we acknowledge that it will not meet all needs. Different communities and populations understand, process, and grieve death and suicide in different ways.

> ***A critical aspect of developing an inclusive and community-wide response to suicide is to understand that one size does not fit all and there are various cultural factors at play.***

Notably, this guide does not address suicide postvention from an Indigenous lens. The Hope, Help and Healing toolkit by the **First Nations Health Authority** (2020) and the **Report on Suicide Prevention, Intervention and Postvention Initiatives for BC** (2009) offer some culturally appropriate strategies to approach suicide postvention from a Canadian Indigenous lens. Community-based providers who are leading postvention planning are encouraged to build relationships, learn from, and work with leaders and providers from cultural-based organizations and groups to ensure an inclusive and holistic approach to supporting individuals following a suicide in their community.

Introduction

The impact of youth suicide in Canada

> ***"Suicide…ripples like a stone dropped in a pond."***[1]

The impact of suicide is profound, traumatic, long-lasting, and difficult to quantify. Like ripples in the water, those closest to the deceased often feel the absence more deeply, their lives disrupted significantly.[1] The impact can extend beyond friends and family to classmates, colleagues, counsellors, witnesses, and the community at large. A Canadian study found that by ages 16 or 17, about a quarter of youth knew someone who died by suicide.[2] It is important to note that with regards to children and youth this may be the first loss that they have experienced, making it particularly shocking and impactful. While each situation is unique, it is estimated that for each loss by suicide approximately 15 to 30 people are deeply impacted.[3] In school settings (where most children and youth spend more time together than anywhere else) the impact of a suicide death of a peer can be far reaching.

Grief is a natural reaction to loss, characterized by strong emotions such as sadness, shock, denial, anger, and confusion. Unlike other types of bereavement, people bereaved by suicide commonly experience shame, guilt, resentment, and blame.[4] While the grieving process looks different for each person, grief due to suicide typically lasts longer than other types of bereavement due to the shock and trauma experienced.[5] These individuals are at greater risk of depression, anxiety, post-traumatic stress disorder (PTSD), suicidal ideation and suicide attempt.[6,7,8] Additionally, 40 to 80 per cent of suicide bereaved individuals develop symptoms of complicated grief that is characterised by extreme preoccupations and yearning for their loved one.[9] In northern Ontario some communities have experienced a higher rate of death by suicide. The impact of these deaths is cumulative and leads to collective and compounded community grief.

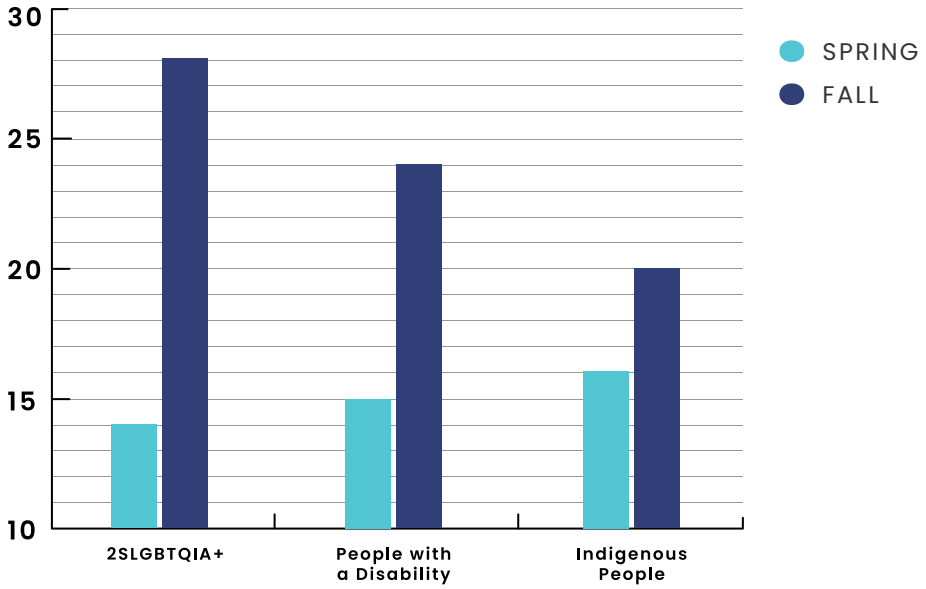
The context of youth suicide in Canada

In Canada, suicide is the second leading cause of death among children and youth aged 10 to 19 years and young people 20 to 29 years.[10] The Ontario Student Drug Use and Health Survey reported a significant increase in suicidal ideation between 2017 to 2019, from 14 per cent to 16 per cent of secondary students reporting thoughts of suicide and five per cent reporting suicide attempts.[11]

The COVID-19 pandemic has unfortunately increased the need for support. Young Canadians reported increased suicidal thoughts and behaviours during the pandemic, with marginalized groups two to four times more likely to have suicidal thoughts or self-harm.[12] This worrying increase is reflected across the country in pediatric hospitals where admissions for suicide attempts have increased on average by 100 per cent during the pandemic, with some hospitals reporting even greater increases.[13]

Marginalized populations (including people who are Black, Indigenous, racialized, identify as 2SLGBTQIA+, have a disability, have low income, and other individuals affected by challenges related to the social determinants of health), not only face increased mental health challenges, but they also face multiple barriers to accessing care. The pandemic has further exacerbated these challenges, placing them at greater risk of harm.[14,15] The Canadian Mental Health Association reported on suicidality and self-harm among marginalized populations in the spring of 2020 and again in the fall of 2020. An increase in suicidal thoughts were seen across all population subgroups: 28 per cent of people who identify as 2SLGBTQIA+ (up from 14 per cent); 24 per cent of people with a disability (up from 15 per cent), and 20 per cent of Indigenous people (up from 16 per cent) reported suicidal thoughts during the reporting period.[16]

SUICIDALITY AND SELF-HARM IN 2020



A Canadian study of youth demonstrated an increased risk of suicidal ideation and suicide attempts in suicide-exposed versus unexposed groups across all age groups.[17] The highest difference was noted among those aged 12 to13 years, with 13.7 per cent of youth exposed to suicide reporting suicidal ideation versus 4.6 per cent among unexposed youth.[18] The research found that the increased risk was long-lasting.

11 Since writing, the Ontario Student Drug Use and Health Survey has published it's 2021 data which showed that suicide ideation did not significantly increase between 2019 and 2021.

Why is postvention necessary?

The organized response to a death by suicide, referred to as postvention, is a critical component of any holistic suicide prevention plan. While it may seem counterintuitive to focus on postvention, postvention work is prevention. Successful postvention efforts encourage dialogue and understanding about suicide, provide necessary mental health supports, promote healing, and reduce the risk of suicide contagion.

> ***"[The postvention team helped us] just being there… by helping us sort through our multitude of emotions surrounding the death. Soothing our souls that this tragedy was not our fault and teaching us that suicide is not about wanting to die but struggling to live. We also found their suggestions on how to tell our children the news very practical and helpful… they were a life raft."***
> *– Bereaved Parent*

We know from ample literature that youth are particularly susceptible to suicide contagion, highlighting the importance of deliberate and comprehensive postvention supports.[19,20,21] Given that most youth spend 30 hours a week in a school setting it is important that communities and school boards collaborate on postvention work.

Many school boards have developed procedures that highlight crucial steps of postvention beginning with:

- the immediate response following news of death by suicide,
- a plan for the first 24 to 72 hours,
- considerations and monitoring for the next month,
- and intentionally planning for future events and important dates (i.e., anniversaries, birthdays, exams , graduation).

In recent years evidence and awareness of suicide postvention has grown but research suggests that there is still a substantial unmet need for resources, particularly for young people.[22] The bulk of existing toolkits, national guidelines, and resources to support postvention work are developed for education, defence, or workplace settings, with few taking a whole community or multi-sectoral approach to this work.

A community approach to postvention is likely to be more effective than intervention in a single setting; however, there are inherent challenges working across settings and sectors. For example, some challenges include: ownership (e.g., who leads this work), confidentiality (e.g., sharing of details of the event between organizations), and differing levels of knowledge on the subject matter. These challenges can stall or prevent community-wide postvention efforts from being implemented. Furthermore, there are no postvention guides that are targeted towards the child and youth mental health sector. All Ontario school boards have been tasked with developing and implementing suicide intervention, prevention and postvention frameworks. Many school boards in Ontario have a variety of mental health staff to lead the implementation of these frameworks. Many of these staff have been trained in suicide risk assessment and management.

These existing frameworks may offer a starting place for shared postvention efforts.

Fundamentals of Postvention Work

In advance (preparation)

A whole community approach to postvention ensures that in the aftermath of a suicide there is a readiness to provide comprehensive support for families and loved ones in schools, workplaces, and community organizations and settings.

Developing a postvention plan ensures that organizations are prepared to act together in the event of a suicide. At times communities must come together to respond to multiple deaths by suicide, known as a cluster. When this occurs, a whole community plan based on strong, trusting relationships, agreed upon frameworks and clear roles will need to be put into action to share the responsibility of supporting families and vulnerable youth. A postvention plan identifies stakeholders who will coordinate different aspects of the plan, their roles and responsibilities, appropriate training, protocols to follow, a media communication strategy, a list of available mental health and bereavement support services, and lastly, a process to measure the effectiveness of the plan. It should be detailed enough to provide guidance on tasks but flexible enough to adapt to the current situation and be respectful of the family's wishes.

Short-term (24-48 hours after a suicide)

Police arriving at a suspected suicide will secure the scene and the coroner will begin the death investigation. Victim services, mental health crisis teams or specialized bereavement and peer workers may be on scene to provide emotional and practical supports to those present, share resources and make referrals for ongoing support. By responding with compassion and empathy and taking care to communicate nonjudgmentally, individuals on scene can positively influence the impact of trauma and those seeking help among the bereaved. On-scene supports also have a critical role to play in activating additional community stakeholders to provide broader postvention support to those impacted. The community postvention plan should clearly outline how referrals from the scene will be directed. If there is a misstep at this stage, many could be left without support.

Given what we know about the vulnerabilities of children and youth when a peer has died by suicide, it is important at this stage to make the school board aware (with family consent) that a student has died by suicide. School boards will activate their postvention protocols and will be able to work alongside community care providers to support students and families. Ensuring that this communication pathway, as well as the referral pathway for students is in place will help sector partners to work collaboratively to keep students safe.

Once a community agency or school receives a referral from on-scene supports, one or two individuals will be identified as the main contact(s) for the family. The focus is on providing immediate support, understanding the needs and wishes of the bereaved, and determining the scope of postvention efforts required. In the first few days, the bereaved often have questions about suicide or the investigative process. They may want support preparing to share the loss with others or dealing with the media. Within the school community, system leaders, school administrators, educators and mental health staff are prepared to help. It can be comforting for students and families to have familiar faces that they can reach out to and who will continue to be available following the crisis response. However, your community plan also needs to consider who will offer these types of supports outside of the school year.

"My son died in another region and we had so many questions about the coroners process, the suicide note, and how to get my loved one home. The team understood the investigative processes and connected me with the right people who gave me the answers I needed." – *Bereaved Parent*

In the immediate aftermath, consider including funeral directors (an often-overlooked community partner) in the postvention efforts. They can provide advice and guidance to the family on writing the memorial and planning the funeral, using a sensitive approach. To best support community partners like funeral directors in this work, consider offering gatekeeper training, sharing information about the warning signs of suicide and providing up to date information about available services and supports in the community for them to share with the bereaved. The level of involvement or support from community partners at end-of-life gatherings, although often welcomed, should always be determined by the family.

Collaboration between mental health organizations and first responders:

Police services have a vital role in all community based postvention efforts. A strong partnership between police and support services ensures that police can focus on the investigative process, those impacted will be appropriately supported, and that other stakeholders needed to provide broader community supports can be activated.

In Wellington County, Ontario, victim services provides on scene supports. The Wellington Ontario Provincial Police (OPP) detachment unit has a mental health liaison officer that is part of the Support After Suicide team. The officer provides referrals to the team, answers questions about police processes for families, and even connects officers to support after attending a difficult suicide scene.

The **Support After Suicide Program**, a partnership between the Canadian Mental Health Association Waterloo Wellington and OPP, provides proactive support to those impacted by suicide in Wellington County. The team consists of a clinician, a peer with lived experience of suicide loss and an OPP liaison officer. They receive referrals from on scene supports (victim services), the OPP officers, community stakeholders or through self-referrals. The team proactively reaches out to families, witnesses and provides a continuum of supports including information, peer supports, complex bereavement counselling and grief groups. The team activates and works with relevant stakeholders to support postvention efforts in schools, workplaces, and community organizations.

Medium-term (In the days and weeks following a suicide)

While support to family and those deeply impacted by a suicide loss is the priority in the first few days, it's important to begin to identify other places where targeted responses might be necessary shortly thereafter (e.g. in schools, workplaces, teams and online communities). If the suicide was public or if there have been multiple suicides one after another, consider a wider community response plan. Care should be taken to be transparent with families about postvention activities and to respect their wishes concerning sharing the circumstances of the death.

The Circles of Vulnerability model can be used to identify those who may be impacted by the death or at risk of suicide contagion.[24] By considering individuals geographically, socially, and psychologically close to the deceased, you can focus support efforts while balancing unnecessary exposure to others.

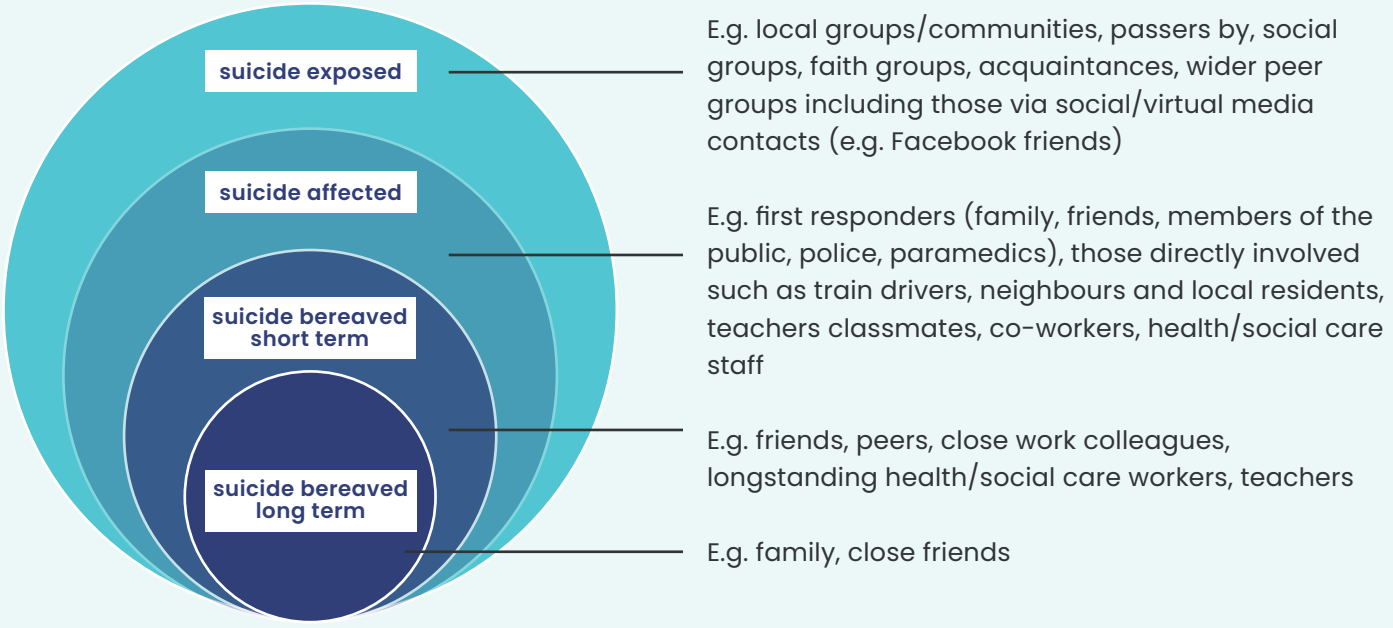


Figure 1 . Circles of Vulnerability (Hawton et al., 2015).

In the days and weeks following a suicide, strive to provide clear, compassionate, and timely messaging about the death to those impacted. Although common to share the loss with an affected group, care should be taken to have personal conversations with individuals that have a strong connection to the deceased or any pre-existing vulnerabilities that might intensify their reaction to the loss. If possible, someone familiar, accompanied by a mental health professional should share the loss with those individuals. It's important to balance open discussion of the death while respecting the privacy and wishes of the family.

In schools, it is common for students to arrive having already heard the news of a death by suicide via social media. School administrators alongside school mental health professionals can provide support while confirming that there has been a death of a student. Once confirmation has been obtained and permission is granted by the family to share the sad and difficult news, a script can be created for educators to share in the classroom. This provides school staff with the tools to provide the information to students in a sensitive manner, ensure there is a referral pathway for students in need, and engage in ongoing support to all students in the class. This same approach would be appropriate in workplaces or community organizations.

Seek to normalize the typical stress response that individuals might experience in the days following the death and provide information about additional resources and support for those that need it. Effort should be made to convey a sense of security and gently encourage a return to usual functioning as soon as possible; the operative word being gently, as people need time and flexibility to heal.

> ***"The school mental health worker directly addressed the rumour of suicide. She encouraged students to share how they were feeling, ask questions and even discussed the potential impact of spreading gossip for the family. Together they came up with some meaningful ways students could mourn the loss of their friend safely."***
> *- A High School Teacher*

When the death has been very public or the community has experienced multiple losses, it may be necessary to consider a wider postvention response. In this case, start by offering an open community meeting to provide information about suicide and resources for support and consider following up with an opportunity for those interested to organize community wide suicide prevention activities. This provides a community with a way forward, from hopelessness toward action.

Please see key considerations for information on dealing with the **media** and supporting families to deal with the media, two challenges that may arise in the days and weeks following a death by suicide.

Long-term (In the months and first year following a suicide)

Grief is a painful, intense, and nonlinear experience, but it is a normal adaptive response to loss and as such should not be pathologized. However, those grieving from suicide are additionally impacted by the trauma of the way their loved one died, the painful range of competing emotions often experienced and the persistent question of why. Approximately 40 to 80 per cent of those bereaved will experience a prolonged grieving process that interferes with daily life, referred to as "complicated grief."[25] Complicated grief is characterized by an intense preoccupation with and longing for their deceased loved one and results in individuals becoming "stuck" in acute grief. Individuals bereaved by suicide are at greater risk of depression, post-traumatic stress disorder and suicidality, which can last for years after the event, emphasizing the need for appropriate long-term postvention supports.[26,27,28] Services may include medical interventions for physical health symptoms, counselling for trauma or complicated grief, peer support and bereavement groups.

Like other postvention supports, those that come in the weeks and months after the death should be proactive and will likely involve many different community providers in different contexts. For example, primary care providers can be an initial source of support for physical health concerns such as sleep, appetite, gastric issues, and headaches that often persist in the first few months after the loss.[29]

Community mental health providers can provide counselling for trauma and complicated grief and address any suicidal risk that is often experienced by those bereaved by suicide. Peers can help the bereaved to acknowledge the barriers experienced to seeking support and learn strategies to advocate for themselves with others. Cultural or faith-based groups can be important allies in promoting healing in the community and encouraging open and safe dialogue about suicide. They may host formal gatherings to remember the deceased and offer a network of support. Schools are another key partner, since most have mental health professionals on staff who have familiarity with postvention guidelines in a school setting and are linked to other mental health professionals in the community.

For further reading and resources specific to school settings, see School Mental Health Ontario at: **https://smho-smso.ca/**

Suicide bereaved individuals often receive less social support than other forms of bereavement, attributed to limited help-seeking and to societal stigma of suicide.[30] In one study of adults, 55 per cent of respondents experienced moderate to great difficulty in discussing the circumstances of the death by suicide with others and 65 per cent indicated their social life had been negatively impacted after the death.[31] Long term postvention supports should help those bereaved to understand suicide loss, how to navigate discussions of their loss and how to seek support and advocate for themselves.

"No one knows how to acknowledge or listen, it scares them. People start to avoid you and the ones that try to listen have good intentions, but you start to predict how long before you get the "eye roll" or a sudden chore they need to get to."
- Bereaved Sibling

Bereaved individuals have indicated that sincere and empathetic professionals that listen nonjudgmentally and understand suicide loss can be helpful with processing the death.[32] Adult peers with lived experience of suicide loss may in part address the gap in social support. Peers can validate the gamut of emotions experienced and reduce stigma and isolation.[33] To ensure high quality peer support services, adult peers should be trained in intentional use of their story and trauma-informed care, supervised and supported by the organization as a critical member of the care team. It is important to note that although adults with lived experience of suicide loss can play an important role in supporting youth bereaved by suicide, we would not deploy youth peers in this context as this could lead to increased risk for contagion.

> ***'"Her lived experience and genuine empathy allows family members to immediately relate to and trust her. They don't have to feel embarrassed or ashamed of the suicide of their loved one because they know the peer support worker gets how they are feeling. They can speak openly and honestly with her without fear of judgement."***
> *– Clinician Working with Peer*

Loss by suicide is a qualitatively different experience than other types of loss.[35] For this reason, grief groups that are specific to suicide loss and do not include those bereaved by other types of deaths are likely to be more effective.

Together, organizations can support family and those impacted to heal from the loss by:

- Strive to provide person-centered postvention support that is focused on the safety and wellbeing of clients, with the goal of helping the bereaved understand suicide and cope with their grief journey.
- Provide reassurance that there is no correct way to grieve and supporting them as they navigate the many "firsts" without their loved one.
- Be aware that holidays, birthdays and anniversaries of the death may trigger difficult feelings and thoughts. Helpers should be particularly attuned to these days and monitor for signs of distress.

The desired outcome of postvention supports is that the loved one and their memories can be integrated moving forward, not that the bereaved "get over" the loss.

No two journeys will be the same and needs will shift and change over time, with the first year being the most painful. Not all will choose to join a grief group. For those that are interested, encourage them to access services at their own pace, when they are ready. This will allow them to participate and integrate their learning into their daily life more effectively. The literature suggests that grief groups are unlikely to be helpful until an individual's psychological shock has lessened, generally about six months after the loss.[36]

For those experiencing complicated grief, additional support will be required. In many instances complicated grief can be mistaken for and treated as depression, which is not an effective approach.[37] Individuals will benefit most from a specialized approach known as complicated grief therapy which combines approaches similar to evidenced based treatments for PTSD, interpersonal therapy for grief and cognitive behavior therapy.[38]

In contrast to the negative impacts of exposure to suicide, for some, it can spur posttraumatic growth, defined as a positive psychological change in "relating to others, new possibilities, personal strength, spiritual change and appreciation of life."[39] An emerging body of research suggests that postvention programs that focus on supporting posttraumatic growth can be effective in helping people to heal from the trauma.[40, 41] There are many examples of individuals and families that have been impacted by suicide using their loss to make a meaningful difference. Postvention programming can encourage and facilitate opportunities for safe advocacy.

> ***"Our brand has been inspired by a young man who lost his life to suicide, in honour of his desire to help the world become more empathetic and compassionate towards young people who struggle to maintain mental balance and wellness."*** - *Myles Ahead website*

A note about long-term supports for youth

Although the goals of long-term support for youth are the same as for adults, namely to help them process and integrated the loss of their loved one, for young people the journey may be more protracted. Long-term approaches to support the needs of youth bereaved by suicide will vary and are dependant on developmental, social and family factors. Grieving families often experience shifts in family dynamics which can significantly impact how a young person approaches and processes grief. Youth often find it necessary to revisit the loss as they mature, and their understanding of death and suicide expands and when they reach milestones like graduation or marriage. Although youth would likely benefit from formalized children's bereavement support, many individuals and organizations can play a role in supporting the youth over time. In particular, school educators can engage students, teach healthy coping attitudes and practices, build awareness of resources and supports, encourage help-seeking and address stigma reduction.

Some resources that support this learning are: **MH LIT: Student Mental Health in Action**, **My Circle of Support Pocketbook – Student Help-Seeking Resource**, and **No Problem Too Big or Too Small: Student Help-Seeking Resource**.

Key considerations for postvention work

Contagion and clusters

Suicide contagion is the phenomenon by which exposure to one suicide death can trigger suicidal behaviour in other vulnerable individuals. Suicide contagion is seen to be attributed to behavioral contagion which refers to the same behavior spreading quickly or spontaneously through a group[42] or by social learning theory which suggests that most human behavior is learned observationally.[43,44] However, our understanding of what contributes to contagion or clusters continues to evolve to account for the range of factors from interpersonal to the broader sociological context.

We know from ample literature that youth are particularly susceptible to suicide contagion.[45,46,47] For example, in one large longitudinal study in the United States, teens were about three times more likely to attempt suicide if they knew friends or family members who had attempted suicide.[48] Contagion also occurs with indirect exposure through reports and portrayals of suicide in the media. Although news media seem to have more impact than fictional formats, several studies have found that entertainment media portrayals of suicide have led to increased rates of suicide and suicide attempts.[49] Evidence for contagion has been found in studies that focus on suicide clusters, the impacts of media reporting and adolescent exposure to peer suicide.

Suicide contagion can lead to multiple suicides that occur in a specific timeframe (mass clusters) or within the same geography (point clusters). Mass clusters usually occur in the aftermath of suicides of well-known individuals that are highly covered in the media. For example, in the aftermath of Robin Williams' suicide, there was a 10 per cent spike in suicides in first few months in the United States. A point cluster occurred in 2016 in Woodstock, Ontario, when six youth took their own lives within weeks of one another. Effective postvention efforts seek to minimize spread or contagion of suicide, and a whole community plan is particularly important to ensure a coordinated, timely and effective response.

The media – opportunities and risks

News of a suicide in a community can spread rapidly through both traditional and social media, creating a sense of anxiety, helplessness and disorientation in communities.[50] The way in which suicide is reported can have a dramatic impact on help-seeking behaviour and can either amplify or reduce the risk of suicide contagion. Working to reduce the risk of contagion within the youth population is an important focus in community postvention efforts.

Building partnerships with local health reporters in the advance planning stage can facilitate communication and safe reporting. You may encourage health reporters to visit **https://www.mindset-mediaguide.ca/**, a web-based resource developed by journalists for journalists to help guide reporting on mental health and suicide. As part of the postvention planning process, share the safe media guidelines for reporting on suicide widely and consider establishing a process for how media requests will be handled (including preparing draft statements and information packages on suicide for the media). It may be helpful to develop consistent talking points when several agencies are involved in postvention efforts.

"After the death of the youth by suicide, the reporter reached out to me, he wanted to cover the story, but he was shaken (since) the boy went to the same school as his son. We were able to have a good conversation about how to cover the story safely. I was relieved and he really appreciated my support."
– Leader, Suicide Prevention Community Program

Consult **Reportingonsuicide.org** or the Canadian Psychiatric Association's **media guidelines** for additional recommendations regarding media reporting on suicide.

Like traditional media, social media is another indirect source of suicide exposure that can influence risk for youth. The deceased's social media pages often serve as a memorial to the deceased, a space where friends and family post memories and mourn the loss. In this way, social media can be a source of healing and comfort for bereaved individuals.[51] Conversely, it can be a space where suicide is discussed in unsafe ways and can expand both the exposure to and the impact of a suicide.[52] To reduce the risk of harm, work with families to monitor these pages for safe messaging. Mental health and bereavement services should be featured prominently for anyone who may be feeling depressed, isolated or suicidal.[53] Share with families how to ensure these page(s) are safe spaces and discuss who (if any) will monitor the page and for how long.

For more information on how to support safe social media discussion of a suicide, consult the National Suicide Prevention Resource Center's **postvention resources**.

Helping families to navigate media requests

Many families recount that media reports of their loved one's death greatly intensified their trauma and grief. Requests for interviews when family members are experiencing psychological shock and are struggling to process the event must be approached very cautiously and are generally not recommended. In practice, family members often don't recall interviews and are regretful of what they shared or how they framed the loss. Additionally, it can create conflict within families during an already very difficult time. However, many bereaved individuals find with time, it is helpful to share the story of their loved ones. If you are supporting a family to decide whether to talk to the media here are some things for them to consider:

- It is their choice, there is no obligation to speak to the media.
- While they have no control over how the story gets written, they do have an opportunity to influence it.
- In making the decision, they may ask themselves why they are sharing their loved ones' story and what they want to accomplish by doing so.
- It may be helpful to appoint one spokesperson for the family.
- Rather than an interview, they can prepare a statement to share with the media.
- Encourage them to work with a suicide prevention professional to ensure the message does not increase risk for others.
- It's their story they are telling, from their perspective, they cannot speak for their deceased loved one.

Funerals and memorials

Funeral arrangements are clearly a private family matter. However, when the cause of death is a suicide, families often look for support in decision-making around what to share with others, what to write in the obituary or how to plan the service. Support the family's conversations about the arrangements with considerations specific to a death by suicide, while accepting and respecting their wishes. In some remote communities the school building serves multiple functions, and it may be part of the community culture to have funeral and memorial services in that environment. In other cases, it may not be appropriate for the school to host the funeral since the location might be associated with some strong feelings that can make it difficult for some students to attend (e.g., those dealing with a loss within their own families). Hosting a funeral outside the school allows students who may not have been directly impacted, students who are not emotionally able/ready to attend and students who otherwise choose not to participate in the service to maintain a stable and predictable daily routine.

Offer to check in with those leading the service to answer questions about suicide and discuss safe messaging. Families will often want mental health supports present at the service to support those attending or provide resources. Schools can help by communicating details of the service to families, encouraging parents to accompany their child, and supporting staff that wish to attend.

It is normal and healthy for those impacted by suicide loss to look for additional ways to outwardly mourn the loss in spaces such as schools, workplaces or the community. Policies outlining how organizations will respond can ensure that suicide is not treated differently than other losses. It is important that activities do not contribute to contagion by inadvertently glorifying or romanticizing the person or the suicide, oversimplifying the loss, describing details of the suicide, etc. Focus on how the person lived, messages of hope or plans to engage in suicide prevention activities. Resources like **After a suicide: Toolkit for schools** contains a section on memorials which includes a helpful decision-making tool for planning spontaneous memorials, particularly those involving youth. The Mental Health Commission of Canada also offers some hopeful messages for people living with a suicide loss on page 15 of their **Toolkit for people who have been impacted by a suicide loss**.

Ensuring culturally sensitive supports

Beliefs and practices about death by suicide vary across cultures. To provide culturally responsive supports, work with cultural and faith-based groups that reflect the community you serve (e.g., Indigenous organizations, religious institutions and faith leaders) to develop the postvention plan.[54] Establishing strong relationships with these agencies from the start will enable your organization to rely on these relationships in the event of a suicide. In your conversations with the bereaved family, do not make assumptions; ask about their cultural, religious, and family practices related to death and grieving so that you can best meet their needs. Engage relevant cultural and faith-based groups to support postvention efforts and bring in interpreters as needed. Where possible, have members of the same cultural or faith-based group(s) lead conversations with the bereaved. Create resources in multiple languages and deploy translation services where needed.

Sharing the loss with children and youth

Caregivers often need support in preparing to talk about the loss with children and young people. Start by acknowledging their fears and concerns about sharing the cause of death. Explain that young people often sense when something is being kept from them or can learn details from other people, leading to feelings of mistrust, fear and loneliness. Encourage them to communicate with young people openly and truthfully, since they can be very resilient.[55] Recommend that a caregiver or someone close to the child or youth talk about the loss in a truthful and age-appropriate manner to maintain trust and a sense of security.

Before discussing suicide with young children, take time to consider the child's understanding of death. Have they experienced a loss of another family member, friend or even a pet? Consider how other, previous losses can intensify their reactions. Young children will need explanations and support that are developmentally appropriate and reassuring, since they may become worried that someone else close to them will also die. With older children who understand death, asking what they know about suicide or depression is an effective way to uncover misconceptions or fears that can then be addressed directly. Caregivers should be prepared to revisit this conversation many times with young people as questions arise and they work to assimilate their understanding at different developmental stages.

Be sure to choose a private space to have the conversation, leaving ample time to pause and reflect. Encourage caregivers to be aware of their own emotions so they can speak calmly to the child. Caregivers should not try to hide or deny their own feelings of loss but instead acknowledge and model healthy coping strategies. Learn more about how to share the news of a suicide with children and young people from Suicide Prevention Ottawa's **Speaking to children about suicide loss** or guidance from the Centre for Addiction and Mental Health in **When a parent dies by suicide**.

Advocacy

Many bereaved individuals chose to become involved in suicide prevention efforts through partnerships with mental health or bereavement agencies. Some raise much needed funds, lobby funders for support, become peer helpers, share their story to raise awareness or even create organizations in honor of their loved ones who have died. Community organizations would be well served to provide opportunities to facilitate and include those with lived experience of suicide loss into planning and implementing suicide prevention and postvention strategies.

Evaluating postvention efforts

A thoughtfully developed evaluation strategy for postvention supports ensures that what you are doing has meaningful, measurable outcomes. The National Suicide Prevention Alliance (2016) suggests organizations start by reflecting on three fundamental questions:

- Is what I am delivering helpful and useful?
- Are we reaching everyone who needs our services?
- Are there health inequities in access and provision to address?

See their step-by-step guide to evaluating bereavement services for more information (available at **nspa.org.uk**).

Conclusion

Postvention planning is a critical component of any holistic suicide prevention strategy. Beyond just reducing the risk of future suicides, it can promote healthy conversation about mental health, facilitate collaboration between agencies and build a strong culture of wellness in the community. By working together with the community partners, you can ensure that individuals bereaved by youth suicide are well supported throughout their healing journey. The Collaborative's hope is that this guide and the many resources that we point to within it will help to support those impacted by suicide to navigate life after loss and make their grief journey a little less lonely, and more hopeful for the future.

Glossary of Key Terms

Term	Definition
Circle of impact	Individuals bereaved by suicide. This may include family and friends of the bereaved, classmates, colleagues, teachers, employers, mental health providers, first responders, witnesses, and anyone else who may be impacted by the suicide. Also referred to as continuum of survivorship. (Cerel et al., 2014).
Complicated grief	An extended grieving process that interferes with daily life. It may involve intrusive thoughts or images of the deceased, ruminating over some aspect or circumstance of the loss, excessively worrying about future events that may occur due to the loss and avoidance of reminders of the loss (Clarke et al., 2007).
Suicide bereaved individuals	Individuals impacted by a suicide loss. Also referred to as suicide survivors and suicide bereaved.
Grief	The natural reaction to loss. Some examples of loss include the death of a loved one, the ending of an important relationship, job loss, loss through theft or the loss of independence through disability. (Mayo Clinic, 2016).
Peer support	Emotional and practical assistance from someone who has similar lived experience and is trained to support others (Peer Support Canada, 2021).
Posttraumatic growth	As a positive psychological change in "relating to others, new possibilities, personal strength, spiritual change and appreciation of life" (Moore, 2012).
Postvention	An organized response in the aftermath of a suicide to accomplish any one or more of the following: to facilitate the healing of individuals from the grief and distress of suicide loss, to mitigate other negative effects of exposure to suicide, to prevent suicide among people who are at high risk after exposure to suicide (Cook et al., 2015).
Suicide	Death caused by self-directed injurious behavior with an intent to dies as a result of the behavior. (Klonksy, 2016).
Suicide contagion	When a person's knowledge of or exposure to a suicide increases the likelihood of them attempting or dying by suicide. (Be You, 2019).
Suicide clusters	A group of suicides that occur during a set time period or geographic location (Haw, 2013).
Suicidal ideation	Thinking about, considering or planning for suicide (Klonsky, 2016).

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Postvention across settings and sectors:

A resource for community-based service providers

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