



New York State Center for School Safety
175 Route 32 North
New Paltz, NY 12561
Phone: 845-255-8989
Fax: 845-255-3836
E-mail: scss@ulsterboces.org
<http://nyscenterforschoolsafety.org>

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FACT SHEET

Tips for Administrators in Response to Suicide

Guidelines from the World Health Organization

- Suicide is never the result of a single incident.
- Avoid providing details of the method or the location a suicide victim uses that can be copied.
- Provide information about resources that can help to address suicidal ideation.

Cultural Considerations

- Attitudes toward suicidal behavior vary considerably from culture to culture.
- While some cultures may view suicide as appropriate under certain circumstances, others have strong sanctions against all such behavior.
- These cultural attitudes have important implications for both the bereavement process and suicide contagion.

Cultural competence is defined as a set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals and enables that system, agency, or those professionals to work effectively in cross-cultural situations. ¹

Operationally defined, cultural competence is the integration and transformation of knowledge about individuals and groups of people into specific standards, policies, practices, and attitudes used in appropriate cultural settings to increase the quality of services; thereby producing better outcomes. ²

Suicide Contagion

- Avoid sensationalism of the suicide.
- Avoid glorification or vilification of the suicide victim.
- Do not provide excessive details.

Determine What Information to Share About the Death

- The longer the delay in sharing facts, the greater the likelihood of harmful rumors.
- Several different communications will likely need to be offered.
 - o Before a death is certified as a suicide.
 - o After a death is certified as a suicide.
 - o Provide facts and dispel rumors.
 - o Do not provide suicide method details.

Determine How to Share Information About the Death

1. Reporting the death to students
 - Avoid sharing information about the death over a school's public address system.
 - Avoid school wide assemblies.
 - Provide information simultaneously in classrooms.
2. Reporting the death to parents/guardians
 - Written memos.
 - Personal or phone contacts.
3. Working with the media
 - The district Media Liaison should work with the press.
 - It is essential that the media not romanticize the death.
 - The media should be encouraged to acknowledge the pathological aspects of suicide.
 - Photos of the suicide victim should NOT be used.
 - "Suicide" should NOT be placed in the caption.
 - Include information about the community resources.

Conduct a Staff Planning Session

1. Staff should be provided
 - Current information regarding the death.
 - An opportunity to ask questions and express feelings.
 - If available, news articles about the death.
 - Information about suicide contagion.
 - Suicide risk factors.
 - An updated list of referral resources.
 - Direction regarding how to interact with the media; typically involves referral to the media liaison.
 - Plans for the provision of crisis intervention services.
2. Specific activities/responsibilities for teachers include
 - Replacing rumors with facts.
 - Encouraging the ventilation of feelings.
 - Stressing the normality of grief and stress reactions.
 - Discouraging attempts to romanticize the suicide.

- Identifying students at risk for an imitative response.
 - Knowing how to make the appropriate referrals
3. Address staff reactions.
 4. Staff members should be given permission to feel uncomfortable.

Definitions

- Suicide Postvention is the provision of crisis intervention, support, and assistance for those affected by a completed suicide.
- Affected individuals may include classmates, friends, teachers, coworkers, and family members. Affected individuals are often referred to as “survivors” of suicide.

Suicide Postvention Protocol

- Preparedness is an essential component of effective postvention.
- Make sure that a postvention is needed before initiating this intervention.

Goals of Suicide Postvention

- Prevent other suicides.
- Reduce the onset and degree of debilitation by psychiatric disorders.
- Reduce feelings of isolation among suicide survivors.

Memorials

“A delicate balance must be struck that creates opportunities for students to grieve but that does not increase suicide risk for other school students by glorifying, romanticizing or sensationalizing suicide.” (Center for Suicide Prevention, 2004)



Do NOT

- Send all students from school to funerals, or stop classes for a funeral.
- Have memorial or funeral services at school.
- Establish permanent memorials such as plaques or dedicating yearbooks to the memory of suicide victims.
- Dedicate songs or sporting events to the suicide victims.
- Fly the flag at half staff.
- Have assemblies focusing on the suicide victim, or have a moment of silence in all-school assemblies.

DO

- Something to prevent other suicides (e.g., *encourage crisis hotline volunteerism*).
- Develop living memorials, such as student assistance programs, that will help others cope with feelings and problems.

- Allow students, with parental permission, to attend the funeral.
- Encourage affected students, with parental permission, to attend the funeral. Mention to families and ministers the need to distance the person who committed suicide from survivors and to avoid glorifying the suicidal act.

Suicide Postvention Checklist

- ✓ Verify that a death has occurred.
- ✓ Mobilize the Crisis Response Team.
- ✓ Assess the suicide’s impact on the school and estimate the level of postvention response.
- ✓ Notify other involved school personnel.
- ✓ Contact the family of the suicide victim.
- ✓ Determine what information to share about the death.
- ✓ Determine how to share information about the death.
- ✓ Identify students significantly affected by the suicide and initiate a referral mechanism.
- ✓ Conduct a faculty planning session.
- ✓ Initiate crisis intervention services.
- ✓ Conduct daily planning sessions.
- ✓ Memorials.
- ✓ Debrief the postvention response

Sources:

- School Suicide Postvention: The School’s Response to the Student Suicide*, Stephen E. Brock, Ph.D., NCSP, California State University Sacramento, Shelley Hart, MA, Lodi Unified School District, Lodi, CA, A Mini-Skills Session, Annual NASP Convention, Anaheim, CA, March 29, 2006
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 2. Davis, K. (1997). *Exploring the intersection between cultural competency and managed behavioral health care policy: Implications for state and county mental health agencies*. Alexandria, VA: National Technical Assistance Center for State Mental Health Planning.