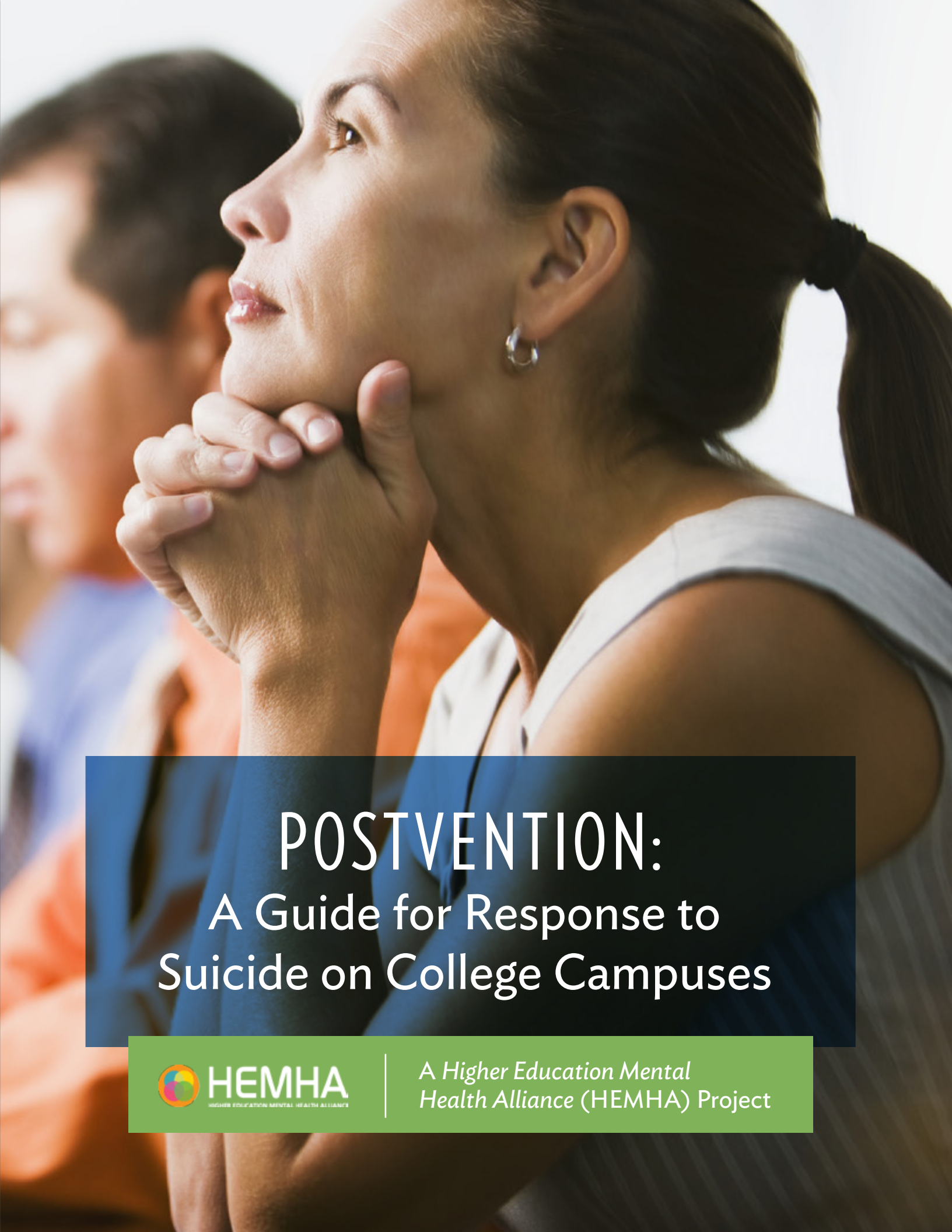

POSTVENTION:
A Guide for Response to Suicide on College Campuses

HEMHA
HIGHER EDUCATION MENTAL HEALTH ALLIANCE

A *Higher Education Mental Health Alliance* (HEMHA) Project

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About the Higher Education Mental Health Alliance (HEMHA)

Envisioned and formed in September 2008 under the leadership of the American College Health Association (ACHA), the Higher Education Mental Health Alliance (HEMHA) is a partnership of organizations dedicated to advancing college mental health. The Alliance affirms that the issue of college mental health is central to student success, and therefore, is the responsibility of higher education.

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The American College Health Association (ACHA)

Since 1920, The American College Health Association has linked college health professionals in order to provide advocacy, education, communications, products, and services, as well as promote research and culturally competent practices to enhance its members' ability to advance the health of all students and the campus community.

The American Psychiatric Association (APA)

The American Psychiatric Association, founded in 1844, is the world's largest psychiatric organization. Its member physicians work together to ensure humane care and effective treatment for all persons with mental disorders, including intellectual disabilities and substance use disorders. APA is the voice and conscience of modern psychiatry.

The Association for University and College Counseling Center Directors (AUCCCD)

The Association for University and College Counseling Center Directors works to assist college/university directors in providing effective leadership and management of their centers, in accord with the professional principles and standards with special attention to issues of diversity and multiculturalism.

The Jed Foundation

The Jed Foundation is the nation's leading non-profit organization working to promote emotional health and prevent suicide among college and university students.

NASPA - Student Affairs Administrators in Higher Education

NASPA is the leading association for the advancement, health, and sustainability of the student affairs profession, serving a full range of professionals who provide programs, experiences, and services that cultivate student learning and success in concert with the mission of our colleges and universities.

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Phil Meilman & Tanni Hall's – Aftermath of tragic events: The development and use of community support meetings on a University Campus in Journal of American College Health, 2006

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INTRODUCTION

This resource is intended for use by colleges and universities that are affected by and/or want to be prepared for campus crises and campus deaths. Suicide postvention efforts address the need for predetermined strategies to effectively and sensitively respond to campus deaths after they occur and also contribute to improved prevention efforts. This resource defines specific areas of consideration and planning and offers suggestions for best practices. Planning and implementation of postvention efforts rely heavily on using an interdisciplinary approach that utilizes the skills and resources of administrators, practitioners and the greater campus community. These disciplines will ideally collaborate in the postvention planning and coordination, implementation of postvention efforts, clinical services, communication efforts, and decisions about holding memorials and other related events with the goal of helping the community return to a normal routine.

It is our hope in developing this guide that schools will be better prepared to manage the painful challenge of a student suicide death. While our hope is that schools will use this guide to help with planning so that systems are in place to respond, we have tried to make this guide sufficiently concise to be valuable also when a school has not engaged in planning but is faced with a student suicide and needs to rapidly develop and implement a response plan. ■

DEFINING POSTVENTION

College and university postvention is the provision of psychological support, crisis intervention and other forms of assistance to those affected by a campus suicide. Suicide postvention involves a series of planned interventions with those affected by a campus suicide with the intention to:

- facilitate the grieving or adjustment process,
- stabilize the environment,
- reduce the risk of negative behaviors,
- limit the risk of further suicides through contagion

The structure of the postvention program should fit with the specific needs of the campus community. ■

GOALS OF POSTVENTION

In the aftermath of a suicide on campus, postvention efforts are directed towards helping the campus community get back to their pre-crisis level of functioning and even to develop new skills for dealing with challenges in the future. Postvention efforts should effectively:

- ✓ help those impacted by suicide deal with the current trauma and grief and reduce the intensity of an individual's or group's emotional, mental, physical and behavioral reactions to a crisis
- ✓ stabilize the campus community, restore some semblance of order and routine, and help the community return to their pre-crisis level of functioning
- ✓ prevent (or at least limit the risk of) further suicides and imitative suicidal behavior through contagion, as other students in the community who are struggling with psychological pain may be influenced to act in a similar way. After hearing about a suicide death, those who are already at risk for suicide may develop a greater sense that suicide is a viable option (Velting & Gould, 1997)
- ✓ help students, faculty and staff solve problems as this may help to enhance independent functioning
- ✓ facilitate understanding and help the campus community:
  - process what has happened
  - encourage the expression of difficult emotions
  - help individuals understand the impact of the event
- ✓ avoid institutionalizing grief (i.e., when the memory of a campus suicide becomes ingrained in the institution to the point that it becomes difficult to remember the community as safe or without grief)
- ✓ allow for learning from current postvention efforts to improve future prevention, postvention and response efforts ■

PLANNING

Postvention planning should ideally be done in advance and be specific enough to be useful, while flexible enough to apply to different circumstances. This pre-crisis planning is important because in the aftermath of a campus suicide, when emotions and tensions are high, it is very difficult to respond without having guidelines or plans in place.

- **Timing** is crucial when responding to a campus suicide. The best way to assure that a coordinated response will be rapid is to have it planned out ahead of time.
- A small amount of help given quickly will be more effective and efficacious than a large amount of

help given later when the individual's/survivor's/campus's receptivity has lessened.

Various offices, faculty, and community members will be responsible for deploying aspects of the postvention plan. Postvention planning should emphasize the importance of interdisciplinary **communication** and **coordination.** ■

FORMING A POSTVENTION COMMITTEE

A key consideration in postvention planning includes the identification of stakeholders who will act as the postvention coordinators and also develop intervention guidelines that meet campus needs. This is a way of establishing a team of people who will deploy postvention plans in the event of a suicide. In addition to the postvention coordinators, other individuals and offices on campus should be informed of their possible roles in postvention tasks. ***Effective interdisciplinary coordination and communication after a campus suicide can streamline postvention efforts, reduce errors and provide comprehensive support to the community.***

- Campuses should identify individuals responsible for postvention planning and implementation **BEFORE** a suicide occurs.
- The postvention committee members could overlap with other campus teams or function as a sub-committee of previously established campus teams (e.g. the campus **Behavioral Intervention Team – BIT** or crisis management committee could have a sub-committee to address postvention). Keep in mind that, in addition to the campus Behavioral Intervention Team, postvention stakeholders may also include staff from the communications department, legal department and campus chaplaincy.
- A Chair (or lead coordinator) should be appointed to the committee and a "point person(s)" should be identified to respond to all questions about the protocol. The committee chair and the point person may be the same individual. Examples of faculty/staff who might fill these positions include: the Dean or VP of Student Affairs, the counseling center director, or a public safety leader. Campus faculty and/or staff who hold these positions should do their best to educate themselves about suicide postvention.
- The Committee Chair should have experience managing student deaths or suicide response processes, have influence and be a trusted figure in the campus community.

EXAMPLE:

The College of Holy Cross identifies an individual as the Postvention Coordinator (PVC). The PVC has general responsibility for the overall management of the campus's response to a catastrophic emergency. This individual determines if a given event is to be classified as "catastrophic," and if it is, calls meetings, assigns responsibilities and monitors, conducts and manages the organization of the tasks (see The College of Holy Cross Postvention Manual*).*

Other relevant offices and individuals that may have roles in suicide postvention include:

- **student affairs leadership** – for involvement in disseminating information to campus community and communicating with the family of the deceased
- **counseling and psychological services and leadership** – discussed in greater detail in the following pages

When there is no campus counseling center, a mental health consultant must be enlisted to ensure that all elements of the response process address the many complex mental health issues that may arise after a student death or crisis. If an outside mental health consultant is enlisted in this case, they should also be a part of the planning, training and tabletop exercises so that they are aware of the systems in place.

- **health center** – may be involved with making the first contact with the family of the deceased
- **disability office** – may have important information about students who are at risk and be an important resource for connecting these students with other support services
- **campus security/police** – may coordinate with local law enforcement and medical examiner and manage unsafe areas on campus
- **financial aid/registrar or enrollment management** – to coordinate and appropriately communicate with family after student death (e.g. make deceased student's and surviving family's e-mail address inactive to prevent further communication regarding enrollment and/or tuition payment)
- **campus media relations/public relations office** – to aid with internal and external communications flow, discussed in greater detail in the following pages
- **residence hall leadership** - to assist with anything related to the deceased student's residence, their personal effects, and connecting with students in residence halls
- **legal affairs/risk management office** – may be a consultative resource for other postvention stakeholders
- **chaplaincy** – because of the likelihood that they will meet with students in the campus community who are grieving and for their contribution to coordinating appropriate messaging to the community
- **international student office** – to collaborate after the death of an international student and also to develop protocols for a student suicide which may occur while a student is studying abroad
- **campus office of environmental safety/local department of health** – should be included in decisions around safe handling of remains and clean up after a suicide
- **information technology (IT) department** – to assist with ease of communication needs (e.g. enabling computer, internet and/or intranet access to staff who need to work remotely on campus in order to be more accessible to affected students)

The postvention leaders/implementers and on-the-ground responders will have significant overlap but are not necessarily identical individuals. A postvention leader is likely organizing implementation efforts in each area of the postvention protocol but will also enlist clinical and functional staff members to carry out implementation and dissemination. For example, the director of counseling services will likely be a member of the postvention committee but counseling service staff will be involved in on-the-ground postvention interventions.

Each office may have an identified postvention liaison and should consider educating several other stakeholders in their department about postvention protocol responsibilities (including what information can and cannot be released to the community) in the event that the liaison is unavailable at the time of a crisis.

The planning phase may include table-top exercises and defining specific postvention terminology to prepare and practice for fluid communication and coordination between those with postvention

responsibilities. Tabletop exercises should include immediate responses to crises and continued recovery and postvention efforts for the following several weeks. This provides an opportunity for committee members to walk through their roles in the event of a suicide and in the weeks that follow a suicide. It is also important to keep in mind that real life events are often far more complex than table-top practice exercises and that crises/tragedies are dynamic – they unfold over time.

COORDINATION

It is essential for postvention coordinators and team members to have a clear identification and understanding of the duties assigned to their postvention counterparts internally in various departments and externally, off-campus in the local community. It is also important for the connections to off-campus resources/partners to have been considered and to the extent possible, have pre-existing relationships with these offices and agencies (e.g., health and mental health resources, local law enforcement, local news and media). As much as possible, there should be an identified contact for the off-campus offices/agencies

QUESTIONS TO CONSIDER WHILE DEVELOPING A POSTVENTION PROTOCOL

In the beginning phases of postvention planning it is important to ask questions about your campus's unique needs and resources. For example:

- ✓ How do you hear about and track campus suicides?
- ✓ What support resources do you have?
  - In counseling services?
  - Other campus services (e.g., through academic departments such as social work, psychology, nursing, medical school or counselor education)? How might they be coordinated as part of a unified response to the campus community?
  - Community resources (e.g., community mental health agencies, crisis response teams, and other local campuses with similar postvention teams)?
  - Religious/spiritual resources?
- ✓ With whom do you have off-campus partnerships? With whom do you need to develop off-campus partnerships?
  - local law enforcement
  - fire department
  - hospital/emergency room
  - psychiatric center/mental health clinics/ medical examiner
- ✓ What postvention protocols are you currently using? For example:
  - Do you have a media communication strategy that you use in the event of a suicide on campus?
  - Do you have a protocol for identifying at-risk students after a campus suicide?
- ✓ Are there any system-wide issues that may affect efficient implementation of the protocol?
- ✓ What are some practical considerations to address? For example, who packs up a deceased student's room?
- ✓ Check-in with your staff about how the campus's current response to student death/suicide is working through a review process. Where were the gaps? What were the challenges? Learn from your mistakes. ■

POSTVENTION PROTOCOLS SHOULD:

- ✓ quickly **mobilize** and **organize** resources
- ✓ provide both **immediate** (i.e., within 72 hours of event) and **long-term** plans (e.g., anniversaries)
- ✓ set up **communication** channels on campus and with relevant off campus offices and agencies
- ✓ **secure** campus **safety**
- ✓ **establish** clear procedures
- ✓ include a **broad base** of **campus representatives** and **delegate** responsibilities
- ✓ be **specific** enough to be useful
- ✓ be **flexible** enough to apply to different circumstances
- ✓ be **sustainable** (tied to positions rather than specific individuals)
- ✓ be **free of bias**, consider the ethnic, racial, cultural and spiritual, sexual orientation/identity and other diversity aspects of your student body
- ✓ address the **complex mental health** issues for individuals and groups that may arise after a student suicide
- ✓ **avoid jargon** and be **understandable** to the diverse group of professionals who are involved in postvention

IMPLEMENTATION

Once key postvention stakeholders are established, and the specific needs of the campus have been determined, these individuals should outline and document postvention procedures and protocols that clearly describe how the campus will provide support and assistance to students after a campus suicide. The campus postvention leaders should address the following in postvention protocols:

- How will information about a campus suicide be communicated to the campus community? This should include campus media and social media.
- What clinical services are available and appropriate following a campus suicide?
- How will the campus handle memorials and related events?

The postvention committee should meet briefly at scheduled intervals during postvention deployment to assess implementation and effectiveness of efforts. During the implementation phase, it may be helpful for postvention committee members to keep notes or a diary on actions taken (keeping notes during postvention deployment should also be discussed with the university's legal counsel). This can be helpful in reviewing specific postvention efforts afterwards. Throughout the implementation phase, postvention efforts should also highlight self-care of responders as postvention and interventions unfold. More information about self-care and support for

responders and those directly involved with the deceased student are discussed below in the section on **Self-care for responders** and **When the student who died by suicide was a counseling center client.** ■

Alcohol and Drug Related Deaths

When a student dies of an alcohol, prescription or illicit drug overdose it may be unknown whether the death was intentional or accidental. In this circumstance it is advisable to implement suicide postvention plans.

COMMUNICATIONS

Postvention protocols should address how to best communicate information to the campus and community after a suicide. It is important that the death be addressed openly and directly. After a suicide, once the basic facts are known, any attempt to delay informing students will only encourage rumors. How this information is conveyed is very important. If communication efforts are not carried out in an effective manner the rest of the postvention execution will suffer and community anxiety will increase. Because of today's immediate communication culture and the speed at which information spreads via social media, the postvention committee needs to be ready to communicate quickly to affected students and the campus community. Further, postvention leaders may also encourage surviving roommates and friends to limit their social media communication until official death notifications are made to the surviving family and community (more on the effects of social media below).

At the same time, efforts need to be made to ensure accuracy of information reported. Critical to communicating about suicide, in general, is the use of safe messaging and understanding how communicating about suicide can influence contagion. Although no single approach to communications is adequate for every school and community, we do believe in following certain messaging considerations in supporting schools through the tragedy as well as reducing the risk of contagion for those at risk for suicidal behavior. The communication process needs to be dynamic and nimble. The committee must be prepared for change as information changes. Crisis communication in postvention addresses both information that comes into the school system and also the dissemination of information that goes from the school system to the community/public.

GENERAL COMMUNICATION CONSIDERATIONS

- The committee needs to decide on levels and platforms for communication with students, campus faculty and staff, and outside media. Determine who will write and who will sign notes to the community: University president? VP of student affairs? How are these notes disseminated? It is important to consider how these communications would change depending on time of year (e.g. if a student died during the summer) or if the deceased student was not well connected to the campus community, etc. (See Sample Announcement, Figure 1).
- The type of information shared will depend on the setting, what is known and what the desires are of the survivors (See **Communicating with the family of the deceased**).
- Effective communication requires careful coordination between media office, student affairs, and counseling leadership and review of safe messaging about suicide (See Figure 2 for Recommendations for Reporting on Suicide).

- When communicating about suicide, community anxiety may increase if information is too vague or limited. Risk for copycats is enhanced when details (such as method of suicide) are highlighted or suicide is "dramatized/romanticized" (Refer to the National Action Alliance for *Suicide Prevention Framework for Successful Messaging*).
- Communication should also balance students' desire for information about funeral arrangements with parents' wishes around privacy (e.g., family may want a small, intimate funeral service). When the family wishes to keep funeral arrangements private, students who want to remember the deceased can do so in other ways – more information on this is provided under **Memorials and Related Events.**
- The campus media office, the counseling director and the legal affairs office should educate the postvention committee about safety and privacy concerns.

The most efficient strategy for providing details of the death is a written statement that can be distributed to everyone in the campus community, usually via campus-wide e-mail. All electronic messages to the community should be written and shared with the assumption that the media may access and use the information. The postvention coordinators should determine the most appropriate mode of communication. At a large university, communication about a student death may be to a school within the university that the student was a part of. For example, if a student at the university dental school, which is located on a separate campus from the main university campus, dies by suicide, the decision could be to communicate only to students on that campus or only to dental students. The postvention coordinators may also provide different levels of information to different sub-groups within the community. Statements should generally include:

- condolences to family and friends
- plans to provide support to those impacted
- any changes in school or work schedule during the upcoming days

Statements about a student suicide that are disseminated to the campus community should only offer confirmation of a suicide in specific circumstances:

1. if the family approves and
2. the postvention coordinators decide that it would be disingenuous to leave out this information (particularly if it was very public or if factual information about the suicide is already known in the community)

Below is a sample campus communication acknowledging the student death. Wording options are presented for instances when the postvention coordinators agree that acknowledging the suicide is an appropriate course of action. Alternative wordings are presented in the event it is decided it is NOT appropriate to acknowledge the death was a suicide:

Figure 1

Sample Announcement

NOTE: The release of a student name or cause of death in an announcement, as illustrated in the example below, should only be made after such information has become public.

Dear Members of the [university name] Community:

I am deeply saddened to inform you of the tragic loss of a member of our [university name]

family. [Name of student] [took his/her life/ passed away] on [date]. We offer our deepest condolences to [student name]'s family, friends and loved ones.

During this time of great loss, we are reminded of the importance of community. Losing a fellow student and member of our University can be very difficult. I encourage those who feel they may need additional support to contact the Counseling Center (phone number), the Interfaith Center (phone number), [insert additional names and contact information for campus and community support services and local and national hotlines] as well as [academic dean's office] (phone number) for any emotional or academic assistance you may need.

Sincerely,

President

COMMUNICATING WITH FRIENDS OF THE DECEASED

There may be several layers of simultaneous communication to consider. After a campus death the entire campus community may receive a letter about the incident via e-mail. At the same time, the dean of students, another appropriate administrator, and/ or clinician can connect with students more closely linked to the deceased in a face-to-face meeting to provide them with more specific and detailed information (e.g. information about funeral services).

This face-to-face meeting also provides an opportunity for the postvention committee to check in with those close to the deceased, notice uncommon responses to the incident and provide information about the clinical services available. Face-to-face meetings with students may also take place in the dorm or on the specific floor where the deceased student lived or with the deceased student's teammates. This provides another level of in-person communication with individuals who were closely connected to the student.

WHENEVER POSSIBLE...

Roommates, friends, and other sub-groups of which the student might be a member (e.g., athletic team, ROTC, Greek affiliation) are notified first and provided resources (e.g. a staff facilitator for a group). *More on this in Clinical Services section

COMMUNICATE WITH FACULTY:

Deans should be notified and instructed on how to respond to student scheduling requests and absences for grieving and memorial services. Deans should then send a note to faculty about how to respond to student requests and referrals.

It can also be helpful for there to be one person who is identified as a coordinator or "go-to" person for students who are having problems with or concerns about academic accommodations.

COMMUNICATING WITH THE FAMILY OF THE DECEASED

Communication with the family of the deceased needs to be respectful to their needs and pain. It may be useful to develop a script for communicating with a family about this sensitive information and even practice during a tabletop exercise. Information about the circumstances of death should not be disclosed to the campus community until the family has been consulted. The first message to the community may be letting them know that official information cannot be conveyed until the family is notified. Keep in mind that in some states there may be delays in disseminating information to the community until next of kin can be contacted.

When informing the family of the deceased when the incident happened on campus, a college or community physician and a campus administrator (e.g., College Chaplain, VP of Student Affairs, Postvention Coordinator) should make the first phone call to the family together. It may also be helpful to have a counseling center staff member available for additional guidance and as backup for the phone call.

- Inform them of what has happened to their son or daughter.
- Answer any questions they have about the cause of or circumstances around the death.
- The campus administrator should offer to meet with the family to help them when they come to campus to collect the student's belongings and make necessary arrangements with housing and local authorities.

Communicate with the family as early as possible regarding communications to the campus community – what do they prefer is or is not disclosed? This should include a discussion about what their desire is in regard to sharing information about funeral arrangements with close friends in the campus community and/or members of the group(s) to which the deceased student belonged.

When the death has been declared a suicide and the family does not want this information disclosed to the community, someone from the administration or counseling staff (who has a relationship with the family) should be designated to contact the family to explain that students are already talking about the death amongst themselves, and that having leaders in the campus community talk about suicide and its causes can help keep students safe.

If the family refuses to permit disclosure, campus communication might read: *"The family has requested that information about the circumstances of death not be shared at this time."* In this situation the committee can still speak with students about suicide since it may already be a topic in speculation (even without specifying that this particular death was a suicide).

CAMPUS MEDIA

The campus media/public relations office should work with counseling leadership to provide expert guidance to both student media and local community media on guidelines and risks of reporting a campus suicide. Postvention leaders may proactively reach out to campus media, prior to a suicide, with the guidelines for reporting about suicide and information about mental health and suicide prevention resources available to the campus and local community. A representative from the campus media office should also be included in the postvention protocol planning to support this partnership and ease of communication. Campus media reporting needs to balance both their role as campus public relations agents with accurate reporting in the wake of a campus suicide.

Properly considering these objectives is essential in order to convey the necessary information while also maintaining sensitivity to community reactions. The campus media office should have specific response protocols for a campus suicide. Someone from the postvention team should be designated as a media expert or spokesperson for the institution ahead of time. Campus media leadership should work with student media to educate them about appropriate and safe messaging before a suicide occurs. Considering these factors ahead of time can ease the difficulty of responding to external inquiries quickly and thoroughly.

Members of the campus community should know to contact campus media personnel if they receive outside media requests after a suicide. The postvention coordinators should counsel media personnel about how to effectively and safely convey information

about campus suicide to reduce the risk of suicide contagion (see Recommendations for Reporting on Suicide and Style Guide: Reporting on Mental Health).

SOCIAL MEDIA

Like other forms of media, the messages conveyed through social media may also impact the risk of contagion. A deceased person's online social media profile may become a central point where discussion about suicide, memorialization and rumors occur. Exposure to suicide, whether through a personal connection or through media, is an established risk factor for suicide. The comments posted on these profiles can contain unsafe messages and sometimes include expressions of suicidal ideation by friends or family of the deceased. Targeting previously established online communities in postvention efforts is an important and efficient means of distributing information and resources.

- The postvention coordinators should develop a plan or protocol for how they intend to address online postvention.
- Postvention committee members should work with families of the deceased student to bypass any privacy settings that would prohibit these activities (e.g., gaining access to passwords and login information).
- Use the student's social medial profile to post resources for survivors. Key resources should be determined during postvention planning phase. It is important that the resources posted online be consistent across sites and profiles. National resources should also be provided, since online social networks can extend beyond county and state borders.
- Create awareness of Facebook guidelines on reporting online suicidal activity.

For more information reference The National Suicide Prevention Lifeline Online Postvention Manual

EXERCISE:

A student on your campus dies by suicide and is discovered by his/her roommate. In addition to notifying campus police, the roommate also reports the suicide publicly by creating a Facebook status. The information has quickly spread via social media before the postvention committee has been able to respond. How would you handle this? Discuss among your postvention committee members. ■

Figure 2.

Recommendations for Reporting on Suicide

Certain types of news coverage can increase the likelihood of suicide in vulnerable individuals. Risk of multiple suicides increases when the story explicitly describes the suicide method, uses dramatic/graphic headlines or images, and repeated/extensive coverage sensationalizes or glamorizes a death. Carefully covering a suicide in the media, even briefly, can change public misperceptions and correct myths, which can encourage those who are vulnerable or at risk to seek help. The way that suicide is covered by the media can influence behavior negatively by contributing to contagion or positively by encouraging help-seeking.

Instead of this:	*Do this:*
• Big or sensationalistic headlines, or prominent placement (e.g., "Kurt Cobain Used Shotgun to Commit Suicide").	• Inform the audience without sensationalizing the suicide and minimize prominence (e.g., "Kurt Cobain Dead at 27").
• Including photos/video of the location or method of death, grieving family, friends, memorials or funerals.	• Use school/work or family photo; include hotline logo or local crisis phone numbers
• Describing recent suicides as an "epidemic," "skyrocketing," or other strong terms.	• Carefully investigate the most recent CDC data and use non-sensational words like "rise" or "higher."
• Describing suicide as inexplicable or "without warning."	• Most, but not all, people who die by suicide exhibit warning signs. Include information about warning signs and what to do if you know someone exhibiting warning signs.
• "John Doe left a suicide note saying...".	• "A note from the deceased was found and is being reviewed by the medical examiner."
• Investigating and reporting on suicide similar to reporting on crimes.	• Report on suicide as a public health issue.
• Quoting/interviewing police or first responders about the causes of suicide.	• Seek advice from suicide prevention experts.
• Referring to suicide as "successful," "unsuccessful" or a "failed attempt."	• Describe as "died by suicide" or "completed" or "killed him/herself."

Avoid Misinformation and Offer Hope

- Suicide is complex. There are almost always multiple causes, including psychiatric illnesses, that may not have been recognized or treated. However, these illnesses are treatable.
- Refer to research findings that mental disorders and/or substance abuse have been found in 90% of people who have died by suicide.
- Avoid reporting that death by suicide was preceded by a single event, such as a recent job loss, divorce or bad grades. Reporting like this leaves the public with an overly simplistic and misleading understanding of suicide.
- Consider quoting a suicide prevention expert on causes and treatments. Avoid putting expert opinions in a sensationalistic context.
- Use your story to inform readers about the causes of suicide, its warning signs, trends in rates and recent treatment advances.
- Add statement(s) about the many treatment options available, stories of those who overcame a suicidal crisis and resources for help.
- Include up-to-date local/national resources where readers/viewers can find treatment, information and advice that promotes help-seeking.

CLINICAL SERVICES

One of the primary goals of postvention is to help individuals impacted by a campus suicide deal with the trauma and grief they experience, as a result. Postvention protocols should outline thoughtful and easily accessible clinical interventions that can help the campus community regain emotional stability.

THINKING ABOUT THE CLINICAL ROLE IN CRISIS INTERVENTION

Crises typically shake our sense of predictability and security. In the wake of a campus suicide, the community will search for leadership figures to help reestablish a sense of safety. This is a crucial psychological task in recovery from crisis. Thus, it is important that clinical staff convey a comforting and reassuring tone and demeanor and a sense of stability and solidity in this difficult time. This can be especially challenging in the face of a suicide since campus leadership and staff may also be sharing the campus-wide sense of sadness and fear. The supportive-therapeutic attitudes conveyed to the community by faculty and postvention committee members are very important in the recovery of the community and the return to a sense of normalcy.

To add to the challenge of this task, while campus leaders, postvention committee members, and clinical staff need to be mindful to convey a comforting tone and presence to students, they must also maintain vigilance for those people for whom a basic level of support is not sufficient. Clinicians need to monitor their own manner, style and content while also observing the student and staff community since those who exhibit undue levels of distress may benefit from more targeted group or individual clinical services. These issues are addressed further in the following sections.

CLINICAL SERVICES GUIDELINES

We know that after a suicide in a contained community, members are at an increased risk of suicide (Velting & Gould, 1997). To support the campus community after a death, postvention should involve reaching out to and promoting vigilance toward those most at risk for suicide (i.e., individuals and groups that were close to or connected with the deceased and those with psychiatric illnesses such as depression, severe substance abuse, severe personality disorders and psychosis). Keep in mind that high-risk individuals and groups may not seek out clinical services on their own and may not be obvious to identify even though they could greatly benefit from support.

Individuals who are exposed to suicide, and not connected to the deceased, may also have a difficult time managing grief and emotions and be at an increased risk for suicide (Swanson & Coleman, 2013).

- Staff needs to be flexible as to setting, time and structure of interventions based on nature of event in order to make services accessible.
- Issues of context may have an impact on how clinical services are provided or handled. For example, where did the suicide occur? When did the suicide occur - during a school break or during the semester? Was the deceased well-known by community? Were they a student leader or a popular professor?
- It is best to create an informal and relaxed setting for peer support with professionals in the background for support if needed.
- It will be useful to have different format options for providing services. Individuals may have different levels of comfort with the formats provided for clinical services. Some students may want to have the support of their peers and learn how others

have been affected by a campus suicide. Other student responses may warrant the need for more individualized support.

- Services should be well-publicized to intended audiences. The postvention committee needs to think about who will need support and how to connect and communicate with these groups. The best approach for reaching targeted audiences might include displaying notes/printed messages in residence halls, student centers, locker rooms or other relevant locations.
- All activities and events should be voluntary – do not enforce a campus-wide or class-required clinical intervention.
- Clinical interventions should promote psycho-education (for example, informing students about common and typical reactions following a suicide and conveying to students that there is not one way to grieve and the time it takes for someone to return to normal after a death or crisis varies).
- Focus on value of self-care and returning to routine as much as possible as this helps to focus attention on healthy grieving. Clinically, it is very helpful to make sure sleep is not disrupted too much.
- The clinical response team should include members of the counseling center staff and, if necessary, facilitate backup from student services and/or faculty in social work, psychology, counseling, medical center or local resources. One challenge is to provide clinical interventions for those affected by a campus suicide while still keeping other clinical services running. The nature of campus death will determine how this balance is addressed.
- Responders/supporters of clinical interventions must also manage self and mutual care. Responders are not immune to grief and/or trauma responses to campus deaths (more on this on page 21).

Examples of High Risk Groups and Individuals

- ✓ siblings and friends
- ✓ accidental and/or intentional first responders or individual(s) who discovered body
- ✓ resident life staff who knew the deceased student or have dealt with other campus tragedies
- ✓ academic support staff/faculty who knew deceased student
- ✓ student affairs staff that may have had close relationship with individual(s)
- ✓ students who have a history of previous suicide attempts
- ✓ students in the same dorm
- ✓ students in the same academic department
- ✓ students in the same club/student activity
- ✓ students on the same athletic team
- ✓ student who went to the same high school or is from the same home town as deceased
- ✓ students who may identify in other ways with a student who has died (e.g., athletes or artists)

GROUP DISCUSSION AND SUPPORT SESSIONS

Conducting conversations in small groups gives responders a chance to gauge individual and group reactions and to facilitate mutual support. Group discussion and support session activities are distinct from a large group communication meeting intended to inform students about a suicide.

When there is a suicide and there is a clearly defined group of close friends connected to the student it is advisable to organize a meeting that includes those close friends, a clinician, and a competent student services staff member. This provides an opportunity to both discuss and gauge how the students are managing and also create a comfortable means to more clinical services, as needed. Someone should be identified as a contact for this group should they need help sorting out their academic requirements going forward. It is also advisable to have a follow-up meeting with the identified students in a week or so after the initial discussion. Under most circumstances, students will intuitively recognize how much they need to be involved in group support sessions. In some cases, it might make sense to form small groups around similar levels of impact that the death has on students (e.g., if the deceased was part of a Greek organization some members may need more opportunities to process reactions in a small group, while others who are new to the organization may need a different level of support such as resource information).

Factors for group discussion session facilitators to keep in mind and cover are described below.

- Group facilitators should introduce themselves to students, explain the purpose of the meeting, and provide structure, rules and a plan for the session.
- Acknowledge that the student died by suicide if the family agrees and this is already understood in the campus community. This helps to control rumors and allows attendees to be on the same page. Do not discuss the specific details of the death unless it was very public and is well known to those in the group.
- When the family does not want to disclose the suicide, group facilitators may want to generally discuss the topic of suicide, as this may already be a topic in speculation.
- Group attendees can share stories, thoughts and/or memories about the deceased. Be mindful of group participants who may have witnessed the death or found the deceased and discourage from sharing graphic details with other participants in the group.
- Processing feelings regarding the death paying particular attention to students emphasizing feelings of guilt, anger, abandonment and the questions of "why?" and "what if?"
- Discuss the grieving process or post-crisis responses. Facilitators should emphasize the need for self-care and that there is no "right" way of grieving or reacting.
- Actively discourage comments such as, "things happen for a reason," "God works in mysterious ways," "at least it was a quick death."
- Be vigilant regarding students in attendance who may be under the influence of alcohol or drugs as this may reflect a problem in this individual's coping and also hinder the group's progress. Messages to the group should also discourage substance use as a method of coping.
- Reinforce concept of community of caring, how students can be supportive of their peers (e.g., encouraging "buddy" systems) and what faculty and staff members are available to provide support.
- Groups can also spend time discussing options for memorial activities; journals, community service activities and/or fundraising.
- Offer resources, including follow-up sessions.

The above relies heavily on Meilman and Hall's (2006) writings on Community Support Meetings. For more information reference: Aftermath of Tragic Events: The Development and Use of Community Support Meetings on a University Campus.

In addition to a facilitator led support group, less structured groups may also be effective in helping students grieve. In this case, it is still advisable that a professional open up the student dialogue, remain in the periphery as the dialogue unfolds and be vigilant about responses within the group. Typically, students will find ways to help and support each other and this should be encouraged as long as it is appropriate. Grieving is a natural human experience and does not always require clinical intervention. Different circumstances, campus communities and groups may call for varying levels of intervention and each campus can decide what works best for their community.

Interventions should involve an explanation of the complexity of suicide.

It is a natural impulse for survivors to want a simple reason as to why a suicide happened and this might involve blaming someone close to the deceased.

Factors that may Contribute to Suicide

- relationships or failure at relationship
- family issues
- psychiatric diagnoses
- substance use or abuse
- constitutional/genetic predisposition/family history
- illogical thinking processes/psychosis
- conscious and unconscious psychological processes or conflicts
- bottled-up anger directed at oneself
- religious, social or cultural beliefs or values potentially leading to guilt and/or shame

INDIVIDUAL CLINICAL SUPPORT

After a campus suicide, some students may feel more comfortable seeking support individually as opposed to in a group setting. Many elements of group debriefing sessions are similar to providing individual support and can be applied in an individual setting. The primary goals of individual clinical interventions are to lend support, help move the student back towards normal functioning and watch for deterioration or dangerous reactions. This type of support is likely a blend between psychoeducation and actual therapy. Individual clinical support should always include a suicide risk assessment and help the student process difficult feelings related to grief, guilt, anger, abandonment and/or numbness.

ADVICE TO TRAUMATIZED INDIVIDUALS

- ✓ identify specific worries/needs and take steps to resolve them
- ✓ keep to a usual routine as much as possible (make sure to eat as regularly as possible and maintain some physical activity)
- ✓ address seriously disturbed sleep as soon as possible
- ✓ help to identify ways to relax
- ✓ do not avoid or shy away from confronting or engaging with situations, people and places that remind them of event
- ✓ take time to resolve day-to-day conflicts so that they do not build up and add to existing stress levels
- ✓ identify sources of support, including friends, family, and clergy, and encourage talking about

their experiences and feelings with them

- ✓ let them know that it is alright to laugh and experience pleasure as soon as they can

SUGGESTIONS FOR FACULTY TO SUPPORT STUDENTS IN CRISIS

- ✓ recommend psychological counseling to students who are struggling
- ✓ extend an assignment deadline
- ✓ offer special tutoring as needed
- ✓ provide make-up work or examinations
- ✓ exclude one or more test grades from the final grade computation
- ✓ compute the final grade or class standing without all work being completed
- ✓ facilitate a leave of absence or medical withdrawal if that becomes necessary
- ✓ consult with appropriate offices on campus
- ✓ faculty may talk about/recognize the loss in class

KEEP IN MIND: SELF-CARE FOR RESPONDERS

Responders and postvention committee members are not immune to emotional difficulties and strain after a campus suicide. Suicides may trigger grief reactions from a recent or past loss. Responders may be more vulnerable to traumatic responses after a suicide if they have a previous psychiatric diagnosis or if they came into contact with the body of the deceased. Similar to students, responders may experience feelings of guilt or anger. Group and/or individual support services should be made available to these individuals, as well. The postvention protocol may include provisions for following up with postvention committee members and/or responders as the intervention phase begins to wind down.

DO:

- ✓ be flexible about setting, time and structure of clinical services
- ✓ offer different formats and types of support
- ✓ offer psychoeducation during clinical interventions
- ✓ make help seeking easy to access and normalized
- ✓ provide resources and follow-up sessions
- ✓ offer regular meetings for clinical first responders to provide mutual support and monitor traumatic stress

DON'T:

- ✗ make clinical services mandatory
- ✗ overlook high risk groups
- ✗ assume responders & supporters are immune to grief and/or trauma responses
- ✗ forget to consult with faculty members about supporting students in crisis
- ✗ forget to address personal self-care needs

WHEN THE STUDENT WHO DIED BY SUICIDE WAS A COUNSELING CENTER CLIENT

The counseling center may develop a protocol ahead of time to deploy if a counseling center client dies by suicide that includes the following:

- notification of the treating clinician (therapists/counselors, psychiatrists and psychiatric nurse practitioners) should be timely and done privately
- typical response includes sadness, anger, guilt, questioning clinical skills
- consider the pros/cons of taking time off from work
- attend to the emotional support of the clinician

- reviewing the clinical notes (caution about how this will be perceived by clinician)
- consider how to facilitate staff conversation while not placing surviving clinician in the spotlight
- think about enlisting outside consultation and, if indicated, outside clinical support for clinician
- continue to check in with the student's treating clinician over subsequent weeks to monitor their response
- consider not including the student's clinician as part of the campus postvention response team
- see note about legal considerations below

LEGAL CONCERNS WHEN COUNSELING CENTER CLIENT DIES BY SUICIDE

- Schools that implement responsible suicide prevention and postvention protocol best practices are unlikely to be found liable for failure to prevent suicide.
- However, legal concerns and plans to address liability should be on the postvention committee's radar.
  - Counseling center director should communicate with the internal legal office.
  - Keep in mind that the legal office, the counseling center, and the individual counselor may have different concerns and interests around these discussions. Recognize that legal affairs primary concern is to protect the university while the counseling center director must be concerned about the impact of events on staff and clinical functions. Clinicians cannot function effectively in settings of fear of liability or second guessing.
  - Legal office may want to review clinical records. State laws differ as to handling of clinical records after a death.
  - The surviving family may want to see medical records and/or speak to the treating clinician. In this case the counseling center should consult with the legal affairs office and potentially an outside attorney/consultant. It is important to maintain a balance between conveying support for and openness to the family's wishes and protecting the university.
- While much of the postvention plan is time sensitive there may be more time to address legal concerns after a crisis occurs.
- Outside consultation with professional organizations and their legal advisors may be helpful when there is uncertainty or conflict about legal issues.

CHALLENGE OF DEALING WITH CONTAGION AND SUICIDE CLUSTERS

- Suicide contagion and suicide clusters, or groups of suicides clustered in time, location and possibly method, present unique challenges for clinical services because of the strain they put on the community and the effect of raising community anxiety.
- Campus communities that experience more than

one suicide in a short time frame need to balance activity and vigilance with maintaining a sense of calm and control of the environment. This is similar to managing the clinical role in crisis intervention as mentioned earlier.

- Be mindful of internal/campus circumstances that may increase the risk of multiple suicides (e.g. access to means).
- When dealing with suicide contagion it is difficult to resist the impulse to find a reason for the circumstances and refrain from placing blame on something or someone.
- Multiple suicides should be dealt with in an equitable manner (e.g., deciding to hold memorial events) but postvention efforts should also focus on conveying a sense of stability during this time.
- When dealing with multiple suicides, it is valuable to enlist expert consultation to obtain an outside perspective
- Victor Schwartz, M.D. (2006) provided examples for dealing with contagion and suicide clusters here (beginning at 37 minutes).

EXERCISE

You are a postvention coordinator and there have been three suicides on your campus this semester. What steps might you take and when? What offices will you communicate or coordinate with on campus to deploy postvention plans? Are there aspects that are unique to your campus that are important to consider? What administrative problems might emerge in the face of several suicides? ■

MEMORIALS AND RELATED EVENTS

The policies and protocols for holding a memorial service after a campus suicide should be fashioned in light of the challenges of balancing the needs of survivors to honor the deceased and take action of some kind and the risks of others imitating or modeling the suicidal behavior. Under ideal circumstances it is best not to have or limit memorial services. This may be impractical and in fact inappropriate if the school typically holds memorials after other student deaths or if there is tremendous emotional pressure from the family or the community to have one. Below are important considerations for developing protocols around the decision to hold or not to hold memorials after a suicide.

"Memorials" refer to gatherings, events or services as opposed to planning/constructing actual memorials (e.g., plaques, etc.), which should be discouraged until considerable time has passed since the suicide.

- Input from the family of the deceased continues to be of great importance after a suicide. The family may have specific cultural or religious concerns or constraints about memorial events. It is important to keep memorial events, if they take place, as low-key as possible while also maintaining sensitivity for the wishes of close friends and family.
- A suicide death ought not to be handled differently than other deaths, but the framing of content needs to be carefully managed.
- Consultation should be sought from counseling leadership and professional groups with expertise on how to effectively and safely hold a memorial event.

- Postvention protocols should emphasize plans for honoring the deceased in other ways besides memorial events, as well. Fundraising or other community service activities can provide a positive outlet for student needs to "do something" in order to make meaning of the loss.
- If a formal memorial service is planned, it is best if led by student affairs leadership and when appropriate for the campus, clergy from the campus chaplaincy. Postvention representatives may also be available during a memorial service to students in attendance and be vigilant of students in distress.
- Representatives from counseling should also be on the program to briefly review issues related to post-traumatic responses and remind students about availability of support. Effective postvention responses from support services like the counseling center may open the door to a group of students for future improved counseling center relationships.
- When the student who has died is well known on campus, it is common for informal "memorial" groups or meetings to develop spontaneously. If possible, it is best if these meetings are at least supervised by professional staff.
- When the university does not hold a memorial on campus for the deceased student, the postvention protocol should still consider the impact of funeral events held by student's family, especially when the family lives in a community close to the university. The university should communicate with the local clergy about funeral arrangements and university student attendance.
- Students can be encouraged to collect and send brief notes to the deceased student's family.
- With the risk of contagion, holding multiple memorials for each student death may make grieving and healing more challenging. It may be useful to develop a plan to hold one memorial each year for all members of the community who die (regardless of cause of death). Georgia Tech is an example of a school that has adopted this policy.

Although some religious perspectives consider the afterlife to be much better than life in the physical realm, particularly when the quality of physical life is diminished by a severe or unremitting mental or physical illness, this contrast should not be overemphasized in a public gathering. Others in the audience, who may be dealing with psychological pain or suicidal thoughts, may be lured into finding peace or escape through death and it may add to the attractiveness of suicide (After a Suicide, Suicide Prevention Resource Center, 2004)

- If a memorial service is planned after a student suicide, all participants or speakers should be prepped regarding content of their comments to assure that:
  - there is no detail about specific method of death
  - suicide is not portrayed as a result of a single or simple problem
  - comments do not portray suicide as a heroic (noble or romantic) act
  - they are careful not to normalize the suicide as a typical response to distressing life circumstances
  - they help participants envision how the community can come together to help prevent future suicide deaths and to care for each other
  - they normalize help-seeking and do not stigmatize counseling or mental health care
  - they discuss helping resources, with focus on hope and future

- they are careful not to glamorize or emphasize the "peace" the deceased may have found through the death

For more information about content of memorial services, refer to this resource provided by the Suicide Prevention Resource Center.

EXERCISE

A student dies by suicide in your community and the surviving family members would like to hold a memorial service on campus. They would also like to dedicate something to their son or daughter on the campus grounds. Think through, specifically, who will speak to the family or be the intermediary? How will you decide what is appropriate and/or how this might impact the students on campus? If you have concerns about the family's wishes, how will you communicate this to them?

CAMPUS MURDER-SUICIDES

In the event of a murder-suicide, when one individual murders one or more people and then takes their own life by suicide, it is important to consider the impact and disruption to the campus's sense of safety and predictability. At the same time it is also very important to remember how rare these occurrences actually are.

In the event of a murder-suicide situation, postvention efforts should focus on the increased need for vigilance among friends and close connections of the perpetrator and victims, similar to the vigilance needed after a suicide. Keep in mind that a murder-suicide scene is a crime scene and initial responders should be mindful not to disturb evidence; this is particularly important for housing staff and friends who may be the first responders. There is also a need for an increased level of coordination between campus police, local law enforcement, legal affairs and media (see Media Guidelines Factsheet for Murder-Suicides and Style Guide: Reporting on Mental Health). These offices and groups should also be sought out for guidance in dealing with the challenges of working with victim's families after a murder-suicide.

It is very important to be attentive of those on campus who may be struggling with violent fantasies, especially individuals who have a diagnosed psychotic illness of any kind. After a murder-suicide on campus it will be important, and a challenge, to move toward normal campus life to the greatest extent that is realistic in the university community.

GETTING BACK TO ROUTINE

Postvention programming aims to both support community mourning and processing of the campus death while also helping the community return to routine to the greatest extent possible as soon as is feasible. Getting back to a routine is helpful in the healing process. Following postvention deployment is also a window of opportunity to transition from postvention (back) to prevention (e.g., revamping gatekeeper training program).

- Community members, "gatekeepers" and clinicians must remain sensitive and vigilant to those closest to the incident and those at risk for or manifesting signs of ongoing or increasing distress.
- The postvention protocol should outline a plan for working with student and academic affairs and the disabilities office when indicated to help with decision making around accommodations for groups or individual students. Much will depend on timing and context of the death on campus.
- Keep in mind the lasting impact of a campus suicide on the student's close friends, groups or siblings in the community. Anniversaries of student deaths may also be particularly hard for the larger campus community if the death was very public. The

memory of a campus suicide may become ingrained in the institution to the point that it becomes difficult to remember the community as safe or without grief. This is also known as institutional memory or grief.

- Postvention efforts and responses should be reviewed within one or two weeks of the crisis and a month or more after the crisis to examine the effectiveness of the response and explore issues that could have been handled better. Keep in mind that policy decisions/changes made in the near aftermath of a campus suicide should be considered carefully because the end of postvention protocol implementation continues to be a sensitive time period that may impact pragmatic judgment. In the aftermath of a campus suicide, prevention efforts may also be reviewed to acknowledge and begin to address any gaps that were uncovered by the death (e.g., means restriction gaps). ■

CONCLUSION

This guide offers a framework for colleges and universities to prepare for and respond to a student suicide. Having a postvention plan in place prior to a suicide allows for more effective communication among the multiple campus stakeholders involved in responding and caring for the campus community.

Every campus is different and every campus crisis or suicide is different and impacts the campus in a unique way. We have attempted in this guide to provide guidance that is general enough to be useful in the widest array of campus settings and circumstances while at the same time specific enough to provide direct and actionable help.

We hope that this guide will provide useful support for campuses faced with what is among the most difficult challenges a campus community can face. We believe a well implemented plan can help alleviate some of the pain, anxiety and disruption caused by a campus suicide. While no response will be adequate to this tragedy, whatever small support we can collectively provide may help relieve pain and keep others in the community safer. ■

RESOURCES

After a Suicide: A Toolkit for Schools

After a Suicide: Recommendations for Religious Services & Other Public Memorial Observances

Bartik, W., Maple, M., Edwards, H., and Kiernan, M. (2013). Adolescent survivors after suicide: Australian young people's bereavement narratives. Crisis 34(3): 200-210.

Cimini, M. D. and Rivero, E. M. (2013), Postsuicide Intervention as a Prevention Tool: Developing a Comprehensive Campus Response to Suicide and Related Risk. Preventing College Student Suicide, 2013(141), 83–96.

Cintron, R., Weathers, E.T., & Garlough, K. (Eds.). (2007). College Student Death: Guidance for a Caring Campus.

Lifeline Online Postvention Manual

Meilman, P.W. & Hall, T.M. (2006). Aftermath of tragic events: The development and use of community support meetings on a University Campus. Journal of American College Health, 54(6), 382-384.

National Action Alliance for Suicide Prevention Framework for Successful Messaging

Niederkrotenthaler, T., Voracek, M., Herberth, A, Till, B., Strauss, M., Etzersdorfer, E., Eisenwort, B., & Sonneck, G. (2010). Role of media reports in completed and prevented suicide: Werther v. Papageno effects. British Journal of Psychiatry, 197, 234-243.

Pirkis, J., Blood, R.W., Beautrais, A., Burgess, P., & Skehan, J. (2006). Media guidelines on the reporting of suicide. Crisis, 27, 82-87.

Preventing Suicide: A Resource for Media Professionals

Riverside Trauma Center Postvention Guidelines

Swanson, S.A. & Colman, I. (2013). Association between exposure to suicide and suicidality outcomes in youth.

Velting, D.M., Gould, M.S. (1997). Suicide contagion. Maris, R.W., Silverman, M.M., Canetto, S.S. (Eds.) Review of suicidology, (pp. 96-137). New York, NY, US: Guilford Press.

College of Holy Cross Crisis, Catastrophic Emergency and Postvention Manual

RECOMMENDED READINGS FOR SURVIVORS

My Son, My Son - Iris Bolton
No Time to Say Goodbye – Carla Fine
"Suggestions for Survivors" 25 brief suggestions written by survivors of suicide that group attendees may find helpful

LEGAL ISSUES

Bower, K. & Schwartz, V. (2010). Legal and ethical issues in college mental health. In J. Kay & V. Schwartz (Eds.), Mental health care in the college community (pp. 113-141).

FOR FURTHER RESOURCES AND READING

www.allianceofhope.org

www.survivorsofsuicide.com

http://www.suicidology.org/suicide-survivors

HEMHA
HIGHER EDUCATION MENTAL HEALTH ALLIANCE

Higher Education Mental Health Alliance (2014). *Postvention: A Guide for Response to Suicide on College Campuses.*