

# **Community Guide for Postvention Response**

**DEVELOPING POLICIES AND PROTOCOLS**

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# Postvention is prevention

A death by suicide can significantly increase the risk of suicidal thoughts, behaviors, and emotional distress among those who were close to or even simply aware of the individual who died. Responding to this type of loss in a safe, supportive, and coordinated way, a process known as postvention, helps mitigate this risk and is a vital part of any comprehensive suicide prevention strategy.

## Purpose of the guidance document

This guidance document is designed to support communities to respond effectively after a death by suicide. It supports both proactive planning and immediate response to reduce suicide risk, support those affected by loss, and strengthen community resilience.

Specifically, it helps communities:

- Support healing for those affected by suicide loss.
- Reduce risk of additional suicides by addressing exposure.
- Promote community resilience through connection, education, and preparedness.
- Encourage open conversations that reduce stigma and support mental health.

While the emphasis is on preparing before a crisis occurs, this document also supports communities currently responding to a suicide. In either case, the goal is to reduce risk, foster healing, and promote long-term prevention through compassionate, collaborative action.

**Helpful Resource:** Appendix A- Terminology

## How to use this guidance document

This document is intended to be flexible and practical, providing step-by-step guidance that can be adapted to your community's structure, culture, and available resources. Whether you are preparing ahead or responding in the aftermath of a suicide, the guidance is structured to support each stage of the postvention process.

### When to use it

- **Before a suicide occurs** – to develop a coordinated response, protocols, and integrate postvention into prevention plans.
- **Immediately following a suicide** – to guide a safe, compassionate, and effective response.
- **In the weeks and months after** a death by suicide– to support healing, reduce risk, and build long-term resilience.

### Adapting the guidance

Each community has unique needs, strengths, and cultural considerations. This document serves as a foundation that can be customized to reflect individual community values, systems, and resources. Collaborative planning with local mental health professionals, educators, faith leaders, and other key stakeholders is strongly encouraged to ensure a safe, inclusive, and effective postvention response.

### How the document is organized

This guidance document is divided into six core sections and an appendix. The guide begins with planning and protocol development, so communities are prepared before a crisis and then walks through the phases of postvention response and evaluation following a death by suicide.

- **Section 1: Developing local policies and protocols**  
Provides a foundation for building a coordinated, community-specific postvention plan. Includes tools, templates, and best practices to guide the development of formal policies and protocols that reflect local needs and values.
- **Section 2: Immediate response (First 24–72 hours)**  
Outlines critical steps to take in the immediate aftermath of a suicide loss, focusing on communication, coordination, safety, and early support.
- **Section 3: Short-term response (First weeks to months)**  
Focuses on supporting individuals and communities through early grief, managing heightened suicide risk, and stabilizing the environment.
- **Section 4: Long-term support and recovery**  
Addresses ongoing support for healing, building resilience, and preventing future suicides through sustained engagement and monitoring.
- **Section 5: Evaluation – Reflecting on progress and impact**  
Offers strategies for assessing the effectiveness of postvention efforts, identifying lessons learned, and strengthening future planning.
- **Appendix: Tools and resources**  
Includes practical resources such as debrief discussion guides, planning templates, sample communication materials, and culturally responsive supports to aid implementation.

## Section 1: Creating a coordinated postvention response: Policy and protocol development

Postvention is more than just a response to an unexpected death; it plays a critical role in both prevention and healing. When a community experiences a suicide loss, a well-prepared and coordinated response can help mitigate the risk of suicide contagion, foster healing, and build long-term community resilience. Without shared protocols, defined roles, and sustained leadership, many communities may rely on informal networks and crisis responses, which can unintentionally cause harm or overlook those most affected. By establishing clear policies and procedures, communities can ensure more consistent, compassionate, and equitable responses across various systems and populations.

This section outlines key steps to transition a community from reactive postvention efforts to a proactive, collaborative, and sustainable approach, rooted in shared responsibility and trauma-informed care.

### Why a coordinated community response matters

A sustained postvention effort:

- Promotes safe, consistent, and supportive responses to loss.
- Restores emotional and social stability within the community.
- Supports grieving processes in a healthy, inclusive manner.

- Reduces suicide risk through early identification and intervention.
- Eases the burden on organizations lacking internal capacity.
- Fosters community-wide practices of self-care and mutual support.

## 1.1 Assess the community's readiness

Understanding the community's current capacity is the first step in building a coordinated, long-term postvention response. The community may already have existing assets or informal practices in place that can be leveraged to support postvention efforts.

### Recommendations:

- Use a Postvention Readiness Assessment Tool to identify strengths and gaps.
- Administer the tool across multiple partners or staff to compare perspectives.
- Facilitate a debrief session to discuss findings and align on priorities.

### Helpful resources:

- Appendix B: Postvention Readiness Assessment Tool
- Appendix C: Reflect on Your Readiness and Identify Next Steps

## 1.2 Cultivate leadership

Effective and sustainable postvention requires visible, engaged leadership across all levels of the community. Postvention is a collective responsibility that requires input from a wide array of stakeholders. Building leadership throughout the community ensures that postvention is not just a crisis response but a continual part of community health. By fostering collaboration, mobilizing resources, and establishing a shared sense of ownership, communities can sustain postvention efforts well beyond the immediate crisis and reduce future risk.

### Key community-level leadership actions:

- **Designate a local champion:** Identify a community leader who can act as a champion for postvention efforts. This individual facilitates the formation of partnerships, promotes community-wide awareness, and encourages buy-in from various stakeholders.
- **Engage a lead organization:** Select a local organization or agency (e.g., public health, behavioral health consortium, or local mental health center) to act as the fiscal and administrative backbone for the community response. This organization will coordinate resources, oversee funding, and ensure that postvention activities are well-organized and sustained.
- **Promote shared ownership:** Encourage all community stakeholders to take ownership of postvention strategies. This includes not only organizations directly involved in crisis response but also those with an ongoing role in mental health, education, youth services, and more. When postvention is seen as a collective effort, it becomes an integral part of community health.
- **Raise awareness and build capacity:** Normalize conversations about suicide, grief, and mental health. Postvention is part of a broader mental health strategy that promotes awareness, reduces stigma, and helps prepare the community to respond to a crisis in a proactive, supportive way. Educate community

members and organizations on postvention practices to ensure everyone understands their role in providing support after a loss.

- **Foster a trauma-informed community:** Encourage a culture of trauma-informed care within the community. Train leaders and service providers to recognize the impact of trauma and to respond in ways that prioritize emotional safety and healing. A trauma-informed approach ensures that the community can respond effectively and compassionately to those affected by loss.

### 1.3 Form a Community Response Team (CRT)

A Community Response Team (CRT) is central to the success of a community's postvention efforts. It coordinates a collaborative, trauma-informed response, supporting impacted organizations, families, and individuals. The CRT is crucial not only during the immediate aftermath of a suicide loss but also in guiding long-term prevention, healing, and resilience-building efforts.

#### CRT functions:

The CRT plays a vital role in the community's postvention strategy. Its key functions include:

- **Activate postvention protocols:** The CRT will implement postvention protocols immediately after a suicide loss, ensuring a timely and organized response.
- **Provide support:** Offer a range of support services to impacted individuals, including emotional, informational, and logistical assistance.
- **Coordinate with organizations:** Work collaboratively with affected organizations and families to ensure support is provided in a timely, effective, and compassionate manner.
- **Serve as a hub for training and awareness:** The CRT is to be responsible for promoting postvention education, raising awareness of available resources, and ensuring that community members are prepared to respond appropriately.

#### Cross-system and multidisciplinary involvement:

The effectiveness of CRT is enhanced when it involves a range of disciplines and systems. Engaging diverse sectors ensures that the community can meet the wide-ranging needs of those affected and that postvention efforts are comprehensive and sustainable.

#### Suggested partners:

- Public health departments
- Local Emergency Preparedness Teams
- Mental health and substance use providers
- K–12 schools, colleges, and universities
- First responders (law enforcement, Emergency Medical Services, fire)
- Suicide attempt and loss survivors
- Youth-serving organizations
- Tribal, faith-based, and cultural leaders

## Team formation steps:

Forming a CRT requires thoughtful planning and clear structure. These steps will ensure the team is well-equipped to respond to postvention needs.

- **Identify core members:** Start with a core team of 5–10 members, including a designated team lead and a backup lead. Be sure the team is diverse, representing various sectors such as mental health, public health, law enforcement, education, and faith-based organizations.
- **Define roles & expectations:** Clearly define the responsibilities of each team member to ensure alignment and coordination. Each member understands their role in the response process and how they contribute to the overall strategy.
- **Provide training:** Ongoing, regular training is essential to maintaining a well-prepared team. Training includes topics such as trauma-informed care, safe messaging practices, cultural competence, and specific postvention protocols.
- **Practice:** Provide quarterly training exercises to core team members to assist with feeling prepared to respond to a death by suicide.

## Helpful resources:

- Appendix D: Postvention Team Roles and Responsibilities
- Appendix W: Minnesota Resources for Postvention Support

## 1.4 Developing the postvention response protocol

An effective postvention response protocol provides a clear roadmap for coordinated action following a suicide loss. This protocol outlines when and how the Community Response Team (CRT) is activated, who is responsible for what, and how information is communicated to key stakeholders, including families, impacted organizations, and the media. Protocols reflect a trauma-informed and culturally responsive approach, ensuring sensitivity to the unique needs of each situation and community.

To begin developing a protocol, communities work through their existing [Community Response Team \(1.3\)](#) or establish a subgroup of the team, with representatives from behavioral health, education, law enforcement, faith and cultural leaders, public health, and people with lived experience. This group guides the creation, testing, and refinement of the protocol to ensure it is comprehensive and community specific.

### Key components and recommendations for protocol development include:

- **Activation criteria and procedures:**  
Define what circumstances trigger a response (e.g., confirmed or suspected suicide), who authorizes activation, and how the CRT mobilizes in real time.
- **Roles and responsibilities:**  
Clearly delineate responsibilities for CRT members based on their functional roles (e.g., communication lead, family liaison, mental health support coordinator). Ensure there is redundancy and cross-training to support continuity when individuals are unavailable or impacted by the loss.
- **Communication and messaging:**  
Outline internal and external communication protocols, including who will contact the family, speak with the media, notify community partners, and manage social media. Provide templates and scripts

aligned with safe messaging practices, avoiding detailed descriptions of the method, discouraging sensationalism, and promoting help-seeking and hope.

- **Immediate and long-term response activities:**

Include detailed guidance for what happens in the first 24-72 hours, first week to months, and following months to years, such as:

- Supporting immediate safety and stabilization.
- Providing grief support for individuals and groups.
- Managing or guiding memorials (formal and informal).
- Identifying and referring individuals at elevated risk.
- Supporting impacted organizations (e.g., schools, workplaces).
- Reconnecting with individuals and families around anniversaries or other triggering dates.
- **Resource coordination:**  
Plan how emotional, logistical, and material resources will be deployed, shared, and replenished. This includes identifying and mapping community services, setting up referral pathways, and designating points of contact for specific needs (e.g., spiritual support, childcare, funeral planning assistance).
- **Monitoring and evaluation:**  
Establish methods for tracking activities and outcomes (e.g., types of support offered, individuals referred), conducting after-action reviews with CRT members and partners, and using feedback to improve future responses. This includes routine debriefings and opportunities for input from those who received services.
- **Cultural responsiveness and equity:**  
Embed culturally respectful practices that align with the identities and values of those impacted. Provide flexibility within the protocol to adapt approaches in collaboration with the family and community to ensure representation of diverse perspectives in planning and response.
- **Training and protocol review:**  
Ensure team members receive training on trauma-informed response, suicide postvention, and culturally sensitive engagement. Schedule regular protocol reviews (at least annually) and incorporate lessons learned from actual events and tabletop exercises.

Communities are encouraged to co-develop protocols with key partners and individuals with lived experience, and to keep them flexible and adaptable for different settings such as schools, workplaces, and faith communities. Grounded in equity, healing, and readiness, these protocols help build capacity for compassionate and coordinated community support following a suicide.

#### **Helping resources:**

- Appendix D: Postvention Team Roles and Responsibilities
- Appendix E: Guidance Questions for Developing a Postvention Protocol

## **1.5 Foster a culture of ongoing prevention and healing**

Once your community response team and foundational systems are in place, the next step is to ensure your postvention plan can be implemented smoothly and sustained over time. Postvention is not a one-time event,

it is an ongoing process that includes activating support, responding effectively, and revisiting practices for continuous improvement.

## Response activation

Postvention services are always provided by request. It is advised that CRT members not respond without a clear invitation from an impacted organization, family, or community. When activated:

- Use your Standard Operating Procedures Manual and Crisis Response Flow Chart to guide decisions and actions.
- Confirm team availability and clearly define roles before deployment.
- Communicate clearly with the requesting organization to understand their needs, expectations, and boundaries.
- Adapt the response to fit cultural norms and sensitivities within the community or group impacted.

### Helpful resources:

- Appendix F: Postvention Response Activation Questionnaire
- Appendix G: Quick Checklist for Coordinators

## Real-time monitoring and debriefing

Effective postvention includes reflective learning, even during the response itself:

- Assign one CRT member to document actions taken, unmet needs, questions raised, and observations in real time.
- Within 72 hours of a response, hold a debrief with CRT members to review what went well, what challenges arose, and how future responses could be strengthened.
- Identify any systemic or procedural gaps that require follow-up, support, or revision.

## Documentation and adjustment

Sustaining postvention efforts requires thoughtful reflection and documentation:

- Keep records of each CRT activation, including date, members involved, services provided, and duration of support.
- Gather feedback from requesting individuals or organizations through short interviews or anonymous surveys.
- Identify lessons learned—especially those related to cultural responsiveness, trauma-informed practices, equity, or communication.
- Use insights to update protocols, enhance training, and inform long-term improvements to your response plan.

### Helpful resources:

- Appendix F: Postvention Response Activation Questionnaire
- Appendix H: Debrief Discussion Topics

## Ongoing practice and preparedness

Regular practice builds team readiness and strengthens the overall crisis infrastructure:

- Schedule tabletop exercises annually or biannually to simulate realistic postvention scenarios.
- Use diverse, culturally relevant prompts that reflect common or complex situations your team may encounter (e.g., a suicide in a school, on a reservation, or within a faith community).
- Invite cross-sector partners to participate and clarify their roles.
- Debrief after each exercise to identify strengths, role confusion, or gaps in coordination.

### Helpful resources:

- Appendix I: “Greenwood Valley” Postvention Response Protocol
- Appendix J: Tabletop Scenarios and Facilitator Guidance

## Embedding in broader prevention efforts

Postvention is an integral part of a broader strategy for healing, prevention, and resilience.

- Normalize conversations about mental health, suicide loss, and grief through ongoing public education and awareness efforts.
- Integrate CRT leadership and insights into local suicide prevention coalitions or strategic planning efforts.
- Offer regular CRT training and refreshers that emphasize trauma-informed care, cultural humility, and safe messaging.
- Build formal partnerships with grief support providers, peer support programs, and healing-centered community organizations.

## Evaluation and continuous improvement

Regular evaluation ensures that postvention efforts remain relevant, effective, and aligned with community needs.

- Review team response effectiveness, community feedback, and identified challenges.
- Use evaluation insights to refine postvention protocols, enhance team training, and improve coordination with partners.
- Incorporate findings into broader suicide prevention and community resilience strategies.
- Celebrate successes and adjust where necessary to strengthen long-term impact.
- Helpful resources:
  - Appendix H: Debrief Discussion Topics

## Suggested practices for sustainability

- Review CRT roster, contact information, and training needs annually.
- Conduct tabletop drills and refresher training on a regular schedule.

- Celebrate postvention successes as examples of resilience, collaboration, and strength, not just crisis response.

#### Helpful resources:

- Appendix I: “Greenwood Valley” Postvention Response Protocol
- Appendix J: Tabletop Scenarios and Facilitator Guidance

## Section 2: Immediate response planning (First 24-72 hours)

### 2.1 Convening the collective response: Coordinating action after a suicide loss

The immediate aftermath of a suicide is a critical period for supporting those affected, reducing the risk of additional suicides, and fostering community healing. Whether the community already has a formal postvention team in place or is starting from scratch, this section provides practical steps for a coordinated, compassionate, and culturally responsive response.

#### If there is already a Community Response Team:

Activate the existing postvention plan. The Community Response Team (CRT):

- Coordinate with schools, healthcare providers, cultural, and spiritual leaders.
- Confirm the cause of death with local authorities before sharing information.
- Provide accurate, respectful, and safe public communication.
- Identify individuals at elevated risk and connect them to support services.
- Monitor for signs of suicide contagion.
- Offer grief support that honors cultural and spiritual practices.
- Debrief with those involved in the response.
- Encourage trauma-informed self-care for responders.

#### If there is not a Community Response Team:

Take action by using the steps below while working toward building a formal plan:

- **Appoint a temporary coordinator:** Identify a trusted leader (e.g., public health official, educator, elder, nonprofit leader) to serve as a central point of contact.
- **Confirm the loss as a suicide (2.2):** Work with the medical examiner, coroner, or family liaison to verify the cause of death before making public announcements. Be cautious not to assume or speculate.
- **Convene a small, diverse response group (2.1):** Bring together key partners (e.g., mental health providers, school staff, faith leaders, community elders, youth advocates) to coordinate outreach and support.
- **Communicate safely and thoughtfully (2.3):** Use pre-drafted statements when possible. Avoid speculation, oversimplification, or sharing methods or locations. Emphasize hope, healing, and available

support. Follow safe media reporting guidelines. Actively dispel myths and misinformation, such as talking about suicide causes, or only certain people die by suicide.

- **Prevent suicide contagion (2.4):** Screen close contacts for risk and create spaces for healing.
- **Support grief across cultures and identities (2.5):** Grief is shaped by cultural and spiritual practices. Use inclusive language and culturally relevant resources to support individuals, families, and communities.
- **Debrief and support emotional wellbeing for responders (2.6):** Recognize that responders are often impacted themselves. Create space for reflection, emotional processing, and access to mental health support. Model healthy boundaries, normalize help-seeking behaviors, and incorporate culturally grounded self-care practices whenever appropriate.

Helpful resources:

- Appendix F: Postvention Response Activation Questionnaire
- Appendix G: Quick Checklist for Coordinators
- Appendix W: Minnesota Resources for Postvention Support
- For guidance on establishing a formal response team for future responses, refer to Section 1: Creating a Coordinated Postvention Response: Policy and Protocol Development.

## 2.2 Confirming the loss and communicating the death by suicide

Before communicating the death, it's essential to confirm that the death was by suicide. This step helps prevent misinformation and ensures that communication is accurate and respectful. The confirmation process may involve:

- Confirming details with local authorities such as law enforcement or the coroner's office.
- Consulting with community response teams or professionals trained to handle postvention responses.
- Respecting the family's wishes regarding the release of information about the cause of death, including whether or not it is made public that it was by suicide.

Once confirmed, communication should be handled with great care. The way a suicide death is communicated can significantly influence how individuals and the broader community respond. Thoughtful, accurate, and sensitive messaging can reduce risk, while poorly managed communication may increase vulnerability, particularly among youth or those already at risk.

### Best practices for communicating the loss

Use communication that is:

- **Accurate** – Confirm details with local officials or the community response team before sharing any information.
- **Respectful** – Honor the family's wishes regarding privacy and the extent of information shared.
- **Safe** – Avoid harmful language or unnecessary details about the method of death.
- **Strategic** – Use pre-drafted statements when possible.

Helpful resources:

- Appendix K: Template for Announcement Following a Death by Suicide

## 2.3 Talking and communicating safely about mental health and suicide

### Why safe communication matters

The way we talk about suicide and mental health has real consequences. Words shape beliefs, influence behavior, and can either support or harm those who are vulnerable. Speaking safely helps reduce stigma, encourages help-seeking, and promotes recovery. Especially in the aftermath of a suicide, safe communication plays a critical role in protecting those at increased risk and fostering a culture of hope and healing.

Unsafe messaging, such as glorifying suicide, oversimplifying causes, or using stigmatizing language can increase distress and even lead to further suicides. By choosing our words carefully, we contribute to a community narrative centered on support, connection, and prevention.

### What to avoid and why

Avoid	Why it matters
Glorifying or romanticizing suicide	May lead others, especially youth, to identify with the person and see suicide as a way to gain recognition.
Normalizing suicide	Phrases like “suicide epidemic” can make suicide seem like a common or expected reaction to stress.
Oversimplifying causes	Saying someone died “because of bullying” or a breakup ignores the complexity of suicide and may create a sense of inevitability.
Describing methods or locations	Specific details about how or where a person died can increase the risk of imitation.
Sharing personal details	Vulnerable individuals may identify with someone’s background or circumstances, increasing their own risk.

### Language to reconsider

Avoid this language	Why?	Use instead
Crazy, psycho, cuckoo	Reinforces stigma, discourages help-seeking	Person living with mental illness; unusual behavior
Committed suicide	Implies crime or sin	Died by suicide; took their life

Avoid this language	Why?	Use instead
Successful/failed attempt	Frames suicide as achievement/failure	Suicide attempt; nonfatal attempt
Suicide epidemic	Sensationalizes and can reduce help-seeking	Increasing rates; troubling trend
Happy pills, shrink	Minimizes seriousness of mental health	Antidepressant; mental health provider
Casual use of diagnoses (e.g., “I’m so OCD”)	Minimizes serious conditions	Use accurate descriptions of mood, behavior

### Principles for safe and supportive communication

- **Encouraging safe conversations-** Rather than focusing on how someone died, focus conversations on:
  - Ways to support one another through connection and community.
  - Highlighting the availability of help, even when hope feels far away.
- **Promote help-seeking-** Always include contact information for crisis or mental health services such as:
  - 988 Minnesota Lifeline: Call or text 988 or chat online at 988Lifeline.org.
  - [Minnesota Mobile Crisis Services \(https://edocs.dhs.state.mn.us/lfserver/Public/DHS-8459-ENG\)](https://edocs.dhs.state.mn.us/lfserver/Public/DHS-8459-ENG)
  - Make resources visible and easy to find (posters, QR codes, website banners, announcements)
- **Avoid stigma-** Use respectful, person-first language that supports rather than labels. Avoid stereotypes and negative imagery.
- **Focus on prevention and hope-** Highlight that suicide is preventable and that mental health and substance use challenges are treatable. Share stories of resilience and recovery.
- **Be mindful of impact-** Consider how messages may affect those struggling with their mental health. Offer factual alternatives when correcting misinformation.
- Use social media thoughtfully
  - Avoid sharing methods, graphic details, or personal circumstances.
  - Use positive, inclusive hashtags like #YouMatterMN.
- **Report safely-** Work with media and community to follow best practices for reporting on a death by suicide, if needed. Guidelines exist to reduce the risk of contagion and support healing:
  - Do not include the method, location, or personal details of the person who died.
  - Avoid oversimplifying about the cause or simplifying (bullying, breakup) the reasons behind the suicide.
  - Include resources such as 988 and local mental health services in all public statements.

- Refer to trusted guidelines, such as the [Recommendations for Reporting on Suicide \(https://reportingonsuicide.org/\)](https://reportingonsuicide.org/).
  - Prioritize messages that emphasize connection, support, and healing.

**Helpful resources:**

- [Action Alliance Framework for Successful Messaging \(https://suicidepreventionmessaging.org/action-alliance-framework-successful-messaging\)](https://suicidepreventionmessaging.org/action-alliance-framework-successful-messaging)
- [Recommendations for Reporting on Suicide \(https://reportingonsuicide.org/\)](https://reportingonsuicide.org/).
- Appendix L: Best Practices for Funerals After a Death by Suicide
- Appendix M: Guidance for Obituary
- Appendix N: Myths & Truths about Preventing Suicide

## 2.4 Screen and support individuals at elevated risk after a suicide loss

When a community experiences a suicide loss, especially among youth or within close-knit groups, certain individuals may face increased risk of suicidal thoughts or behaviors. This heightened vulnerability can result from grief, identification with the deceased, or pre-existing mental health challenges. To minimize risk, communities can:

### Identify individuals who may need support

- Those emotionally close to the deceased (friends, romantic partners, teammates).
- Those who witnessed the death, found the body, or experienced the aftermath directly.
- Individuals with:
  - A history of suicidal ideation or attempts.
  - Recent losses or trauma.
  - Limited access to social or emotional support.

**Helpful resources:**

- Appendix O: Identifying Individuals at Elevated Risk After a Suicide Loss

### Use a tiered response approach

- Triage based on proximity and risk:
  - Tier 1: Immediate circle (friends, classmates, siblings)—screen quickly and offer outreach.
  - Tier 2: Wider network (school peers, community members)—share general grief resources and promote available supports.
- Utilize brief screening tools in schools, clinics, or community settings, such as Columbia-Suicide Severity Rating Scale [C-SSRS].

**Helpful resources:**

- Appendix P: Comparison of Suicide Risk Assessment Tools
- [Suicide Ideation Risk Assessment- steps and resources for exploring thoughts of suicide: \(www.health.state.mn.us/people/syringe/suicide.pdf\)](http://www.health.state.mn.us/people/syringe/suicide.pdf)

## 2.5 Supporting grief and loss across individuals, organizations, and cultures

Grief following a suicide is uniquely complex. It can be layered with shock, guilt, anger, stigma, and unanswered questions. Communities must be prepared to offer sensitive, inclusive, and varied forms of support to meet the diverse emotional, spiritual, and cultural needs of individuals and groups impacted by the loss.

A compassionate, well-rounded response can ease suffering, foster healing, and help people move forward with resilience.

### Supporting individuals

People affected by a suicide loss may experience a wide range of emotions, which can vary greatly in intensity and duration. Immediate and ongoing support is vital.

#### Best practices for supporting individuals:

- **Provide access to counseling and mental health support.** Offer referrals to grief counselors, therapists, and support groups with experience in suicide loss.
- **Normalize their emotions.** Survivors may feel shame, confusion, or isolation. Reassure them that their feelings are valid and that they are not alone.
- **Connect them to peer support.** Programs such as survivor support groups or one-on-one peer support (e.g., through AFSP’s Healing Conversations) can reduce isolation and foster healing.
- **Offer practical assistance.** Grief often affects a person’s ability to manage daily tasks. Help with meals, childcare, or organizing memorials can be deeply meaningful.

### Supporting groups and organizations

Entire groups— such as schools, workplaces, faith communities, or youth programs—may be affected by a suicide. These environments need structured, thoughtful responses that balance individual needs with organizational resilience.

#### Organizational support strategies:

- **Hold space for collective mourning.** Consider offering guided grief sessions, circles, or wellness days to support emotional processing.
- **Provide resources for staff and leaders.** Equip team members with language, training, and tools to respond sensitively and refer individuals to support.
- **Monitor for distress.** Encourage supervisors, educators, and youth leaders to check in with those affected and recognize signs of ongoing risk or trauma.
- **Adjust expectations temporarily.** Allow for flexibility in productivity, attendance, or academic performance in the wake of grief.

### Culturally responsive grief support

Grief is not one-size-fits-all. Cultural, spiritual, and family traditions influence how people mourn, find meaning, and seek comfort. Honoring these differences fosters a more inclusive, respectful, and healing response, particularly for populations who have experienced historical trauma or systemic barriers to care.

**Key considerations:**

- **There is no “right” way to mourn.** Each individual and culture will grieve differently in terms of expression, timelines, and practices. Avoid imposing expectations based on dominant cultural norms.
- **Respect cultural and spiritual traditions.** Rituals, ceremonies, prayer, storytelling, food, and community gatherings may be essential to healing. In many communities, these practices are central to restoring balance and meaning after a loss.
- **Use culturally appropriate communication.** Provide translated materials, use interpreters when needed, and engage trusted community members, elders, or spiritual leaders. These individuals can offer culturally grounded support and serve as bridges between systems and community needs.
- **Be trauma- and equity-informed.** Historical and intergenerational trauma, racism, and marginalization may affect how grief is experienced and expressed. Show humility and openness to learn from the community you are serving. Center the voices of those with lived experience.
- **Acknowledge the protective role of culture.** Cultural identity, connection to community, and participation in traditions are known protective factors, particularly for Indigenous youth. Conversely, loss of cultural ties can contribute to increased risk and complicated grief.
- **Avoid overgeneralization.** Even within a cultural group, practices, beliefs, and risk levels vary widely. For example, while some American Indian and Alaska Native (AI/AN) communities experience disproportionately high suicide rates, others have seen sustained periods without a single suicide. Culture is complex, dynamic, and deeply contextual.

**Creating a healing environment**

A supportive grief response is not just about services, it’s about cultivating spaces where people feel seen, heard, and safe to express their sorrow.

**Community healing tools:**

- Offer structured, safe spaces where people can gather, grieve, and connect with peers.
- Host healing activities such as art, writing, or storytelling projects that support meaning-making.
- Healing circles or culturally rooted practices led by community members or spiritual leaders.
- Public education about suicide grief to reduce stigma and isolation. Encourage ongoing engagement rather than on-time events.

Grief is expressed differently across cultures. Recognizing and honoring diverse cultural and spiritual traditions helps communities respond with empathy and inclusivity.

**Helpful resources:**

- Appendix Q: Resources for after a suicide
- Appendix R: Suicide Loss Survivors Support Resources
- Appendix S: After a death by suicide brochures, booklets, handouts

## 2.6 Debriefing and self-care for response teams

Responding to a suicide is emotionally and mentally demanding. Many involved in the response, including first responders, school staff, crisis responders, faith leaders, and volunteers, are not only providers of care, but also grieving community members. Supporting their wellbeing is essential for a compassionate and effective response, and for the long-term health of the team.

### Debriefing and team support best practices:

- Use existing debriefing protocols when available; if none exist, organize a facilitated debrief within 72 hours of the response.
- Create a safe, structured space for the team to reflect on the response, what went well, what was challenging, and what could be improved.
- Encourage open expression of emotions, and normalize common stress reactions (e.g., exhaustion, guilt, numbness, hypervigilance).
- Offer both peer support and referrals to mental health professionals, especially for those showing signs of distress or trauma.
- Follow up in the weeks and months afterward, healing is ongoing, and support continues as well.

### Promoting a culture of self-care:

Self-care is not optional in postvention work, it is essential. The cumulative emotional toll of supporting others through grief and trauma can lead to burnout, secondary traumatic stress, or compassion fatigue.

Support self-care by:

- Building it into team culture, encourage regular breaks, peer check-ins, and respect for personal limits and boundaries.
- Modeling help-seeking behaviors, including leaders openly sharing how they manage stress and access support.
- Setting aside time in meetings for emotional check-ins or guided reflection.
- Including culturally relevant practices like communal meals, spiritual support, nature-based healing, or storytelling.
- Supporting the development of both individual and team self-care plans and revisiting them regularly.

### Helpful resources:

- [Stories about self-care \(https://afsp.org/tag/self-care\)](https://afsp.org/tag/self-care)
- [10 Self-Care Activities to Try \(https://www.save.org/learn/preventing-suicide/self-care/\)](https://www.save.org/learn/preventing-suicide/self-care/)
- [Psychological First Aid \(https://www.health.state.mn.us/communities/ep/behavioral/pfa.html\)](https://www.health.state.mn.us/communities/ep/behavioral/pfa.html)

## Section 3: Short-term response planning (1 week - 3 months)

Intermediate response efforts support community healing in the weeks and months following a suicide, while also reducing the risk of suicide contagion and addressing emerging mental health needs. During this time, it's essential to shift from immediate crisis response to sustained care, connection, and prevention. A thoughtful,

coordinated plan ensures individuals, especially those most affected, receive ongoing support in culturally responsive and emotionally safe ways.

### 3.1 Thoughtful remembrance of the deceased

Honoring the life of someone who has died by suicide can support healing, but it must be done thoughtfully to avoid unintentionally increasing risk, particularly among youth or other vulnerable individuals. Overly public, emotional, or permanent memorials may contribute to suicide contagion. Communities focus on remembrance that promotes hope, healing, and connection. It is important to note that remembrance activities led by family and close friends are personal expressions of grief and love, and while deeply meaningful, they are distinct from the public or institutional responses addressed in this section, which focus on community-wide healing and safety.

According to the CDC, it is recommended that communities avoid physical memorials (such as plaques, benches, or trees) and activities that may romanticize the death. Instead, channel remembrance into actions that reflect the individual's life, values, and passions, while reinforcing the importance of mental health and help-seeking.

#### **Recommended remembrance activities:**

- Participate in suicide prevention or mental health awareness walks and events.
- Establish scholarships that support youth resilience, leadership, or mental wellness.
- Organize service projects or volunteer efforts aligned with the individual's values.
- Lead wellness campaigns or kindness initiatives that promote connection and belonging.

**Ensure equity and consistency:** When creating remembrance guidelines, particularly in schools or youth-centered spaces, it is important to apply the same policies for all deaths, regardless of cause. Avoid setting precedents that unintentionally single out suicide deaths in a way that may elevate risk or generate confusion.

In printed materials such as yearbooks, newsletters, or event programs:

- Focus on the individual's contributions, personality, or legacy, not the cause or method of death.
- Offer support to families privately, while maintaining school-wide consistency.

**Best practices for remembrance guidance and training:** Postvention teams can offer guidance or training to school staff, youth leaders, and community partners on how to navigate remembrance safely and compassionately. This may include:

- Providing staff trainings on how to talk with students about grief and suicide loss.
- Developing consistent messaging and response policies around memorial requests.
- Facilitating group discussions to address requests to name events, spaces, or scholarships after the deceased, ensuring that decisions are thoughtful and avoid glorification.
- Supporting caregivers and educators in redirecting energy toward hope-promoting activities (see examples above).

#### **Helpful resources:**

- Appendix T: Best Practices for Training and Education Following a Suicide Loss
- Appendix U: Guidance on Starting Groups or Foundations Following a Suicide Loss

- Appendix V: Guidance on Holding School or Community Assemblies After a Death by Suicide

### 3.2 Support grief and vulnerable individuals after a suicide loss

The weeks and months following a suicide are a critical time for healing, connection, and ongoing support. Creating emotionally safe and culturally responsive spaces for grief—while identifying and following up with those at heightened risk—helps communities process the loss, reduce isolation, and prevent additional harm.

#### Key elements of support:

**Safe and supportive grief spaces:** Grief spaces provide an outlet for individuals and communities to process emotions, share memories, and foster connection. These gatherings are voluntary, trauma-informed, and grounded in respect for diverse cultural, spiritual, and emotional needs.

#### Recommended formats include:

- **Talking circles / Sharing circles:** Rooted in community or Indigenous traditions, these emphasize respectful listening and mutual support.
- **Healing ceremonies:** Spiritually or culturally guided gatherings that honor the deceased and provide connection and closure.
- **Support groups:** Peer-led or professionally facilitated spaces, in person or virtual, to process shared loss and promote resilience.

#### Ensure these spaces:

- Are led by trained facilitators (e.g., school counselors, faith leaders, cultural healers, therapists).
- Reflect diverse practices, languages, and specific needs.
- Address the unique nature of suicide grief, including stigma, guilt, confusion, and disenfranchised grief.
- Maintain physical and emotional safety through clear participation guidelines.

**Provide ongoing mental health and emotional support:** Some individuals will face elevated mental health risks following a suicide, including:

- People closely connected to the deceased (family, friends, teammates).
- Individuals with existing or prior mental health concerns.
- Those with compounding trauma, recent losses, or identity-based stressors.

#### Recommendations for ongoing support:

- Ensure continued access to mental health services, peer supports, and culturally appropriate care options.
- Offer one-on-one outreach and support (e.g., follow-up by school social workers, case managers, or community health workers).
- Normalize help-seeking behavior and offer varied support options (clinical, peer, spiritual, cultural).
- Promote postvention as part of overall wellness—not just a crisis response.

**Implement risk monitoring and follow-up:** Targeted follow-up is essential to ensure vulnerable individuals do not fall through the cracks during the postvention period.

**Recommended practices:**

- Conduct initial risk identification within days of the death, using a trauma-informed and culturally aware lens.
- Schedule follow-up check-ins every 2–4 weeks for individuals at higher risk.
- Coordinate outreach across systems (schools, behavioral health, community organizations) while maintaining confidentiality and dignity.
- Adjust support plans based on changing needs and engagement levels.

**Reduce isolation and strengthen connection:** Social isolation increases risk for suicide, especially following a traumatic event. Intentional connection-building reduces this risk and fosters a sense of belonging.

**Suggestions for reducing isolation:**

- Encourage participation in positive group settings (e.g., school clubs, youth groups, volunteer teams).
- Pair individuals with peer support programs or trusted adults.
- Host healing-focused community events to reestablish connection and promote collective care.
- Encourage caregivers, teachers, and peers to maintain inclusive, supportive communication.

**Helpful resources:**

- Appendix O: Identifying Individuals at Elevated Risk After a Suicide Loss
- Appendix P: Comparison of Suicide Risk Assessment Tools
- [Suicide Ideation Risk Assessment- steps and resources for exploring thoughts of suicide \(PDF\) \(https://www.health.state.mn.us/people/syringe/suicide.pdf\)](https://www.health.state.mn.us/people/syringe/suicide.pdf)
- Appendix Q: Resources for after a suicide
- Appendix R: Suicide Loss Survivors Support Resources
- Appendix S: After a death by suicide brochures, booklets, handouts

### 3.3 Ongoing support for first responders

First responders, including law enforcement, Emergency Medical Services, fire personnel, and crisis response teams—are often among the first on the scene of a suicide. While trained for emergency response, they may not receive adequate long-term support to process the emotional impact of repeated exposure to death, trauma, and community grief. Sustained care for these professionals is essential to their wellbeing, job performance, and retention. Addressing their mental health needs helps prevent burnout, compassion fatigue, and negative impacts on personal and professional life.

**Common reactions in first responders:**

- Emotional numbing, guilt, helplessness, or anger
- Difficulty sleeping or intrusive thoughts
- Increased use of substances or withdrawal from loved ones
- Compassion fatigue or burnout
- Stigma around seeking support

**Best practices for ongoing first responder support:**

- **Peer support programs:** Engage trained peer supporters who understand the culture and pressures of first responder roles. Peer support can provide a safe, confidential environment for sharing emotions without fear of judgment.
- **Structured follow-up:** Offer confidential check-ins or optional debriefs beyond the immediate 72-hour window, ideally at two weeks, one month, and three months, tailoring support as needed based on individual and team response.
- **Culturally competent mental health access:** Provide mental health referrals tailored to first responders' needs (e.g., professionals experienced with trauma or emergency services). It's important that these services are culturally competent and sensitive to the unique challenges of these professions.
- **Leadership engagement:** Supervisors can normalize conversations about mental health and encourage time off or modified duties when needed. Having visible leadership support reduces stigma and encourages a culture of wellbeing.
- **Training and education:** Provide ongoing opportunities to learn about trauma, stress management, and suicide postvention through an occupational lens. Training in these areas can prepare responders for the emotional demands they face and equip them with tools to manage stress effectively.
- **Anonymous access options:** Make helplines, digital resources, and self-guided tools easily available without requiring disclosure. This ensures that responders who might be hesitant to seek help due to stigma or fear of career repercussions have access to support.

**Additional considerations:**

- **Confidentiality:** Peer support programs must prioritize confidentiality to ensure responders feel safe sharing their experiences. Reinforcing the importance of private discussions builds trust and encourages participation in support programs.
- **Including dispatchers and support staff:** Expand support to include dispatchers and other auxiliary responders who play a critical role in crisis management, but who may be overlooked in traditional mental health support programs.
- **Linking support to community trust and recovery:** Supporting first responders is not only crucial for their wellbeing but also for maintaining community trust in emergency services. By showing that first responders are cared for, it strengthens the community's recovery efforts and resilience.

**Helpful resources:**

- [Minnesota Responder Peer Support Network \(https://mnfireinitiative.com/\)](https://mnfireinitiative.com/)

### 3.4 Use safe, compassionate, and coordinated messaging

Clear, compassionate communication is essential in the days, weeks, and months following a suicide. Messaging during this time shapes how the community processes grief, responds to risk, and connects to support.

**Key recommendations:**

- **Avoid details about the method of death:** Do not confirm or speculate about how the person died. Graphic details or sensationalized language can increase risk, especially for vulnerable individuals. If media inquiries occur, ensure they understand the potential impact of explicit details.
- **Center messages on hope, healing, and connection:** Emphasize that help is available, support exists, and no one has to face this alone. Messages can focus on community solidarity and collective healing rather than sensationalizing the loss.
- **Acknowledge the loss without glorifying it:** Use non-romanticized, factual language when describing the death. For example, use “died by suicide” rather than “committed suicide” or “lost their battle,” as the latter can inadvertently romanticize or stigmatize the act.
- **Coordinate messages across systems:** Schools, local leaders, community organizations, and media can align on key points to reduce confusion and reinforce consistent support pathways. Establishing a unified communication strategy helps prevent mixed messages that could increase distress or misunderstanding.
- **Be mindful of public vs. private grieving:** While families and close friends may choose to hold personal remembrances, postvention efforts can focus on the broader community’s healing. Community messaging does not center around individual memorials, but instead encourage ongoing connection, mental health awareness, and wellbeing initiatives. Provide families with guidance on how they can support healing in a way that protects the community’s collective mental health.
- **Provide clear pathways to help:** Every message, whether it is a press release, email to families, or social media post, is encouraged to include support resources such as hotlines, counseling services, and peer groups. Normalize the act of reaching out for help and emphasize that seeking support is a positive, healthy response to loss.
- **Use language that reduces shame:** Avoid stigmatizing terms like “psycho,” “crazy,” or “mental breakdown.” Choose words that reflect empathy and reinforce that mental health struggles are real, treatable, and deserving of compassion. Language aims to destigmatize the experience of suicide grief, promote understanding, and encourage resilience.

## Section 4: Long-term response and recovery (months to years)

### 4.1 Continuing grief support

Provide ongoing emotional and psychological support to individuals and the community over time, recognizing that healing is a long-term process.

- **Ongoing grief counseling:** Encourage the continuation of grief support through professional counseling and peer-led groups. Identify opportunities for support groups to meet regularly (e.g., monthly or quarterly). It is important to normalize ongoing support as part of the healing process.
- **Support for families and close friends:** Tailor grief support to those most affected, including the family and friends of the deceased. This group may need more intensive and individualized services, which can be offered through therapy, peer support, or community circles.

- **Cultural and faith-based support:** Recognize the need for culturally and spiritually relevant grieving practices and ongoing memorial services. Offer options for faith-based groups to lead recovery efforts, honoring spiritual healing practices, and community-based support for long-term grief.

## 4.2 Suicide prevention integration into community norms

Embed suicide prevention into the long-term fabric of the community, making it a part of everyday life and reinforcing mental health support structures.

- **Ongoing awareness campaigns:** Continue to run mental health and suicide prevention campaigns that normalize conversations about mental health and reduce stigma. These can include public service announcements, mental health awareness days, or local wellness campaigns that highlight resilience, coping strategies, and resources.
- **Educating the community on warning signs:** In the long-term, maintain educational efforts about recognizing warning signs for suicide and mental health challenges. This could include workshops, community seminars, and resource guides. It's essential that people know how to help before a crisis occurs.
- **Building a community-wide mental health support system:** Ensure that all sectors (schools, workplaces, healthcare, faith-based organizations, etc.) have integrated suicide prevention and mental health initiatives. Promote partnerships between local organizations to strengthen networks and ensure ongoing support is available.

## 4.3 Addressing anniversaries and other special dates in suicide prevention

Communities recognize the emotional impact that anniversaries and other significant dates, such as the date of a suicide, birthdays of the deceased, major community events, or holidays can have on individuals and the broader community. These moments may resurface intense grief, create a sense of emptiness, or increase the risk of suicidal behavior for some individuals. Incorporating planning around these dates into a community's long-term prevention efforts can foster resilience, connection, and healing.

### Recommended steps for supporting communities around anniversaries and special dates:

1. **Acknowledge the emotional impact**  
Normalize that it is common for emotions such as grief, sadness, anger, or anxiety to resurface around anniversaries or holidays. Recognition of this impact helps create space for supportive conversations and planning.
2. **Plan for community support during sensitive dates**  
Offer intentional support around key dates through community-based activities such as memorial events, remembrance spaces, wellness days, or informal gatherings that promote healing and connectedness.
3. **Promote coping strategies and mental health resources**  
Share coping strategies in the weeks leading up to significant dates. These may include mindfulness, journaling, engaging in routine or creative outlets, speaking with a therapist, or connecting with peers. Encourage individuals who are more vulnerable to revisit or update their personal safety plans.
4. **Provide training**  
Ensure that trusted adults, youth leaders, educators, and health professionals are trained to recognize

signs of distress that may be heightened during these times and are equipped to respond appropriately and compassionately.

5. **Increase monitoring and outreach**

Proactively check in on individuals or groups more closely impacted by the original event. Encourage community members to reach out to friends or loved ones who may need additional support.

6. **Tailor and adjust plans based on community needs**

Keep plans flexible and responsive. What is helpful in one community or for one group may not be effective in another. Be open to feedback and adjust support activities as needed.

#### 4.4 Develop a data-driven comprehensive prevention plan

For effective, sustainable suicide prevention, communities can focus on developing a long-term strategic plan that is based on local data, community needs, and culturally relevant approaches. To achieve this, it is recommended that communities form a community coalition to lead the development of a comprehensive, data-driven suicide prevention plan tailored to their unique circumstances.

**Recommended steps for developing a data-driven comprehensive prevention plan:**

1. **Form a community coalition:** Establish a coalition of diverse community stakeholders, including mental health professionals, local leaders, healthcare providers, educators, law enforcement, youth advocates, and family members. This coalition will work collaboratively to design and implement long-term suicide prevention strategies.
2. **Conduct a community assessment:** Gather both qualitative and quantitative data to assess the community's suicide prevention needs. This assessment will help identify key risk factors and protective factors that guide prevention efforts. Collecting data on mental health resources, suicide rates, and community strengths will inform the next steps.
3. **Analyze data and prioritize prevention needs:** Analyze the data to identify and prioritize the most pressing issues related to suicide risk. Focus on the most impactful risk and protective factors that the community can address over the long term.
4. **Develop action and evaluation plans:** Based on the data analysis, develop a comprehensive action plan outlining the prevention strategies to be implemented. This plan can also include a system for monitoring progress, ensuring the strategies are effective and adjusting efforts as needed over time.
5. **Implement evidence-based strategies:** Design and implement evidence-based prevention strategies tailored to the community's needs. These strategies are suggested to be culturally relevant and address the specific risk factors identified through the data analysis. Strategies could include school-based prevention programs, mental health resources, gatekeeper training, and community-wide awareness campaigns.
6. **Ensure sustainability:** Embed suicide prevention strategies into community systems to ensure long-term sustainability. This involves securing ongoing resources, training, and community engagement to continue the work after initial funding ends.

**Key roles of the community coalition:**

- **Lead local suicide prevention efforts:** Oversee the development of a community-based, data-driven prevention plan that is culturally appropriate and targeted to address local needs.

- **Coordinate a multi-sector coalition:** Engage stakeholders from various sectors such as healthcare, education, law enforcement, and community organizations to work together towards a common suicide prevention goal.
- **Conduct data-driven assessments:** Collect and analyze data to identify community needs and inform prevention strategies.
- **Develop and implement prevention strategies:** Create a detailed action plan with specific strategies to prevent suicide and track their effectiveness.
- **Promote sustainability:** Ensure long-term community involvement and support for suicide prevention efforts beyond the initial grant period.

#### Helpful resources:

- For tailored support for your community, connect with the Minnesota Suicide Prevention Regional Coordinators work with individuals, organizations, and communities to support community-led suicide prevention efforts. [Suicide Prevention Regional Coordinators \(https://www.preventsuicidemn.org/regional-coordinators/\)](https://www.preventsuicidemn.org/regional-coordinators/)

## Section 5: Evaluation – Reflecting on progress and impact

Evaluation is a critical component of any postvention strategy. It helps ensure that a response to suicide loss is not only compassionate and supportive, but also effective, responsive, and sustainable. By gathering feedback and data, evaluation allows communities and organizations to identify what worked, where gaps remain, and how to improve future planning, ultimately supporting long-term healing and reducing the risk of future suicides.

Every postvention response will be shaped by the unique characteristics of the community, the responders, and the nature of the loss itself. As such, ongoing evaluation ensures that the protocols used are meaningful, responsive, and aligned with the evolving needs of the people involved. Evaluations can capture both quantitative and qualitative data to assess the experiences of survivors, the wellbeing of responders, and the broader community impact.

Evaluation also plays a key role in strengthening future responses and enhancing community resilience. By documenting lessons learned, teams can refine protocols, inform future training, and embed postvention more deeply within a comprehensive suicide prevention strategy.

### Evaluation goals

To be most effective, postvention evaluation can be designed with the following goals in mind. These can be grouped into three main areas:

#### Response effectiveness

- Assess how well the postvention team responded to the suicide loss.
- Evaluate communication and coordination both within the response team and with external agencies and stakeholders.

#### Impact and support

- Understand the short- and long-term impact on those affected by the suicide loss.

- Monitor the emotional wellbeing of responders and ensure appropriate supports are in place.

### Learning and improvement

- Identify strengths, challenges, and lessons learned from the response.
- Evaluate grief recovery and ongoing prevention strategies.
- Support long-term capacity-building, protocol development, and sustainability of postvention efforts.

### Postvention response debrief

A debrief is an informal, yet structured opportunity for team reflection shortly after the response concludes. It helps capture immediate insights, identify needed improvements, and ensure responders are supported.

#### Recommended timing

- Conduct the debrief within one week of concluding response activities.
- Consider scheduling a follow-up debrief 2-4 weeks later to assess ongoing needs and monitor any changes made as a result of the first debrief.

#### Approach options

- **Questionnaire-based reflection:** Distribute a short questionnaire during or shortly after the response period. These written reflections can guide a group discussion and help ensure quieter voices are also heard.
- **Live debrief meeting:** Facilitate a guided conversation with the team to discuss what went well, what could be improved, and how the response affected each team member personally and professionally.

#### Suggested supports

- Ensure mental health professionals or peer support team members are available during the debrief process to address emotional needs that may arise.

### Putting evaluation into practice

- **Document insights** in a central location, consider a secure digital file or shared drive for storing evaluations, debrief notes, and protocol revisions.
- **Review trends over time** to identify systemic strengths, gaps, or emerging needs across multiple responses.
- **Share findings responsibly** with relevant stakeholders to promote transparency, cross-sector collaboration, and learning.
- **Use evaluation results** to inform future protocol updates, postvention planning, and training or simulation exercises.

#### Helpful resource:

- Appendix: Debrief Discussion Topics & Sample Questions

## Closing

Postvention plays a vital role in reducing risk and supporting survivors following a death by suicide. However, while postvention is essential, it is not sufficient on its own to prevent suicides or intervene effectively when suicidal thoughts are emerging. A comprehensive approach that integrates postvention within a broader suicide prevention strategy is necessary.

Developing a postvention response is most effective when it is part of a comprehensive suicide prevention strategy that utilizes a public health approach. This approach includes prevention, intervention, and postvention efforts that are coordinated and sustained over time. By embedding postvention within this broader strategy, communities can enhance the sustainability and effectiveness of their efforts.

## We want to hear from you

This guidance document was developed in collaboration with members of the Minnesota Suicide Prevention Taskforce. We greatly appreciate your feedback on the usefulness and helpfulness of this resource. Please take a moment to fill out our survey:

[Insert Survey Link]

Your input is invaluable in helping us improve and refine resources to better serve communities and individuals affected by suicide.

## Appendix A: Terminology

Clear and consistent language is essential when discussing suicide and postvention. The terms below are defined to ensure a shared understanding throughout the guidance document:

- **Suicide prevention**  
A set of actions designed to reduce suicide attempts and deaths by addressing risk factors (e.g., isolation, mental health conditions) and strengthening protective factors (e.g., connectedness, access to care).
- **Suicide postvention**  
The organized response following a suicide, aimed at supporting the bereaved, reducing the risk of suicide contagion, and promoting healing within the affected community.
- **Suicide loss survivor**  
An individual who has lost someone to suicide. Each suicide is estimated to affect at least six or more people closely, including family, friends, co-workers, classmates, and others.
- **Suicide attempt survivor**  
A person who has lived through a suicide attempt. These individuals may face complex emotional and physical challenges, and they require understanding, support, and ongoing care.
- **Suicide contagion**  
The increased risk of suicide or suicidal behavior in others following exposure to a suicide. This can sometimes lead to suicide clusters, especially among youth or within tightly connected communities.
- **Community response team**  
A multi-sector, coordinated group of trained professionals and community members that responds to a suicide or suicide attempt. Their role is to provide immediate support, debrief those affected, deliver prevention education, and guide postvention efforts.

## Appendix B: Postvention Readiness Assessment Tool

To help communities assess their readiness to respond to a suicide or other traumatic loss. This tool identifies existing strengths, gaps, and opportunities for improvement. It is meant to spark discussion and guide strategic planning—not to evaluate or grade.

### Instructions:

1. Complete this tool individually or as a team.
2. Use a 4-point scale to rate each item:
  - **0 = Not in place**
  - **1 = In development or informal**
  - **2 = Partially in place or inconsistently used**
  - **3 = Fully in place and consistently used**
3. Debrief as a group to compare responses and identify priorities.

### A. Leadership and structure

- We have a designated postvention team or lead contact.
- A written postvention protocol or plan exists.
- Activation procedures are clear and accessible to key partners.
- Roles and responsibilities are clearly defined for team members.

### B. Partnerships and coordination

- We have established relationships with first responders, schools, healthcare, and other partners.
- There is a shared understanding of how coordination occurs after a suicide loss.
- We are familiar with or use a multi-sector framework like the socio-ecological model.

### C. Communication

- We have guidelines in place for safe messaging after a suicide loss.
- We have a relationship or strategy for working with local media.
- We know how to monitor and respond to conversations on social media.

### D. Support and resources

- We have a process for identifying and supporting those most impacted.
- Mental health and crisis resources are known and accessible in the community.
- Educational materials (grief reactions, resources, warning signs) are ready to go.

### E. Training and practice

- Key staff or partners have received postvention training in the last two years.
- The team participates in practice drills or tabletop exercises at least annually.
- There are ongoing opportunities for suicide prevention and gatekeeper training in the community.

**F. Sustainability and wellness**

- We have a process for monitoring longer-term impacts after a loss.
- The team conducts after-action reviews following each activation.
- Self-care and opt-out options are built into the team structure.

## Appendix C: Reflect on your readiness and identify next steps

This guidance document supports deeper reflection following completion of the Postvention Readiness Assessment Tool. It helps communities make sense of their results, align on shared priorities, and determine if they are ready to begin (or refine) policy and protocol development.

After individual and/or group assessment:

1. Review the scores and comments across each domain (Leadership and Structure, Partnerships and Coordination, Communication, Support and Resources, Training and Practice, Sustainability and Wellness).
2. Identify areas of strong agreement and areas where there are discrepancies across partners.
3. Discuss both what is in place and how consistently it is used.

### Key reflection questions

Use these to guide your debrief session:

#### Strengths

- What are our top strengths in postvention readiness?
- In what domains did we score ourselves the highest—and why?
- Who or what contributes to those areas of strength (e.g., partnerships, trainings, leadership support)?

#### Gaps

- What areas received the lowest scores or greatest variability across partners?
- Are there gaps in capacity (people, time, resources), coordination (roles, communication), or commitment (buy-in from leadership)?
- Are any key systems or sectors not currently engaged in postvention efforts?

#### Priorities

- Which gaps pose the highest risk or create barriers to a timely and effective response?
- What's realistic for our community to address in the next 3–6 months?
- What supports would help us move forward (e.g., technical assistance, templates, leadership endorsement)?

#### Policy and protocol readiness

- Do we have a designated lead or team to begin coordinating postvention efforts?
- Is there agreement among core partners that a shared protocol or formal policy is needed?
- What are existing practices we could document and formalize, or do we need to from scratch?
- Where is their leadership or institutional support to adopt new policies or protocols?
- Have we already experienced a suicide loss where confusion or inconsistency in response was evident?
  - If so, what did we learn and what are some growth opportunities from our experience?

### **Determining readiness for policy and protocol development**

Your community may be ready to begin developing formal postvention policies or protocols if:

- You have a core team or lead entity that can coordinate development efforts.
- There is a basic shared understanding among key partners of the need for a coordinated response.
- You have identified specific gaps that policies or protocols could address (e.g., activation, communication, referral pathways).
- You can build from existing strengths (e.g., informal practices, past responses, interagency relationships).
- Your leadership is willing to support the adoption or implementation of new practices.

If these are not yet in place, your next step may be to:

- Strengthen foundational relationships.
- Hold learning sessions or trainings.
- Build informal coordination practices first—then formalize.

## Appendix D: Postvention team roles and responsibilities

An effective postvention response depends on clear roles, coordinated communication, and shared purpose. This reference outlines typical roles and responsibilities found on a community- or organization-based postvention team. Roles may overlap depending on team size and structure.

### Core roles

Role	Key responsibilities
<b>Team Lead/Coordinator</b>	<ul style="list-style-type: none"> <li>- Organize and activate the team</li> <li>- Serve as primary point of contact</li> <li>- Maintain protocols and roster</li> <li>- Lead debriefs and updates</li> </ul>
<b>Mental Health Liaison</b>	<ul style="list-style-type: none"> <li>- Assess emotional needs and risk</li> <li>- Coordinate grief/trauma supports</li> <li>- Guide culturally appropriate care</li> <li>- Identify high-risk individuals</li> </ul>
<b>Communication and Media Lead</b>	<ul style="list-style-type: none"> <li>- Draft internal and external messaging</li> <li>- Ensure safe messaging practices</li> <li>- Coordinate with local media</li> <li>- Monitor social media</li> </ul>
<b>Community Outreach and Support Coordinator</b>	<ul style="list-style-type: none"> <li>- Liaise with schools, workplaces, families</li> <li>- Disseminate postvention resources</li> <li>- Coordinate support spaces (if needed)</li> <li>- Connect impacted individuals to services</li> </ul>
<b>Logistics and Resource Manager</b>	<ul style="list-style-type: none"> <li>- Maintain “To-Go Kit” and resources</li> <li>- Organize physical/logistical needs</li> <li>- Document response activities</li> <li>- Update provider/resource lists</li> </ul>
<b>Evaluator/Data &amp; Follow-Up Coordinator</b>	<ul style="list-style-type: none"> <li>- Track response activities and outcomes</li> <li>- Conduct after-action reviews</li> <li>- Monitor risk of contagion/clusters</li> <li>- Align with broader prevention efforts</li> </ul>
<b>Equity and Cultural Responsiveness Advisor</b>	<ul style="list-style-type: none"> <li>- Ensure cultural relevance and responsiveness</li> <li>- Support outreach to high-risk or underserved groups</li> <li>- Advise on language, customs, and access barriers</li> </ul>

## Shared responsibilities (All team members)

All members of the postvention team, regardless of their agency affiliation or primary role, share a collective responsibility to support a compassionate, coordinated, and culturally appropriate response following a suicide or other tragic loss. These shared responsibilities help ensure consistency, reduce harm, and promote healing across the community. Each team member shall:

- **Participate in foundational and ongoing postvention and trauma-informed training-** Build and maintain skills to respond effectively, safely, and compassionately in the aftermath of suicide or tragedy.
- **Follow team activation protocols and communication plans-** Adhere to agreed-upon steps and communication structures during a response to ensure coordination and reduce confusion.
- **Uphold privacy, dignity, and cultural humility in all interactions-** Protect the confidentiality of affected individuals, practice respect for diverse beliefs and grieving processes, and avoid assumptions.
- **Engage in regular practice drills, tabletop exercises, or scenario planning-** Reinforce roles, strengthen readiness, and identify gaps in the response process.
- **Prioritize self-care, seek support when needed, and participate in debriefings-** Recognize the emotional toll of this work and practice strategies to maintain personal wellbeing and team sustainability.
- **Support coordination and clear communication across agencies and organizations-** Serve as a liaison between your organization and the postvention team lead or coordinator to ensure timely and appropriate actions.
- **Attend debrief meetings following an activation-** Reflect on the response, identify strengths and areas for improvement, and inform future planning.
- **Maintain awareness of safe messaging guidelines, media recommendations, and memorial protocols-** Help ensure that public and internal communications follow best practices to prevent contagion and promote healing.
- **Stay connected to local suicide prevention efforts and coalitions-** Remain informed of ongoing work in the community and contribute to prevention efforts when appropriate.
- **Contribute to ongoing postvention planning and preparedness-** Participate in meetings, resource development, and discussions to improve future responses.
- **Operate as part of a coordinated team-** Avoid acting independently or speaking on behalf of the postvention team without prior coordination.

**Note:** Customize roles based on the community's structure and capacity. Some teams may combine or split roles depending on availability and expertise. Cross training is encouraged.

## Appendix E: Guidance questions for developing a postvention protocol

The following set of guiding questions will help communities develop a comprehensive and effective postvention protocol. These questions are designed to support communities in establishing clear, coordinated responses while maintaining sensitivity to cultural, ethical, and practical considerations.

### General framework and purpose

- **What is the primary goal of our postvention response?**
  - **Recommendation:** The goal is to focus on preventing suicide contagion, promoting healing, and building community resilience. It is recommended that the protocols align with broader suicide prevention efforts in the community to foster a cohesive response.
- **How can we align our postvention efforts with existing suicide prevention programs?**
  - **Recommendation:** Postvention efforts shall complement existing suicide prevention programs by integrating team members from public health, schools, community organizations, and other key stakeholders. This alignment helps ensure a seamless approach to mental health and suicide prevention across the community.

### Team structure and roles

- **Who will be part of our postvention team, and what are the defined roles for each member?**
  - **Recommendation:** Clearly define roles within the postvention team, ensuring that responsibilities are distributed effectively across a cross-sector group. This may include public health experts, mental health professionals, school officials, cultural leaders, and community advocates.
- **How will we ensure that the team is properly trained in trauma-informed care and safe messaging?**
  - **Recommendation:** Provide regular training in trauma-informed care, cultural competency, and safe messaging practices. Ongoing training can be part of the team's capacity-building strategy, ensuring that all members are equipped to support grieving individuals and families in a sensitive manner.

### Activation and communication

- **What triggers the activation of the postvention team?**
  - **Recommendation:** Clearly outline activation criteria in the protocol, specifying what constitutes an activation event. The criteria can allow for flexibility depending on the severity of the incident, ensuring the team can respond appropriately to different situations.
- **How will communication be managed with the family, community, and media?**
  - **Recommendation:** Establish clear protocols for communication with the family and the wider community. Ensure that media interactions follow safe messaging guidelines to prevent sensationalism and stigma. Include strategies for controlling misinformation or rumors during postvention activities.

- **What protocols will be used to monitor and manage misinformation or rumors?**
  - **Recommendation:** Include a process for identifying and addressing misinformation. This can include working closely with local media, leveraging trusted community networks, and using fact-based communication strategies to manage rumors.

## Resources and support

- **What local resources will be included in our response kit for team members?**
  - **Recommendation:** Ensure that team members have access to a resource directory that includes local mental health services, grief support groups, crisis intervention resources, and culturally competent services. Update this directory regularly to reflect the most relevant and effective resources for the community.
- **How will we ensure the availability of culturally competent resources for diverse community members?**
  - **Recommendation:** Collaborate with cultural leaders and local organizations to ensure that resources meet the needs of diverse populations. This includes providing translation services, understanding culturally specific grief rituals, and offering culturally sensitive mental health services.

## Cultural competence and inclusivity

- **How will we make sure that our postvention efforts respect cultural norms and grieving practices?**
  - **Recommendation:** Engage cultural leaders from the start to ensure the response respects local customs and traditions. Ensure that the protocol includes space for culturally relevant mourning and healing practices, which can help the community process grief in a way that aligns with their values.
- **What considerations will be made for high-risk or underserved populations?**
  - **Recommendation:** The postvention protocol can address the needs of high-risk or underserved populations, including Indigenous communities, youth, racial/ethnic minorities, and other vulnerable groups. Specialized outreach and support services may be necessary for these groups.

## Evaluation and adaptation

- **How will we evaluate the effectiveness of our postvention response after each activation?**
  - **Recommendation:** Build an evaluation process into the protocol that allows for after-action reviews and community feedback. This will help identify strengths and weaknesses in the response and inform future improvements.
- **What process will we use to incorporate feedback from the affected community into future response plans?**
  - **Recommendation:** Establish a feedback loop with the community to assess the emotional and logistical impact of the postvention efforts. This feedback can be used to adapt and strengthen the postvention response for future activations.

## Training and capacity building

- **What training and ongoing capacity-building strategies are needed for the postvention team?**
  - **Recommendation:** Incorporate ongoing professional development for team members, covering areas like trauma-informed care, cultural competence, and suicide prevention. This could include annual refresher courses, attendance at conferences, and training based on evolving best practices.
- **How will we ensure that the team remains equipped to respond to future needs effectively?**
  - **Recommendation:** Implement a system for regular training updates and practice scenarios, such as tabletop exercises, to ensure that team members are prepared for a range of situations. This ongoing training ensures that the team remains adaptable and responsive to changing needs.

## Legal and ethical considerations

- **What legal and ethical guidelines must be considered when developing the response protocol?**
  - **Recommendation:** Ensure that the protocol adheres to privacy and confidentiality laws, such as Health Insurance Portability and Accountability Act, and follows ethical guidelines regarding consent, transparency, and respect for cultural practices. Consult with legal experts to ensure compliance.
- **How will we safeguard privacy and confidentiality throughout the response process?**
  - **Recommendation:** Establish clear procedures for maintaining confidentiality throughout the response process. This includes secure handling of personal data and communication with families and community members. Ensure that team members understand their legal obligations in protecting sensitive information.

## Long-term healing and prevention

- **How will we provide ongoing emotional and mental health support for the community after the immediate postvention response?**
  - **Recommendation:** The postvention response can include long-term follow-up strategies, such as grief counseling, support groups, and community healing events. This will help the community process their grief over time and continue to heal.
- **What steps will we take to prevent suicide contagion and promote long-term healing?**
  - **Recommendation:** Promote long-term healing by creating safe spaces for dialogue, sharing survivor stories, and offering educational opportunities about mental health. Continue to focus on suicide prevention and mental health awareness to reduce the risk of suicide contagion.

## Appendix F: Postvention response activation questionnaire

*This tool supports communities in assessing the immediate need for a coordinated postvention response following a suicide or suspected suicide.*

**Today's Date:**

**Time of Notification:**

**Name of Person Completing Form:**

**Role/Agency:**

### Initial assessment

1. Can you describe the nature of the loss or event?  
*(For example, is it believed to be a confirmed or suspected suicide, or another form of traumatic death?)*
2. Can you tell me when the death occurred and what the circumstances were around that time? (Who provided that information, and how was it communicated?)
3. If the death hasn't been officially confirmed, what leads you or others to believe it may have been a suicide?
4. What kinds of public or social media responses have there been to the death?  
*(Where have these responses appeared, and how would you describe their tone or content?)*
5. How would you describe the level of concern, distress, or emotional response within the community at this time? *(Who seems most affected, and in what ways is the impact being felt?)*
6. In your observation, which groups or settings (e.g., school, workplace, neighborhood) are being most impacted by this event?
7. Are there any specific individuals or groups who may be at higher risk due to their connection to the person or the circumstances of the death?

### Potential impact and risk factors

1. How would you describe the role or visibility of the person who died within the community?  
*(Was the individual known as a community leader, youth, student, educator, public servant, or someone with a prominent presence?)*
2. Who do you believe may be most affected by this loss, and are there specific individuals or groups you're concerned might be at increased risk for suicide contagion?
3. Can you share whether this community has experienced other recent suicides or significant losses, and how those events have impacted people?
4. How would you describe the community's current capacity or readiness to coordinate a response to this event? *(What resources, partnerships, or willingness are in place—or missing—right now?)*

### Existing resources and plans

1. What kind of postvention response plan, if any, currently exists within your community?
  - *Can you tell me if this plan has been activated in response to the current event? If so, how?*
2. Who are the trusted partners in your community who could be quickly engaged to support a coordinated response?

- This might include schools, healthcare providers, spiritual leaders, mental health professionals, tribal leaders, or others—who comes to mind?
3. What cultural, spiritual, or community practices are important to consider when responding to this loss?
    - Are there any traditional or community-specific ways of honoring, grieving, or addressing the death that should guide the response?

### **Decision-making reflection**

1. In your view, what does the community need most right now in the wake of this loss?
  - This could include things like coordinated messaging, grief support, collaboration among responders, a planning meeting—or perhaps a decision not to take formal action at this time. What stands out to you as the most pressing need
2. Given what we've discussed so far, what kind of response feels most appropriate at this time?
  - Do you think the community is ready to activate an existing plan, convene a small response team, gather more information, take informal steps like outreach or safe messaging, or hold off on a response for now? What makes the most sense?
3. What do you see as the next immediate step in supporting the community, and who do you think should take the lead on it?
  - Is there someone already positioned to move this forward, or is that still being determined?

## Appendix G: Quick checklist for coordinators

Task	Complete	Notes
Confirm cause of death with authorities	<input type="checkbox"/>	
Appoint lead coordinator/contact	<input type="checkbox"/>	
Convene diverse crisis response group	<input type="checkbox"/>	
Develop and disseminate safe public messaging	<input type="checkbox"/>	
Screen for at-risk individuals	<input type="checkbox"/>	
Provide grief support (culturally responsive)	<input type="checkbox"/>	
Monitor for suicide contagion	<input type="checkbox"/>	
Debrief response team and responders	<input type="checkbox"/>	
Promote trauma-informed self-care	<input type="checkbox"/>	

## Appendix H: Debrief discussion topics

Use these discussion prompts and questions to guide team reflection after a suicide loss response. Consider adapting the language and approach to meet the cultural and emotional needs of your community and team members. These questions can be used in written reflections, debrief meetings, or facilitated debriefs.

### 1. Effectiveness of the Response

- How well were the response protocols followed?
- In what ways did the protocols meet or fall short of the needs of those impacted?
- What aspects of the response were most effective? Where did it fall short?
- Were any adjustments made during the response? If so, what were they, and were they effective?

### 2. Impact on Affected Individuals

- Did those affected by the loss receive support that was timely, appropriate, and culturally relevant?
- Were there any noticeable gaps in services or supports for those impacted?
- How was the response perceived by affected individuals and communities?
- Were the needs of marginalized or disproportionately affected groups considered and addressed?

### 3. Internal Team Communication

- How would you describe the clarity and consistency of communication within the response team?
- Did team members have a clear understanding of their roles and responsibilities?
- Were there any communication breakdowns or misunderstandings during the response?
- Did team members feel heard, valued, and included in decision-making processes?

### 4. External Communication and Coordination

- How effectively did the team coordinate with external partners (e.g., schools, media, faith leaders)?
- Were public communications timely, factual, and delivered with sensitivity?
- To what extent did media and social media messaging align with safe messaging guidelines?
- Were cultural, linguistic, and accessibility needs considered in public communications?

### 5. Strategy and Systems Evaluation

- Did grief and mental health support strategies adequately meet the needs of those affected?
- Were connections to ongoing resources (e.g., counseling, peer support) made in a timely and effective way?
- Were any systemic barriers—such as stigma, access issues, or cultural mismatches—identified during the response?
- What systems, partnerships, or strategies should be updated, expanded, or added for future responses?

## 6. Emotional Wellbeing of Responders

- How are you feeling now that the immediate response has concluded?
- Did you feel emotionally and professionally supported during and after the response?
- Were mental health supports (e.g., peer support, formal services) clearly available and accessible?
- Have you noticed any signs of secondary trauma or burnout among yourself or colleagues?
- What additional resources or supports would have been helpful for you and your team?

## 7. Documentation, Lessons Learned, and Future Recommendations

- What aspects of the response would you identify as key successes?
- If you were to face a similar situation again, what would you do differently?
- What lessons have been learned that should inform updates to the postvention plan or protocols?
- What additional training, resources, or partnerships could strengthen future responses?

### Additional considerations

- **Cultural responsiveness:** How were cultural traditions, values, and communication styles respected and integrated into the response?
- **Accessibility:** Were services and information made accessible for people with disabilities, limited English proficiency, or other barriers?
- **Youth or vulnerable populations:** If youth or other priority groups were involved, were their unique needs adequately addressed and supported?
- Preparedness:
  - Did team members feel adequately trained and prepared for their roles?
  - What training needs or gaps were identified during the response?

## Appendix I: “Greenwood Valley” postvention response protocol

**Disclaimer:** This Greenwood Valley postvention response protocol is a fictional example created for educational and learning purposes only. It is not a real protocol, and any resemblance to actual people, organizations, or communities is purely coincidental. This document is intended to provide a sample framework for communities to use when developing their own postvention protocols. It is encouraged that communities adapt these guidelines to their specific needs, resources, and circumstances.

**Purpose:** The purpose of this postvention response protocol for Greenwood Valley is to provide a structured, coordinated response to the loss of life due to suicide. The goal is to prevent suicide contagion, promote healing, and support affected individuals and organizations in a compassionate, trauma-informed, and culturally sensitive manner.

### Activation criteria and procedures

- **Events that might initiate a response:**
  - Any suicide death within Greenwood Valley or its surrounding areas, including schools, workplaces, religious institutions, or local organizations.
  - A suicide attempt that poses a significant public health risk or potential harm to the community.
  - Any event that significantly impacts community members, with the potential to create widespread emotional distress.
- **Who authorizes activation:**
  - The postvention team coordinator (or designee) will authorize activation once the suicide is confirmed.
  - If the circumstances are unclear, activation decisions will be made in consultation with local law enforcement, Greenwood Valley Mental Health Services, and key community partners.
- **Activation steps:**
  - Postvention team coordinator (P. Martinez) will notify the team, mobilizing members to start the response.
  - The coordinator will assess the immediate needs of the family, the affected community, and key organizations within the area.
  - Team members are notified via an internal communication platform (Greenwood Connect) to begin activation.

### Roles and responsibilities

Each member of the Greenwood Valley Community Response Team has specific roles and responsibilities, designed to ensure effective, coordinated action.

- **Postvention team coordinator:**
  - Leads the response efforts, maintains communication, and updates stakeholders.
  - Oversees the debriefing after the event, ensuring all aspects are reviewed and improved for future responses.

- **Mental health professionals:**
  - Provide immediate crisis intervention, grief counseling, and long-term emotional support for individuals impacted by the loss.
  - Provide specialized services for at-risk individuals within the community, including youth and vulnerable populations.
- **Cultural advisors and community leaders:**
  - Advise on cultural sensitivity and ensure postvention efforts respect local grieving practices.
  - Coordinate outreach efforts to diverse groups in Greenwood Valley, ensuring inclusive communication and support.
- **Public Information Officer - local media liaison:**
  - Develops and releases public statements to the media, following Greenwood Valley’s Safe Messaging Guidelines.
  - Monitors local media and social media for misinformation and works to correct it promptly.
- **Support staff (volunteers, local school counselors, faith leaders):**
  - Provide logistical support, assisting with grief counseling services, organizing memorial events, and distributing resources.
  - Ensure that follow-up services are available to anyone impacted by the loss.

## Communication and messaging

- **Internal communication:**
  - The postvention team coordinator will ensure ongoing communication with the CRT members using GreenwoodConnect, the internal messaging platform.
  - Each team member will check in regularly to assess progress and report issues.
- **External communication:**
  - The Public Information Officer (PIO) will handle media communication, issue press releases, and respond to media inquiries, ensuring that safe messaging principles are followed:
    - The family’s privacy is respected, and their wishes are communicated clearly.
    - Messages highlight mental health resources and offer support.
- **Family communication:**
  - A designated team member will approach the family privately, providing them with information and emotional support, as well as coordinating their preferences on public messaging.
- **Communication pathways:**
  - Use preprepared templates for initial media statements, keeping language neutral and non-sensational.
  - Assign a member of the PIO team to monitor social media for rumors or misinformation and correct them promptly using consistent messaging.

## Immediate and long-term response activities

- **Immediate actions:**
  - Activate the CRT to begin the response.
  - Provide immediate counseling services and open grief support spaces at local community centers (e.g., Greenwood Valley Community Center).
  - Notify local schools, businesses, and faith groups, providing them with resources and information on how to support affected individuals.
  - Facilitate family meetings to discuss memorial services, mental health resources, and other support services.
- **Long-term actions:**
  - Provide ongoing grief counseling and support groups through the Greenwood Valley Counseling Center and Healing Hearts Peer Support Group.
  - Organize community healing events such as memorial walks, art exhibitions, and storytelling circles to honor the deceased while promoting collective healing.
  - Address suicide contagion risks by offering education through Greenwood Valley Public Schools and local organizations on recognizing the signs of distress and how to offer support.

## Resource coordination

- **Resource deployment:**
  - The postvention resource kit includes:
    - Contact details for local mental health professionals, crisis hotlines, and local grief support groups.
    - A list of safe messaging templates for media and public statements.
    - Local mental health resources available for the community (e.g., Greenwood Valley Mental Health Services, Grief Support Groups).
    - Crisis intervention and peer support group information.
- **Community resource sharing:**
  - Resource coordination is handled by the Greenwood Valley Crisis Support Network, which collaborates with the Greenwood Valley School District and Faith Network of Greenwood Valley to ensure resources are deployed to those most in need.
- **Resource replenishment:**
  - A quarterly review of resources will be conducted to ensure adequate mental health services and resources are available, with replenishment occurring as needed.

## Monitoring and evaluation

- **Tracking actions:**
  - The CRT will document all activities related to the postvention response in the Greenwood Valley Postvention Log, which includes all contact with affected individuals, organizations, and media outlets.
  - Monitor whether families and community members are receiving necessary support and track feedback.
- **After-action review:**
  - After each postvention response, the team will hold a debrief meeting to review the effectiveness of the response, what worked well, and areas for improvement.
  - Key members will gather feedback from affected families and individuals, compiling a report for community reflection.
- **Continuous improvement:**
  - Incorporate feedback from community members and partners, using this data to adjust response protocols, resource availability, and team member training.

## Training and drills

- **Ongoing training:**
  - The CRT will engage in regular training focused on trauma-informed care, cultural sensitivity, safe messaging, and suicide prevention. Greenwood Valley Mental Health Services will lead these efforts.
  - Annual review sessions to address changes in best practices and new community needs.
- **Tabletop exercises:**
  - Drills will be held annually at Greenwood Valley High School to practice responding to a suicide loss, involving local law enforcement, school administrators, mental health professionals, and key community leaders.

## Review and adaptation

- **Protocol review:**
  - The protocol will be reviewed every six months and updated based on lessons learned from recent responses.
  - Feedback from key community stakeholders, including cultural leaders and faith groups, will be incorporated.
- **Community feedback:**
  - After each response, Greenwood Valley community feedback surveys will be distributed to those impacted by the suicide to gather their thoughts on the response.
  - Protocol adjustments will be made based on the feedback received to ensure future responses meet community needs.

## Appendix J: Tabletop scenarios and facilitator guidance

Postvention planning is strengthened through practice. Tabletop activities help Community Response Teams (CRTs), and partners rehearse roles, decision-making, and communication in a low-stakes environment. These scenarios are designed to surface questions, highlight gaps, and build readiness.

### Facilitator guidance

- **Time:** 45–60 minutes per scenario
- **Participants:** Community Response Team members, key partners, or leadership
- **Materials:** Printed scenario handouts, Standard Operating Procedures manual, Crisis Response Flow Chart, note sheets

### Facilitation tips

- Set expectations for respectful and supportive participation.
- Encourage teams to "talk it through" aloud, using available tools and protocols.
- Allow space for different perspectives—there may not be one "right" answer.
- Debrief after each scenario: What worked? What was unclear? What would need to happen next?

### Post-scenario reflection prompts

After each scenario, ask participants to reflect:

- What part of our response felt strong?
- Where did we feel unsure or unprepared?
- What questions came up that we couldn't answer?
- What do we need to revisit in our protocols or partnerships?

## Scenario 1: Death by suicide in a school community

### Prompt:

You receive a call from a high school principal following the death of a 16-year-old student by suicide over the weekend. The school is seeking help with communication, staff support, and student mental health resources. Media has already posted about the death, and students are sharing memorial posts online.

### Discussion questions:

- What is your first step as the CRT?
- Who needs to be notified or consulted?
- What communication guidance would you provide to the school?
- How will you support students and staff in the coming days?
- What boundaries or limitations need to be discussed with the school?

## Scenario 2: Suicide loss in a Tribal community

### Prompt:

A respected elder has died by suicide. A Tribal liaison requests your team's support but stresses the importance of honoring cultural protocols. There is community grief, but also resistance to external involvement.

### Discussion questions:

- How do you ensure a respectful and culturally appropriate response?
- What role do CRT members play in this setting?
- Who can lead or co-lead the response?
- How do you balance postvention needs with honoring community traditions?

## Scenario 3: Suicide of a Veteran in a rural town

### Prompt:

The local police department contacts your CRT after a 38-year-old Veteran dies by suicide. The family is requesting privacy, but community members are organizing a candlelight vigil. A local news outlet is preparing a story and asks to interview the family.

### Discussion questions:

- How do you support both the family's privacy and the community's grief?
- What media guidance can you offer?
- Are there specific supports for Veterans or their families you can connect with?
- What role does your CRT play in a public event like a vigil?

## Scenario 4: Death of a community leader with no request for support

### Prompt:

A well-known nonprofit leader dies by suicide. There's been no request for CRT support, but you're hearing from partners and community members that people are struggling.

### Discussion questions:

- When, if ever, is it appropriate to proactively reach out?
- How can you offer support without overstepping?
- Are there indirect ways to offer resources or healing spaces?

## Appendix K: Template for announcement following a death by suicide

### Purpose and guidance

This template is intended to help communities, schools, workplaces, and organizations thoughtfully communicate the death of a member by suicide. Like obituary guidance, these announcements are respectful, compassionate, and free from stigmatizing or graphic language. While the choice to disclose cause of death is deeply personal and may depend on the wishes of the family, public acknowledgment, when done carefully, can support collective grieving, reduce stigma, and encourage help-seeking.

### Key considerations when using or adapting this template:

- **Use sensitive, non-stigmatizing language.** Say “died by suicide” rather than “committed suicide.”
- **Focus on the individual’s life.** Highlight the person’s positive qualities and impact.
- **Acknowledge the loss with compassion** but avoid romanticizing or giving details about the death.
- **Include resources** for mental health support and crisis intervention.
- **Respect privacy.** Avoid sharing method or graphic information and consider the family’s preferences.
- **Tailor the language** to reflect your community’s tone and values, while maintaining safety and compassion.

### Sample community announcement template

We are deeply saddened to share that **[Name]**, a beloved member of our **[school/workplace/community]**, died by suicide on **[Date]**.

**[Name]** will be remembered for **[positive personal attributes or roles i.e. their warmth, generosity, creativity, or dedication to others]**. This is a profound loss for our community, and our hearts are with **[his/her/their]** family, friends, and all those impacted by this tragedy.

We understand that this news may be difficult to process. Grief affects each person differently, and it’s important to care for yourselves and one another during this time. Support is available:

- List local support options such as school counselors, mental health providers, peer support groups, Employee Assistance Programs, etc.
- 988 Suicide & Crisis Lifeline: Call or text 988 or chat online at 988Lifeline.org (available 24/7, confidential, free)

In honoring **[Name]**’s life, we commit to supporting one another and fostering a culture of openness, compassion, and mental health awareness. If you or someone you know is struggling, please don’t hesitate to reach out.

## Appendix L: Best practices for funerals after a death by suicide

### *Creating a Space for Healing, Compassion, and Respect*

Funerals after a death by suicide can be challenging to navigate, but they are essential moments for mourning, community support, and beginning the healing process. The following best practices help ensure the service honors the deceased while offering comfort and hope to those grieving.

#### 1. Approach with sensitivity and care

- **Acknowledge the loss with respect:** Use compassionate language that honors the life of the deceased while being mindful of how the loss is described. Avoid stigmatizing terms like *"committed suicide."* Instead, use phrases like *"died by suicide"* or *"passed away."*
- **Respect family wishes:** Collaborate closely with the family to understand their cultural, spiritual, and personal preferences for the service.

#### 2. Create a safe and supportive space

- **Be mindful of the audience:** Recognize that attendees may include individuals who are struggling with mental health challenges. Ensure that messages are inclusive, avoid assigning blame, and refrain from oversimplifying the causes of suicide.
- **Incorporate messages of hope:** Emphasize healing, resilience, and the availability of support for those who may be struggling. Consider including crisis resource information (such as helpline numbers) in printed materials or at the service.
- **Schedule services thoughtfully:** Whenever possible, hold funerals and memorial services outside of school or work hours to allow for voluntary participation. Avoid using school grounds for funeral or memorial events. If a service is scheduled during school hours, ensure that schools remain open and that school buses are not used for transportation.

#### 3. Engage qualified support

- **Involve trained facilitators:** If appropriate, invite a mental health professional, spiritual leader, or suicide prevention expert to provide guidance and emotional support to attendees.
- **Offer grief support:** Share information about local grief support groups, especially those tailored to suicide loss survivors.

#### 4. Address the impact of suicide thoughtfully

- **Balance honesty with sensitivity:** If the family wishes, acknowledge the cause of death openly to reduce stigma and encourage help-seeking. However, avoid sharing detailed descriptions or methods, as this can increase distress or risk for vulnerable individuals.
- **Promote understanding:** Encourage reflections on the person's life rather than focusing solely on their death.

#### 5. Considerations for memorial services

- **Encourage voluntary participation:** Large, mandatory school- or workplace-wide memorials are not ideal. Community-wide events can be optional to allow individuals to grieve in their own way.
- **Ensure adult support for youth:** If adolescents attend a funeral or memorial service, encourage parental or trusted adult involvement to provide emotional support.

- **Delay prevention presentations:** Avoid scheduling guest speakers or suicide prevention presentations immediately following a suicide. It is recommended to wait at least six months before holding direct prevention education (e.g., discussions on warning signs), as these can be overwhelming for those in early grief. Instead, provide support information through signage, printed materials, or personal outreach.

## 6. Follow up after the funeral

- **Check in with loved ones:** Families and close friends often need continued support after the service. Encourage community members to offer ongoing care and connection.
- **Provide resources for support:** Share crisis hotlines, mental health services, and survivor support groups, such as the 988 Suicide & Crisis Lifeline.

### A final word

Funerals after a suicide provide an opportunity to remember the person’s life, foster community healing, and emphasize that support is available for those who need it. By approaching these services with care and compassion, we can create a space for mourning while promoting hope and resilience.

For additional guidance, refer to “After a Suicide: Recommendations for Religious Services & Other Public Memorial Observances” from the [Suicide Prevention Resource Center \(www.sprc.org\)](http://www.sprc.org).

## Appendix M: Guidance for obituary

One of the most difficult decisions a family makes after the death of a loved one is what to include in the obituary. The decision to disclose suicide in an obituary is deeply personal, and there is no “right answer.” No matter the decision to disclose cause of death, an obituary for a suicide death is respectful and sensitive, using compassionate language. The obituary can focus on the deceased's life and personality, highlighting their positive attributes and the impact they had on others.

Key points to consider:

- **Avoid stigmatizing language:** Instead of "committed suicide," use "died by suicide," "took their own life," or "ended their life."
- **Focus on the life:** Highlight the deceased's positive qualities and the impact they had on others.
- **Be compassionate:** Acknowledge the sadness and pain of the loss.
- **Provide support information:** Include resources for mental health support or crisis services.
- **Respect privacy:** Avoid sharing details about the method of death, as it can be triggering and harmful.
- **Be open and honest:** Acknowledging the cause of death can be helpful for grieving family and friends and can help break down stigma around suicide.

For more guidance: [Alliance of Hope: Writing the Obituary \(https://allianceofhope.org/find-support/for-new-survivors/writing-the-obituary-where-to-start/\)](https://allianceofhope.org/find-support/for-new-survivors/writing-the-obituary-where-to-start/)

Sample phrasing:

- “John Smith died by suicide on July 1.”
- “John will always be remembered for his courage during difficult times. Unfortunately, this time the pain was too difficult, and John died by suicide on Saturday evening.”
- “John Smith, who we lost due to suicide on July 1.”
- “After a courageous and long battle with depression, John’s pain became unbearable.”

Here is a sample obituary, focusing on the positive and avoiding stigmatizing language:

[Deceased's Full Name]

It is with profound sadness that we announce the passing of [deceased's full Name], on [date of death], at the age of [deceased's age]. [He/She/They] was a beloved [spouse/partner/child/parent/sibling/friend] to many and will be deeply missed.

[Deceased's full name] was known for [mention 2-3 positive qualities or hobbies, e.g., their kind heart, love of music, or dedication to their craft]. [He/She/They] had a way of [mention a specific positive trait or example, e.g., making everyone feel welcome, always offering a helping hand, or having a contagious laugh].

While [deceased's full name]'s pain became overwhelming, we take comfort in knowing that [his/her/their] spirit will live on in the hearts of those who loved [him/her/them].

[Deceased's full name] was preceded in death by [list of predeceased family members, if applicable]. [He/She/They] is survived by [list of surviving family members, including spouse, children, grandchildren, siblings, parents, etc.].

In lieu of flowers, donations may be made to [organization/cause of choice, e.g., a mental health support organization or a charity dear to the deceased].

[Optional: Include details about memorial services or celebrations of life.]

[Deceased's full name]'s loss is a devastating reminder of how critical mental health support is for all. If you or someone you know is struggling, please reach out to the 988 Minnesota Lifeline, call or text 988 or chat online at [988Lifeline.org](https://988Lifeline.org).

## Appendix N: Truths about preventing suicide

**Truth 1:** Evidence shows that talking about suicide may reduce suicidal ideation. It improves mental health-related outcomes and the likelihood that the person will seek treatment. Even if you are nervous or don't know what to say, asking about suicide can normalize seeking help and show that you care.

**Truth 2:** Individuals may express their thoughts of suicide or make suicidal gestures to get the help they need. Someone who makes comments, jokes, or even threats about suicide are inviting you to listen and may need assistance. Always take expressions of suicidality seriously – start a conversation or refer the person to a qualified professional.

It's important to be kind and sensitive and ask direct questions, including:

- "Are you thinking about hurting yourself?"
- "Are you thinking about suicide?"
- "Do you have access to weapons or other objects to harm yourself?"

**Truth 3:** Suicide is preventable but unpredictable. Most people who contemplate suicide often experience intense emotional pain, hopelessness and have a negative view of life or their future. Suicide is a product of genes, mental health illnesses and environmental risk factors. Interventions targeted to treat psychiatric and substance-use illnesses can save lives.

**Truth 4:** Reducing the availability of lethal and commonly used suicide methods has been shown to reduce suicides. Since many suicidal crises are short-lived, separating someone from lethal means could provide a person with some time to think before harming themselves.

Families, organizations, health care providers, and policymakers can take many actions to reduce access to lethal means of self-harm. Some of these are general household health and safety precautions that are used regardless of suicide risk. Examples include limiting access to medications and storing firearms safely when not in use. Other actions may be more appropriate when a person is at risk for suicide.

If someone in the home is feeling suicidal, has recently attempted suicide, or is experiencing a crisis, it is safest to remove lethal means from the household entirely until the situation improves. For example:

- Store firearms with law enforcement (if allowed) or lock up firearms and put the key in a safe deposit box or give the key to a friend until the crisis has passed.
- Ask a family member to store medications safely and dispense safe quantities as necessary.

Communities can also focus means restriction efforts on locations associated with higher suicide fatalities, such as bridges. Policymakers can assist in local efforts by advocating for bridge barriers to be installed in such locations.

**Truth 5:** Although some people do attempt suicide impulsively, others give it significant thought. Sometimes warning signs look like behaviors or traumatic life events.

Here are a few common signs:

- Being preoccupied with death, dying or violence.
- Changing regular routine, including eating or sleeping patterns.
- Developing personality changes or being severely anxious or agitated, particularly when experiencing some of the warning signs listed above.
- Doing risky or self-destructive things, such as using drugs or driving recklessly.
- Feeling trapped or hopeless about a situation.
- Getting the means to take your own life, such as buying a gun or stockpiling pills.
- Giving away belongings or getting affairs in order when there is no other logical explanation for doing this.
- Having mood swings, such as being emotionally high one day and deeply discouraged the next.
- Increasing use of alcohol or drugs.
- Saying goodbye to people as if they won't be seen again.
- Talking about suicide — making statements such as, "I'm going to kill myself," "I wish I were dead" or "I wish I hadn't been born."
- Withdrawing from social contact and wanting to be left alone.

**Truth 6:** Treatment can and does work. One of the best ways to prevent suicide is by getting treatment for mental illnesses, such as depression, bipolar illness or substance abuse. Finding the best treatment can take some time, but the proper treatment can significantly reduce the risk of suicide.

If a friend or loved one talks or behaves in a way that makes you believe they might attempt suicide, don't try to handle the situation alone:

- Encourage the person to call a suicide hotline number.  
Call or text 988, the 988 Suicide and Crisis Lifeline, or chat at [988lifeline.org](https://www.988lifeline.org) to reach a trained counselor. Call 988 and press "1" to reach the Veterans Crisis Line.
- Get help from a trained professional as quickly as possible. The person may need to be hospitalized until the suicidal crisis has passed.

You're not responsible for preventing someone from taking their own life, but your intervention may help them see that other options are available to stay safe and get treatment.

**Truth 7:** Anyone can experience suicidal thoughts. Suicide occurs across all ages and demographic groups. Some populations are at greater risk for suicidal thoughts than others, such as:

- American Indians and Alaska Natives.
- People bereaved by suicide.
- People in justice and child welfare settings.
- People who intentionally hurt themselves (non-suicidal self-injury).
- People who have previously attempted suicide.

- People with medical conditions.
- People with mental health and/or substance use disorders.
- People who are lesbian, gay, bisexual, or transgender.
- Members of the military and veterans.
- Men in midlife and older men.

## Appendix O: Identifying individuals at elevated risk after a suicide loss

### Screening and support tool

This tool is designed to help schools, community coalitions, crisis teams, and support providers identify individuals who may be at elevated risk for suicidal thoughts or behaviors following a suicide loss. Use it as a conversation guide, team reflection prompt, or documentation form during postvention outreach and planning.

#### Section 1: Identifying at-risk individuals

1. Who in the community or peer group might closely identify with the person who died by suicide? Consider peers with shared identities, experiences, or social roles, such as LGBTQ+ youth, athletes, or students with similar challenges.
2. Was the deceased involved in any formal or informal groups, such as school clubs, teams, or community organizations? Identify and monitor others in these groups, as the loss may deeply affect group dynamics.
3. What risk factors associated with the deceased may also be present in peers or others in the community? This could include experiences like bullying, trauma, depression, substance use, academic pressure, or marginalization.

#### Section 2: Assessing suicide risk in the community

1. Are any peers, family members, co-workers, or acquaintances currently showing signs of distress or suicidal behavior, such as withdrawal, hopelessness, or risk-taking?
2. Are there individuals who may have already been struggling with suicidal thoughts or behaviors prior to this loss? Consider reaching out directly or coordinating a response with mental health professionals or trusted adults.

#### Section 3: Memorialization and contagion risk

1. Have any school or community memorial services, vigils, or public commemorations been held or planned? Consider whether these gatherings are being conducted in safe, inclusive, and supportive ways that reduce the risk of contagion.
2. Is anyone being blamed or seen as responsible for the suicide by peers or community members? Blame can intensify distress and increase the risk for those targeted or those blaming themselves.

#### Section 4: Emotional reactions and self-blame

## COMMUNITY GUIDANCE FOR POSTVENTION POLICY AND PROTOCOL

1. Are there individuals who blame themselves for the suicide, whether due to a recent interaction or a sense of responsibility? These individuals may need support to process guilt or grief in a healthy way.
2. Have any impacted individuals experienced previous trauma that has never been addressed? Prior trauma may compound the current crisis and increase vulnerability.

**Section 5: Equity considerations**

1. Are there individuals from underserved or marginalized communities who may be at greater risk but less likely to seek or access support? Consider cultural, economic, language, or systemic barriers that may make it harder for some to receive help.

**Section 6: Action and follow-up planning**

1. Identify who in your team or network is responsible for connecting with at-risk individuals or groups.
2. Plan to follow up with those identified, either individually or through trusted community contacts.
3. Ensure referrals to appropriate supports (e.g., school counselors, crisis lines, peer supporters) are timely and accessible.
4. Continue to check in regularly and adjust your support approach as needed.

*Adapted from: Community Response: Effective Action After a Suicide, Frank J. Zenere, Ed.S, NASP National Emergency Assistance Team*

## Appendix P: Comparison of suicide risk assessment tools

This table provides a comparative overview of commonly used suicide risk assessment tools, including their purpose, format, scoring approach, and notable features. These tools are utilized in various clinical and research settings to support the identification and management of suicide risk.

<b>Tool/Approach</b>	<b>Purpose</b>	<b>Format</b>	<b>Scoring / Interpretation</b>	<b>Notable Features</b>
Columbia-Suicide Severity Rating Scale (C-SSRS)	Identify and assess severity of suicidal ideation and behavior	Structured interview or self-report	Yes – categorical severity levels	Widely validated; used in clinical and research settings; brief or full versions available
Beck Scale for Suicide Ideation (BSS)	Measure severity of suicidal ideation	Self-report questionnaire	Yes – numeric score (0–38)	Useful for tracking change over time; focuses on thoughts, plans, and intent
Suicide Assessment Five-Step Evaluation and Triage (SAFE-T)	Guide clinicians through suicide risk assessment	Clinical guide/checklist	No – clinical judgment-based	Integrates risk/protective factors, assessment, and safety planning
Ask Suicide-Screening Questions (ASQ)	Screen youth and adults for suicide risk	4 yes/no questions (plus follow-up)	No – positive screen triggers further eval	Designed for use in medical settings; quick and validated for ages 10+
Assessing and Managing Suicide Risk (AMSR)	Train clinicians to assess/manage suicide risk	Clinical framework/training program	No – emphasizes narrative over scoring	Focuses on understanding context, formulation, and collaborative safety planning
Patient Health Questionnaire-9 (PHQ-9, item 9)	Depression screening with suicide item	Self-report (9 items)	Yes – item 9 indicates suicide risk	Broad use in primary care; item 9 often used as a quick suicide risk flag

## References

1. [Columbia-Suicide Severity Rating Scale \(C-SSRS\) \(https://cssrs.columbia.edu/\)](https://cssrs.columbia.edu/)
2. Beck Scale for Suicide Ideation (BSS): Beck AT, Steer RA (1991).
3. [SAFE-T Protocol \(https://store.samhsa.gov/product/safe-t-pocket-card-suicide-assessment-five-step-evaluation-and-triage/sma09-4432\)](https://store.samhsa.gov/product/safe-t-pocket-card-suicide-assessment-five-step-evaluation-and-triage/sma09-4432)
4. [Ask Suicide-Screening Questions \(ASQ\) \(https://www.nimh.nih.gov/research/research-conducted-at-nimh/asq-toolkit\)](https://www.nimh.nih.gov/research/research-conducted-at-nimh/asq-toolkit)
5. [Assessing and Managing Suicide Risk \(AMSR\) \(https://zerosuicide.edc.org/training/amsr\):](https://zerosuicide.edc.org/training/amsr)
6. Patient Health Questionnaire (PHQ-9): Kroenke K, Spitzer RL, Williams JB (2001).

## Appendix Q: Resources for after a suicide

### General

- [The Compassionate Friends: Supporting Family After a Child Dies \(https://www.compassionatefriends.org/find-support/\)](https://www.compassionatefriends.org/find-support/)
- [American Foundation for Suicide Prevention: I've lost someone \(https://afsp.org/ive-lost-someone\)](https://afsp.org/ive-lost-someone)
- [American Association of Suicidology: Helping Survivors of Suicide \(https://suicidology.org/community-support-resources/suicide-loss-survivors/\)](https://suicidology.org/community-support-resources/suicide-loss-survivors/)
- [How to Talk to a Suicide Loss Survivor: A #RealConvo Guide from AFSP \(https://afsp.org/story/how-to-talk-to-a-suicide-loss-survivor-a-realconvo-guide-from-afsp\)](https://afsp.org/story/how-to-talk-to-a-suicide-loss-survivor-a-realconvo-guide-from-afsp)
- [After a Suicide Resource Directory \(http://www.personalgriefcoach.net/\)](http://www.personalgriefcoach.net/)
- [The Dougy Center for Grieving Children & Families \(http://www.dougy.org/\)](http://www.dougy.org/)
- [Suicide Awareness Voices of Education Support for Suicide Loss Survivors \(https://www.save.org/programs/suicide-loss-support/\)](https://www.save.org/programs/suicide-loss-support/)

### Youth and young people

- [Tips for Talking with and Helping Children and Youth Cope After a Disaster or other Traumatic Event: A Guide for Parents, Caregivers and Teachers \(PDF\) \(https://library.samhsa.gov/sites/default/files/tips-help-children-cope-disaster-pep23-01-01-012.pdf\)](https://library.samhsa.gov/sites/default/files/tips-help-children-cope-disaster-pep23-01-01-012.pdf)
- [American Foundation for Suicide Prevention: Children, Teens, and Suicide Loss \(https://aws-fetch.s3.amazonaws.com/flipbooks/childrenteenssuicideloss/index.html?page=1\)](https://aws-fetch.s3.amazonaws.com/flipbooks/childrenteenssuicideloss/index.html?page=1)

### Workplace

- [A Manager's Guide to Suicide Postvention in the Workplace: 10 Action Steps for Dealing with the Aftermath of a Suicide \(https://theactionalliance.org/resource/managers-guide-suicide-postvention-workplace-10-action-steps-dealing-aftermath-suicide\)](https://theactionalliance.org/resource/managers-guide-suicide-postvention-workplace-10-action-steps-dealing-aftermath-suicide)

### School settings K-12

- [After a Suicide: A Toolkit for Schools \(https://sprc.org/resources/after-suicide-toolkit-schools\)](https://sprc.org/resources/after-suicide-toolkit-schools)
- [Suicide Prevention Resource Center: Provide for Immediate and Long-term Postvention \(https://sprc.org/resources/after-suicide-toolkit-schools\)](https://sprc.org/resources/after-suicide-toolkit-schools)

### Military

- [Tragedy Assistance Program for Survivors \(https://www.taps.org/suicide\)](https://www.taps.org/suicide)
- [Postvention Toolkit for a Military Suicide Loss \(PDF\) \(https://www.health.state.mn.us/communities/suicide/documents/postventiontoolkit.pdf\)](https://www.health.state.mn.us/communities/suicide/documents/postventiontoolkit.pdf)

### Rural

- [After Rural Suicide: A Guide For Coordinated Community Postvention Response \(PDF\) https://device.report/m/a05455f7e4d4ae51a85bfcf27b7b1bf96ed224b6b7cb0fd213e10ebff13333a8.pdf](https://device.report/m/a05455f7e4d4ae51a85bfcf27b7b1bf96ed224b6b7cb0fd213e10ebff13333a8.pdf)

## Appendix R: Suicide loss survivors support resources

Losing a loved one to suicide is difficult and can come with complicated emotions. This journey can be challenging, but you don't have to face it alone. There are a variety of different supports available to help cope with the loss of a loved one to suicide, including a variety of different resources that may be helpful for you on your path to healing.

### 988

[988 Suicide & Crisis Lifeline \(988lifeline.org\)](https://988lifeline.org) provides free and confidential mental health support 24/7 to individuals in emotional distress or experiencing suicidal thoughts. By connecting with 988, you can connect with trained counselors who can provide support, guidance, and resources to help you through difficult times.

### Healing Conversations

Healing Conversations is a program through the American Foundation for Suicide Prevention that offers a one-time visit (phone, virtual, in-person) that connects those who have lost a loved one to suicide with trained volunteers who are also survivors of suicide loss. The goal of this connection is to help recent survivors navigate this challenging journey by offering support, connection, and resources. [Healing Conversations \(https://afsp.org/healing-conversations/\)](https://afsp.org/healing-conversations/)

### Bereavement support groups

When you have lost someone to suicide, it is not unusual to withdraw from others. Bereavement groups, ideally a group focused on suicide loss, can be helpful. These groups can offer a community that has gone through a similar loss and provide a space for hope and healing.

Tips in choosing a support group:

- **Do research:** Check [American Foundation for Suicide Prevention \(https://afsp.org/find-a-support-group/\)](https://afsp.org/find-a-support-group/) to locate a support group near you.
- **Choose one that is right for you:** There are options for in-person or virtual online support groups that may have different focuses. Support groups are through organizations like faith communities, hospitals, or non-profit agencies and are often facilitated by those with lived experience. A support group is centered more on coping strategies and finding comfort from shared experiences where a therapy group focuses on bringing about change and personal growth through structured guidance and facilitated by a trained mental health professional. Consider what might feel the most beneficial to you.
- **Communicate with the facilitator:** If possible, communicate before attending a group to better understand group dynamics and group rules/expectations.
- **See if it is a good fit:** Try out the support group for a while and if it doesn't seem to feel right it is ok to try a different format or group.
- **Trust your instincts:** Watch out for groups that promise a cure, charge high fees or pressure the purchase of products or services

## Mental health professional

Survivors commonly experience symptoms of post-traumatic stress disorder (PTSD), intense emotions, conflicted feelings about the death, guilt, blame, social stigma, financial issues, and other unexpected challenges in relationships. A mental health professional can provide guidance and support that is tailored to your specific needs. There are many different types of mental health professionals such as therapists and counselors. Having someone to talk with who is trained in traumatic loss can be very helpful. Look for a grief or trauma counselor who has experience helping people bereaved by suicide.

### Tips in choosing a mental health professional:

- **Determine what type of mental health professional you need:** There are a variety of different types of mental health professionals. It is a good idea to determine what type of mental health professional you may want to engage with. Visit here for information about the different types: [Mental Health America: Finding the Right Clinical Mental Health Care For You \(https://www.mhanational.org/finding-right-mental-health-care-you\)](https://www.mhanational.org/finding-right-mental-health-care-you)
- **Don't be afraid to ask questions:** Having someone to talk to who is trained in traumatic loss can be helpful. Don't be afraid to ask about their training and experience specific to suicide grief and loss.
- Do research:
  - Review the list of clinicians who have been trained in suicide bereavement through the [American Foundation for Suicide Prevention Bereavement Trained Clinicians \(https://afsp.org/suicide-bereavement-trained-clinicians/\)](https://afsp.org/suicide-bereavement-trained-clinicians/)
  - Use this confidential and anonymous resource for locating treatment facilities for mental and substance use disorder: [FindTreatment.gov \(https://findtreatment.gov/\)](https://findtreatment.gov/)
  - The decision to use herbs or medication is a personal one. There is no one "right way." You alone will know what feels right. If you are considering medication, consider seeking the help of a psychiatrist (rather than a general practitioner) and informing yourself about possible side effects.
- **Determine if it is a good fit:** As you are meeting with your mental health professional, reflect to ensure that it is the right fit for the support you are looking for.

## Appendix S: After a death by suicide brochures, booklets, handouts

### American Foundation for Suicide Prevention (AFSP) resources

Contact the Minnesota chapter of the American Foundation for Suicide Prevention (AFSP) to request printed copies of brochures and handouts. [Minnesota | AFSP \(https://afsp.org/chapter/minnesota\)](https://afsp.org/chapter/minnesota)

- **After a Suicide brochure:** AFSP’s After a Suicide brochure provides comfort and the essential, practical guidance suicide loss survivors so desperately need in the first few days after their loss. The brochure describes common emotional responses to this particular type of grief, information on what research tells us about suicide in a section entitled, “Understanding the Why,” and available resources to help them heal. [After a Suicide \(https://block-image-uploader-prod.s3.us-west-2.amazonaws.com/78468da5-14f8-460b-a5e9-ae96924b878b/13754\\_AFSP\\_After\\_Suicide\\_Brochure\\_m1\\_v2.pdf\)](https://block-image-uploader-prod.s3.us-west-2.amazonaws.com/78468da5-14f8-460b-a5e9-ae96924b878b/13754_AFSP_After_Suicide_Brochure_m1_v2.pdf)
- **Surviving a Suicide Loss Resource and Healing Guide:** AFSP’s *Surviving a Suicide Loss: Resource and Healing Guide* is a guide for suicide loss survivors providing support, resources, and tools to foster hope and healing. It contains practical information as well as stories from experts and fellow loss survivors. [Surviving a Suicide Loss Resource and Healing Guide \(https://aws-fetch.s3.us-east-1.amazonaws.com/flipbooks/survivingASuicideLoss/index.html?page=1\)](https://aws-fetch.s3.us-east-1.amazonaws.com/flipbooks/survivingASuicideLoss/index.html?page=1)
- **#RealConvo Guide - How to Talk to a Suicide Loss Survivor:** Ten tips to help you navigate conversations with suicide loss survivors in a kind, thoughtful and responsible way. [#RealConvo Guide - How to Talk to a Suicide Loss Survivor \(https://block-image-uploader-prod.s3.us-west-2.amazonaws.com/493368ce-0ba8-481c-9c20-ef88b3901d1a/how-to-talk-to-a-suicide-loss-survivor-4.pdf\)](https://block-image-uploader-prod.s3.us-west-2.amazonaws.com/493368ce-0ba8-481c-9c20-ef88b3901d1a/how-to-talk-to-a-suicide-loss-survivor-4.pdf)
- **Self-Care Strategies for Resilience:** A one-pager with self-care strategies and a worksheet to add your own personal strategies. [Self Care Strategies for Resilience \(https://www.datocms-assets.com/12810/1648651367-14086\\_afsp\\_selfcare\\_strategies\\_flyer\\_update\\_m1.pdf\)](https://www.datocms-assets.com/12810/1648651367-14086_afsp_selfcare_strategies_flyer_update_m1.pdf)
- **Book and Film Recommendations for Loss Survivors:** A booklet with a list of book and film recommendations or loss survivors. [Book and Film Recommendations for Loss Survivors \(https://block-image-uploader-prod.s3.us-west-2.amazonaws.com/aa53b8a4-4bca-46b6-a419-d076d9ce8702/Book-and-Film-Resources-Booklet.pdf\)](https://block-image-uploader-prod.s3.us-west-2.amazonaws.com/aa53b8a4-4bca-46b6-a419-d076d9ce8702/Book-and-Film-Resources-Booklet.pdf)

## Suicide Awareness Voices of Education (SAVE) resources

- **Suicide Grief: Making Meaning Out of Loss:** This handout provides coping strategies for people who have been touched by suicide. [Suicide Grief: Making Meaning Out of Loss \(https://www.save.org/wp-content/uploads/2024/02/Suicide-Grief-Making-Meaning-Out-of-Loss.pdf\)](https://www.save.org/wp-content/uploads/2024/02/Suicide-Grief-Making-Meaning-Out-of-Loss.pdf)
- **Providing Support to Someone Experiencing Suicide Loss:** This handout discusses appropriate ways to comfort suicide survivors. [Providing Support to Someone Experiencing Suicide Loss \(https://www.save.org/wp-content/uploads/2024/02/Providing-Support-to-Someone-Experiencing-Suicide-Loss.pdf\)](https://www.save.org/wp-content/uploads/2024/02/Providing-Support-to-Someone-Experiencing-Suicide-Loss.pdf)
- **Common Misconceptions of Suicide:** This handout reviews common misconceptions regarding suicide. [Common Misconceptions of Suicide \(https://www.save.org/wp-content/uploads/2024/02/Common-Misconceptions-of-Suicide.pdf\)](https://www.save.org/wp-content/uploads/2024/02/Common-Misconceptions-of-Suicide.pdf)
- **Why Do People Die by Suicide?** This handout discusses the complexities of why someone may die by suicide. [Why Do People Die by Suicide? \(https://www.save.org/wp-content/uploads/2024/02/Why-Do-People-Die-by-Suicide.pdf\)](https://www.save.org/wp-content/uploads/2024/02/Why-Do-People-Die-by-Suicide.pdf)

## National Alliance on Mental Illness (NAMI) Minnesota handouts

- **Understanding Suicide:** This handout shares contributing factors to suicide, emotions commonly experienced by suicide loss survivors, and things you can do to help with the grieving process. [Understanding Suicide \(https://namimn.org/wp-content/uploads/sites/48/2024/05/02-Understanding-Suicide-Updated-2024\\_05.pdf\)](https://namimn.org/wp-content/uploads/sites/48/2024/05/02-Understanding-Suicide-Updated-2024_05.pdf)
- **Talking About Suicide Safely:** This handout provides guidance on safe messaging, and how to talk about suicide safely and share stories in a way that supports healing and help-seeking behavior among people vulnerable to suicidal thoughts and behavior. [Talking About Suicide Safely \(https://namimn.org/wp-content/uploads/sites/48/2024/05/06-Safe-Suicide-Messages-Updated-2024\\_05.pdf\)](https://namimn.org/wp-content/uploads/sites/48/2024/05/06-Safe-Suicide-Messages-Updated-2024_05.pdf)
- **Suicide and Life Insurance:** This fact sheet provides important information about Minnesota's law governing life insurance policies after a suicide death. [Suicide and Life Insurance \(https://namimn.org/wp-content/uploads/sites/48/2024/05/07-Life-Insurance-and-Suicide-Updated-2024\\_05.pdf\)](https://namimn.org/wp-content/uploads/sites/48/2024/05/07-Life-Insurance-and-Suicide-Updated-2024_05.pdf)

## Appendix T: Best practices for training and education following a suicide loss

In the wake of a suicide loss, communities often move quickly to offer education and training. While well-intended, these efforts must be grounded in best practices that prioritize healing, hope, and safety. This appendix outlines key considerations for developing and delivering postvention-focused training.

### 1. Training objectives prioritize healing and safety

- Reinforce messages of hope, connection, and the availability of support.
- Provide education about suicide contagion and how to prevent it.
- Teach safe messaging and language use when discussing suicide or grief.
- Emphasize the importance of culturally responsive, trauma-informed approaches.

### 2. Tailor content to the audience

- For educators or school staff: Focus on consistent policies, appropriate classroom responses, and signs of student distress.
- For youth and young adults: Promote peer support, destigmatizing mental health, and where to turn for help.
- For parents and caregivers: Offer communication strategies and resources for supporting grieving children or teens.

### 3. Timing and format matter

- Avoid rushing into training immediately after the loss. Take time to assess readiness and community needs.
- Use briefings early on for those in direct roles (e.g., crisis response teams), and schedule broader education efforts once the community is more stabilized.
- Offer multiple ways to engage (e.g., live sessions, written guides, virtual options).

### 4. Collaborate with community partners

- Engage local mental health professionals, cultural leaders, and postvention experts in planning and delivering training.
- Align messaging and practices across school, faith, and community organizations.

### 5. Examples of healing-focused training topics

- How to recognize and respond to grief reactions in youth.
- Safe messaging and how language can reduce stigma.
- Understanding the difference between healthy remembrance and harmful glorification.
- Promoting protective factors: connection, hope, belonging, and access to help.

### 6. Training dos and don'ts

- **Do:** Center long-term community wellbeing.

- **Do:** Pair education with support resources and check-in opportunities.
- **Don't:** Use emotionally charged imagery, dramatic storytelling, or language that sensationalizes the death.
- **Don't:** Present suicide as inevitable or caused by a single factor.

By developing and delivering education thoughtfully, communities can promote healing while preventing further harm. Training should never be reactionary. It is informed, strategic, and grounded in best practices that build a more resilient, supportive community.

## Appendix U: Guidance on starting groups or foundations following a suicide loss

After a suicide loss, some families and communities feel compelled to take action by creating a foundation, group, or coalition in the name of their loved one. While advocacy can be a meaningful way to honor someone's life, these efforts must be approached with care to avoid unintentional harm.

Before launching a new initiative, it's important to recognize that many groups and organizations already exist; a valuable first step is to learn what is happening locally and explore opportunities to collaborate with these efforts.

### 1. Allow time for grief before action

- Ensure individuals have space and support to process their own grief before launching new efforts.
- Grieving loved ones may experience pressure to "do something" immediately—encourage reflection and healing first.

### 2. Consider the purpose and long-term vision

- Clarify whether the goal is support, education, policy change, or fundraising—and whether a new entity is needed to accomplish it.
- Evaluate if existing organizations or coalitions are already working toward similar goals and may offer collaboration opportunities.

### 3. Avoid glorification through naming or branding

- Use caution when naming a group or foundation after the person who died.
- Avoid names or imagery that may romanticize the death, especially for youth audiences.
- Focus messaging on mental health promotion, help-seeking, resilience, and hope.

### 4. Engage with experts and survivors

- Partner with mental health professionals, loss survivors, and postvention leaders to guide safe and effective practices.
- Seek mentorship from established organizations that have navigated similar paths.

### 5. Promote safe messaging in all activities

- Ensure all communications follow safe messaging guidelines.
- Frame efforts around prevention, healing, and community wellbeing rather than focusing solely on the loss.

### 6. Support the wellbeing of founders and volunteers

- Recognize that ongoing grief can affect the emotional health of those leading initiatives.
- Build in supports such as peer check-ins, reflection time, and professional guidance.

Creating a group or foundation can be a powerful tribute—but only if done in a way that centers healing, safety, and the needs of the broader community. Encourage individuals to take their time, consult experts, and build efforts that are sustainable, collaborative, and rooted in best practices.

## Appendix V: Guidance on holding school or community assemblies after a death by suicide

Following a suicide loss, schools and communities often feel a strong urge to come together publicly to acknowledge the tragedy. While this instinct is rooted in care and compassion, it's critical to recognize that assemblies are not an effective suicide prevention strategy and, if handled without care, can actually increase risk for vulnerable individuals—especially youth.

Assemblies must be approached with caution, thoughtful planning, and a strong understanding of suicide postvention best practices.

### 1. Understand the limits of assemblies

- Assemblies are not a recommended or evidence-based suicide prevention tool. They do not reduce risk and may even contribute to contagion when conducted without safeguards.
- Large gatherings can increase emotional distress, reinforce grief in unhealthy ways, and inadvertently send unsafe messages if not carefully structured.
- If an assembly is held, it is only one small part of a broader, long-term plan for support and prevention, and never the sole response.

### 2. Prioritize timing, emotional readiness, and safety

- Do not hold an assembly immediately after the death. Allow time for crisis teams to assess needs, stabilize the environment, and support grieving individuals.
- Evaluate whether an assembly is even necessary, or whether other formats (e.g., small-group conversations, advisory periods, classroom check-ins) would better meet the needs of students or community members.
- Consider the emotional state of attendees; those in acute grief or crisis may benefit more from personal support than a public gathering.

### 3. Avoid glorifying the death or the individual

- Never share details about the method of death or portray the person's life and death in a way that could be romanticized.
- Avoid emotional tributes, photo slideshows, or open-mic segments that can inadvertently contribute to contagion—especially among impressionable audiences.
- Be cautious of naming events or memorial efforts after the person who died.

### 4. Center messaging on hope, help-seeking, and resilience

- Content shall align with safe messaging principles, emphasizing mental health, connection, and coping.
- Clearly communicate that suicide is preventable and that help is available.
- Provide information about how and where individuals can access support, both immediately and long term.

### **5. Include mental health professionals in planning and delivery**

- Engage school psychologists, counselors, or local mental health experts in every stage of planning and facilitation.
- Ensure trained staff are present during and after the assembly to monitor for distress and provide support.
- Do not ask peers or staff directly affected by the loss to speak unless they are emotionally ready and supported by professionals.

### **6. Explore alternatives to assemblies**

- If there is strong desire for a communal response, consider safer alternatives:
  - Structured classroom conversations led by trained staff.
  - Mental health awareness campaigns.
  - Acts of kindness or service in honor of the person who died.
- These approaches can reduce risk while still fostering healing and community connection.

### **7. Follow up with ongoing support and prevention efforts**

- An assembly, or any single event, is not enough. Create a long-term plan that includes:
  - A data-driven comprehensive prevention plan.
  - Continued access to counseling and peer support.

## Appendix W: Minnesota resources for postvention support

### Immediate Response (First 24-72 hours)

Resource	Description
Local Mobile Crisis Teams	Provides 24/7 emotional support, assessment (coping with loss), short-term intervention, and stabilization services to individuals as requested. Provides grief resources to loss survivors.
School Crisis Response Teams	<p>Offer immediate assistance by trained team members who are unattached to the school district. Services include:</p> <ul style="list-style-type: none"> <li>• Facilitating meetings/conversations with staff.</li> <li>• Preparing internal and external announcements.</li> <li>• Establishing and staffing comfort rooms.</li> <li>• Assisting with security needs.</li> <li>• Arranging parent/community meetings.</li> <li>• Supporting students and staff.</li> <li>• Individual or group counseling/debriefing sessions.</li> <li>• Triage: Identify individuals who may require additional services.</li> <li>• Psychological First Aid.</li> <li>• Compassion/team fatigue: supporting adults/staff/admin/teams.</li> <li>• Consultation regarding rituals/remembrances, etc.</li> </ul>
Suicide Prevention Regional Coordinator	Provide 988 materials and postvention resources as requested. Refer requesting entities to other postvention teams as appropriate.
Local Outreach to Suicide Survivors (L.O.S.S.) Teams	L.O.S.S. teams proactively reach out to suicide loss survivors. A two-person volunteer team proactively goes to the scene, or shortly after, of a suicide to provide immediate support to loss survivors. At least one of the two trained volunteers is a survivor of a suicide loss. LOSS team volunteers provide peer-based grief support, resources, and understanding.

Resource	Description
Community Postvention Response Teams	Suicide Response Coordinator activates a multi-disciplinary CRT response upon receiving request. CRT team coordinates with LOSS team and partner agencies to provide grief support and resources to the newly bereaved, and screen individuals for suicide risk and provide appropriate referrals when warranted. CRT may also assist with media requests and announcements.

**Short Term Response Planning (First Week to Months)**

Resource	Description
Local Mobile Crisis Teams	Short-term intervention, and stabilization services to individuals as requested. Individualized supports to deal with complexities of loss. May coordinate with community partners as requested to provide support during memorials and commemorations of the deceased.
School Crisis Response Teams	Provide support to schools during and after tragic events, helping to restore emotional wellbeing.
Suicide Prevention Regional Coordinator	Provide guidance on the development of protocols for a postvention community response (if one is not in place).
Local Outreach to Suicide Survivors (LOSS) Teams	Work alongside law enforcement, faith leaders, coroners, and other community partners to support survivors immediately and soon after their loss.
Community Postvention Response Teams	<p>Help restore equilibrium and functioning within the community and impacted agencies by:</p> <ul style="list-style-type: none"> <li>• Promoting healthy grieving and commemoration of the deceased in a safe manner.</li> <li>• Providing strategies to comfort those who are distressed and minimize adverse reactions.</li> <li>• Support impacted agencies in identifying those most likely to need support and help reduce risk of contagion.</li> <li>• Co-lead support/education groups and meetings as needed.</li> </ul>

**Long Term Response and Recovery**

Resource	Description
Local Mobile Crisis Teams	Ongoing promotion of local crisis resources
School Crisis Response Teams	<p>Provide ongoing postvention support to schools. Services include:</p> <ul style="list-style-type: none"> <li>• Ongoing educational opportunities for students, staff, and community</li> <li>• Longitudinal planning for ongoing support, including comprehensive plan development.</li> </ul>
Suicide Prevention Regional Coordinator	<ul style="list-style-type: none"> <li>• Provide guidance on the development of protocols for a postvention community response (if one is not in place).</li> <li>• Development of a Comprehensive Suicide Prevention Plan.</li> </ul>
Local Outreach to Suicide Survivors (LOSS) Teams	<p>Provide education to businesses, agencies, faith communities, and others on suicide prevention and postvention strategies. May host a survivor of suicide loss support group to provide ongoing connection and healing.</p> <p>Maintain a directory of mental health providers experienced in supporting those who have experienced loss.</p>
Community Postvention Response Teams	<p>Coordinate ongoing prevention, intervention and postvention training efforts with community partners. Help to ensure that local officials are aware of postvention efforts and that they are not in conflict with other existing policies and procedures. Provide long-term planning support to communities and promote available postvention services.</p>

1. [Minnesota Mobile Crisis Response Teams \(https://mn.gov/dhs/people-we-serve/people-with-disabilities/health-care/adult-mental-health/programs-services/mobile-crisis.jsp\)](https://mn.gov/dhs/people-we-serve/people-with-disabilities/health-care/adult-mental-health/programs-services/mobile-crisis.jsp)
2. [Minnesota Statewide Crisis Management Team list with Map \(https://education.mn.gov/mdeprod/groups/educ/documents/basic/cm9k/mdg2/~edisp/prod086136.pdf\)](https://education.mn.gov/mdeprod/groups/educ/documents/basic/cm9k/mdg2/~edisp/prod086136.pdf)
3. [Minnesota Suicide Prevention Regional Coordinators \(https://www.health.state.mn.us/communities/suicide/mnresponse/regionalcoord.html\)](https://www.health.state.mn.us/communities/suicide/mnresponse/regionalcoord.html)
4. [Local Outreach to Suicide Survivors \(LOSS\) Teams- https://www.lossteam.com/\)](https://www.lossteam.com/)

5. Community Postvention Response Teams  
(<https://www.azahcccs.gov/AHCCCS/Downloads/PostventionInformationSheet.pdf>)