Ontario Centre of Excellence for Child and Youth Mental Health

Centre d'excellence de l'Ontario en santé mentale des enfants et des adolescents

Bringing People and Knowledge Together to Strengthen Care.
Rassembler les gens et les connaissances pour renforcer les soins.

Evidence In-Sight:
Suicide postvention programming

Date: March 2015

The following Evidence In-Sight report involved a non-systematic search and summary of the research and grey literature. These findings are intended to inform the requesting organization, in a timely fashion, rather than providing an exhaustive search or systematic review. This report reflects the literature and evidence available at the time of writing. As new evidence emerges, knowledge on evidence-informed practices can evolve. It may be useful to re-examine and update the evidence over time and/or as new findings emerge.

Evidence In-Sight primarily presents research findings, along with consultations with experts where feasible and constructive. Since scientific research represents only one type of evidence, we encourage you to combine these findings with the expertise of practitioners and the experiences of children, youth and families to develop the best evidence-informed practices for your setting.

While this report may describe best practices or models of evidence-informed programs, Evidence In-Sight does not include direct recommendations or endorsement of a particular practice or program.

This report was researched and written to address the following question(s):

- What are the best practices for youth suicide postvention programs? How have these programs been evaluated?

We prepared the report given the contextual information provided in our first communications (see Overview of inquiry). We are available at any time to discuss potential next steps.

We appreciate your responding to a brief satisfaction survey that the Centre will e-mail to you within two weeks. We would also like to schedule a brief phone call to assess your satisfaction with the information provided in the report. Please let us know when you would be available to schedule a 15-minute phone conversation.

Thank you for contacting Evidence In-Sight. Please do not hesitate to follow up or contact us at evidenceinsight@cheo.on.ca or by phone at 613-737-2297.

1. Overview of inquiry

This report responds to an inquiry from one of the Centre's youth suicide prevention (YSP) coaches. YSP coaches work with communities in Ontario to support capacity in developing, implementing and evaluating youth life promotion/suicide prevention, risk management, and postvention strategies. One particular community would like to integrate postvention programs into the repetoire of offered services, and is interested in identifying best practice recommendations and evaluation information to help inform their program planning. Accordingly, this report addresses the following questions: *What are the best practices for youth suicide postvention programs? How have these programs been evaluated?*

2. Summary of findings

- This report contains postvention literature pertaining to children and youth as well as the adult population. There appears to be limited research in the field of postvention, particulary with regard to youth suicide.
- Guidelines that were reviewed for this report emphasize the importance of advanced postvention planning; they recommend that schools, agencies, and organizations have a holistic postvention plan that includes entire communities and key stakeholders.
- There is growing literature to support the use of an active postvention model following youth suicide.
- *The Suicide Prevention Resource Center – Best Practices Registry* highlights various postvention programs and practices.
- The Riverside Trauma Center Postvention Guidelines are a set of postvention practices that may be useful for organizations and agencies who are interested in postvention planning.
- Limited evaluation has been conducted with regard to postvention programs. A systematic review of postvention research on school, community and family-focused postvention programs found some positive outcomes, but was otherwise inconclusive. Various authors in the postvention field have highlighted the urgent need for further research and methodologically-sound evaluations of such programs.

3. Answer search strategy

- Searches were conducted in the following databases: University of Ottawa Database (Scholars portal, PubMed, PsychINFO, Ovid MEDLINE (R)), SAMHSA's National Registry of Evidence-based Programs and practices (NREPP); PracticeWise; Suicide Prevention Resource Center – Best Practices Registry; Google Scholar
- Various combinations of the following search terms were used: postvention, suicide, bereavement, evaluation, programs, intervention, family-focused, youth, first responders, outreach.
- A Google search was used to search for existing frameworks, best-practice listings, and other links to grey literature.

4. Findings

4.1 Impact of suicide

Jordan & McIntosh (2011) define a suicide survivor as "…someone who experiences a high level of self-perceived psychological, physical, and/or social distress for a considerable length of time after expsoure to the suicide of another person" (p.7). Central to this defintion is the *impact* of the suicide on the survivor beyond their personal bond to the individual who died by suicide. The authors note that by defining the survivor in this way, our

understanding of who may be affected by suicide and require postvention services may expand (Jordan & McIntosh, 2011).

The literature suggests that individuals bereaved by suicide are more likely to develop depression, may be at a higher risk for suicide and that their grief may also be complicated by several feelings of guilt, shame, anger or abandonment (Chehil & Kutcher, 2012). Recent research by Swanson & Coleman (2013) also highlights that *suicide contagion* - the idea that exposure to suicide can influence suicidal ideation and behaviour in other people - can occur among young people. Study results suggest that exposure to suicide predicts suicidality in young people; youth who have been exposed to suicide (e.g., within school, personally) are more likely to have sucidal ideation (Swanson & Colman, 2013). Given the complexity of suicide bereavement, it is imperative that suvivors are supported in an appropriate and timely manner.

4.3 Postvention programming

Postvention is an intervention designed to (i) support individuals who have been affected by the death of a suicide through the grieving process; and (ii) at the broader community level, reduce the potential forsuicide contagion (Szumilas & Kutcher, 2010). While there is a vast amount of literature pertaining to suicide prevention and bereavement interventions, this search revealed limited research pertaining to suicide postvention programming. In terms of what does exist on this topic, Szumilas and Kutcher's (2011) systematic review suggests that what limited postvention literature is available is primarily "descriptive or theoretical" (p.28). As well, while there is a significant amount of literature concerning bereavement interventions, there appears to be limited research focusing specifically on postvention programming with regard to youth suicide.

While not specific to youth suicide, the literature does contain various policies and protocols outlining specific steps and recommendations for organizations, communities and service providers when responding to suicide. The following section provides an overview of the postvention literature with regards to organizational, community and group program planning.

Organizational postvention programs

While there appears to be limited literature to support the development of postvention protocols, Berkowitz, McCauley, Schuurman & Jordan (2011) note that it is important for organizations (e.g., schools, businesses, agencies, medical institutions) to have formal postvention protocols in place. According to these authors, organizational postvention strategies tend to share the following universal tasks (p.164-173):

- A process to verify death and cause
- A process for coordinating external and internal resources
- A process for disseminating information (i.e., details about the death)
- Mechanisms to provide support for those most affected by death
- Identification of those at risk and prevention of contagion
- Establishing opportunities for commemoration
- Mechanisms to provide psychoeducation on grieving, depression, Post Traumatic Stress Disorder (PTSD) and suicide
- Case finding/screening; screening (e.g., screen students and co-workers for depression and risk of suicide)

- Second or subsequent suicide
  - The authors recommend forming a community coordinating committee (which may include school officials, media, community leaders; mental health agencies) if a second or subsequent suicide occur. The purpose of this committee is to coordinate suicide prevention on a community level.
- Linking to resources (e.g., individuals, groups, local support, organizations)
- Mechanisms to support evaluation and a review of lessons learned
- The development of a systemwide prevention plan

Berkowitz et al. (2011) highlight that postvention planning can be challenging when working to meet the various needs of different stakeholders within an organization and community - balancing the need for commemoration activities, honouring the family, meeting the needs of the bereaved community and working to reduce the possibility of a contagion effect. As a result, the authors emphasize that postvention strategies should be viewed as an evolving process; one that requires flexibility to respond appropriately to the many complex challenges organizations encounter when working to support individuals and communities bereaved by suicide (Berkowitz et al., 2011).

While not specific to *youth* suicide, *The Riverside Trauma Center Postvention Guidelines* (Berkowitz, MacCauley & Mirisk, n.d.) and *A manager's guide to suicide postvention in the workplace: 10 action steps for dealing with the aftermath of suicide* (Carson J Spencer Foundation, 2013) are examples of organizational postvention guidelines and protocols. Such resources might offer ideas and approaches that could be tailored to postvention with youth populations. Please refer to Section 4.5 for more information about these two guidelines.

School postvention programs

There is a great deal of literature regarding youth suicide prevention and postvention in schools. Szumilas and Kucther (2010) note that the school-based postvention literature highlights a variety of programs such as supportive counselling (directed towards close friends), psychological debriefing (directed towards whole school) and crisis/gatekeep training (directed towards school personnel) (Szumilas and Kutcher,2010).

School Mental Health ASSIST is an Ontario-based implementation team designed to support school boards across the province enhance child and youth mental health and well-being. In 2014, School Mental Health ASSIST developed *Youth suicide prevention at school: A resource for school mental health leadership teams*. This resource provides guidance to school personnel developing school-based protocols for youth life promotion/suicide prevention, risk management and postvention. The authors note that while it is important for school boards to develop comprehensive school-based postvention plans that provide clear procedures with identified roles, they also need to work collaboratively with school personnel and community partners to build capacity to understand how to implement the intervention appropriately when needed (School Mental Health Assist, 2014). In this resource, the authors provide particular recommendations for postvention work, such as:

- do not assume that all students will require supportive postvention services, but offer counselling support for students and staff who require it.
- connect with the family of the student who has died and allow them to make choices about how the death will be communicated to students and staff.

- Ensure that all communciations are timely and done in a sensitive manner.

A full copy of this resource can be accessed online at http://smh-assist.ca/blog/2015/10/22/school-mental-health-decision-support-tool-student-mental-health-awareness-activities-school-admin-version/. Similar resources are available at http://smh-assist.ca/resources/.

The American Foundation for Suicide Prevention (2011) created a postvention toolkit for school entitled *After a sucide: A toolkit for schools*. Developed in consultation with various key stakeholder (e.g., researchers, clinicians, school professions and crisis response professionals), this document provides key consderations and guidelines for schools to follow after the death of a student by suicide. The authors recommend that a school crisis response team consist of at least five individuals; preferably a combination of social workers, school administrators, counsellors, nurses, psychologists (American Suicide Foundation for Suicide Prevention, 2011). A full copy of this resource can be accessed online at: http://www.sprc.org/sites/sprc.org/files/library/AfteraSuicideToolkitforSchools.pdf

Lifelines postvention: Responding to suicide and other traumatic death (Lifelines, n.d.) and *Youth suicide prevention, intervention, and postvention guidelines: A resource for school personnel (The Maine Youth Suicide Program, 2009)* are examples of school-based postvention guidelines and protocols. Please refer to Section 4.5 for more information about these two guidelines.

While the literature outlines potential evidence-informed school-based postvention strategies, several authors note that psychological debriefing should not be to used with young people (Szumilas & Kucther, 2010; Szumilas, Wei & Kutcher, 2010). Szumilas et al. (2010) define psychological debriefing as “single-session individual psychological intervention that involves reworking, reliving or recollection of the trauma and subsequent emotional reactions” (p.883). Szumilas and Kutcher (2010) also caution against the use of school-wide postvention programs that require all students to participate.

Finally, like other areas of postvention, there appears to be limited research and evaluation of school-based postvention programs and strategies (School Mental Health Assist, 2014). Please refer to Section 4.5 for more information regarding evaluation of school postvention programming.

Community-based postvention programs

Working from a socio-ecological approach, various experts emphasize the importance of using holistic postvention planning, which involves working to include all relevant stakeholders within the community. Community partners typically involved in the development of community suicide policies and protocols include crisis response programs, schools, police, child protection offices, hospital emergency departments and community-based mental heath agencies (White, 2013). Australian authors, Bycroft et al. (2011) note that a systemic postvention approach requires (p.445):

- in-person support to survivors as soon as possible after a suicide (e.g., emergency services).
- a community who is able and prepared to react appropriately
- a range of available resources that are appropriately targeted to the unique and changing needs of individuals who are bereaved by suicide.

Bycroft et al. (2011) highlight the following community and systemic processes to effectively support individuals who are bereaved by suicide (Figure 28.1, p.446):

- There has been a broadly based **community education** campaign based on demonstrable evidence.
- Community awareness and understanding has been raised and there is a **ready-response capability** amongst community, family and friends.
- Emergency services core training protocols include basic principles of a supportive framework – **"psychological first-aid – Do no harm".**
- There is a central **"one-stop"/"one-call"** contact point which can direct bereaved to the most appropriate mix of products and services.
- Emergency services have **contact details for support**.
- There is a locally based 24-hour coordinated **quick-response, face-to-face support service** for people bereaved by suicide.
- There is an **entry under "S"** for "suicide help" in telephone directory.
- There is a **national help line** to direct people to locally based support.
- There is a **national network** of coordinated suicide response services.
- There is a national network of **suicide bereavement support groups**.
- There are appropriately trained and **accessible local counsellor**s.

Some research suggests that supporting active outreach to family and friends who have lost a loved one to suicide is a promising postvention strategy (Szumilas & Kutcher, 2011; Cerel & Campbell, 2008). While many postvention programs involve waiting for survivors to seek out resources, it would seem that an active model of postvention is more effective, wherein outreach to survivors (e.g. providing support services and appropriate referrals) is encouraged as soon after the death as possible (Cerel & Campbell, 2008). An example of an active model is the Local Outreach to Survivors of Suicide (LOSS), established by Dr. Frank Campbell in Baton Rouge, Louisiana. The LOSS program consists of a first-response team comprised of crisis center staff members and survivor volunteers who work directly with survivors as closely as possible to the time of death, providing immediate support and accessing available resources (Campbell et al., 2004; Campbell, 2011).

When implementing an active postvention model, Campbell (2011) highlights the importance of capacity building within the community, and argues that strong connections with the appropriate stakeholders (e.g. law enforcement, first responders, medical personnel) is essential to the success of the model. Although studies focused on the effectiveness of the LOSS program appear to be limited, Cerel and Campbell (2008) conducted a preliminary analysis of archived program data on suicide survivors presenting for treatment and found that survivors who were targeted using an active postvention model sought services sooner than those who received a passive model of treatment (i.e., survivors seek out/locate resources themselves).

Connect is another example of a community-based postvention program. Please refer to Section 4.5 for more information about Connect.

Another community-based postvention program that was identified in the literature is the *StandBy Response Service (Standby)* which operates throughout Australia. In this service, a professional crisis response team offers 24-hour in-

person outreach within a bereaved community as well as telephone support as requested (Bycroft et al., 2011). *Standby* works collaboratively with the community connect individuals bereaved by suicide to resources and support within their local community (e.g., peer support, local bereavement support groups). Recent evaluations of the program suggest that this service is not only cost-effective (Comans et al., 2013), but is also successful at decreasing levels of suicidality among survivors (Visser et al., 2014).

Cox et al., (2012) conducted a literature review to examine the effectiveness of responses to suicide clusters in young people. While the authors note their search revealed limited evidence and formal evidence-based guidelines with regards to how to appropriately respond to suicide clusters in young people, they highlighted the following as promising key postvention strategies (Cox et al., 2012):

- developing a community response plan
- educational/psychological debriefings
- providing both individual and group counselling to affected peers
- screenng high risk individuals
- responsible medical reporting
- promotion of health recovery within community to prevent further suicides

Finally, the literature stresses the importance of following media guidelines when reporting on suicide to avoid perpetuating stigma and to prevent contagion (Canadian Psychiatric Association, 2009). A number of recommendations exist for how to safely report suicide (e.g., media and online coverage). *Mindset: Reporting on mental health* (http://www.mindset-mediaguide.ca/) is a Canadian website that was developed as a field guide for journalists and communication specialists on how to responsibly and sensitively report on mental health and suicide. This resource provides specific recommendations such as "Do tell others considering suicide how they can get help" and "Don't shy away from writing about suicide. The more taboo, the more the myth". The *Recommendations for Reporting on Suicide* (2011) is another set of guidelines that were developed by leading experts in suicide prevention, mental health, journalism, and Internet safety, and provides practical tips for reporting a death by suicide (e.g. appropriate terminology, how to encourage help-seeking behaviour, use and monitoring of social networking sites). A copy of these recommendations can be accessed online at http://reportingonsuicide.org/recommendations/.

Suicide bereavement support groups

The literature highlights the potential importance of support groups for individuals who are bereaved by suicide (Szumilas & Kutcher, 2011; World Health Organization, 2008) and notes that these groups can vary with regard to membership, leadership and group format (Cerel et al., 2009). Support groups may provide survivors with a nonjudgemental and empathetic environment to discuss and process their loss and hopefully with time, create a sense of community (World Health Organization, 2008).

While not specific to youth suicide, there are a variety of resources that aim to help guide individuals as they develop, facilitate and evaluate suicide bereavement support groups:

- **Preventing suicide: How to start a survivors group (2008).** The World Health Organization developed a booklet to guide the development of support groups for people who are bereaved by suicide. This resource suggests

ways to initiate and develop a support group. It also highlights potential risk factors in a group (e.g., group dynamics) an explores how to appropriately support survivors in areas where there may be limited available resources (e.g., rural communities, countires without support programs. A copy of this booklet is available free online at: http://www.who.int/mental_health/prevention/suicide/resource_survivors.pdf).

- **Practice handbook: Suicide bereavement support group facilitation (2009).** Based on the set of standards '*Towards good practice: Standards and guidelines for suicide bereavement support groups',* this practical handbook aims to support individuals who are interested in developing and facilitating suicide bereavement support groups. The document provides detailed recommendations for how to set up a group, select facilitators, facilitate the group and work with challenging situations and particular populations. Finally, this manual contains appendices for further guidance (e.g., facts sheets; examples of brochures, selection criteria, rationale for closed group, supervision sessions). A copy of this handbook is available free online at http://www.lifeline.org.au.

- **Towards good practice: Standards and guidelines for suicide bereavement support groups (2009).** Please refer to Section 4.5 for more information about these particular guidelines and protocols.

Overall, it appears that current evaluation of support groups is lacking and further research is needed to better understand the impact of support groups on individuals who are bereaved by suicide (Cerel et al., 2009; Andriessen & Krysinska, 2012). Cerel et al. (2009) highlight that due to the lack of research and evaluation, little is currently known with regards to how particular factors (e.g., group size, admission practices, context) influence the effectiveness of support groups (p.6).

4.5 Postvention best practices

The Suicide Prevention Resource Center (SPRC) has an extensive set of resources to use in the event of a suicide, includinga Best Practices Registry. The SPRC Best Practices Registry contains information about (i) evidence-based programs to support, (ii) expert & consensus statements, and (iii) programs and practices. A search was conducted within SPRC's Best Practice Registry and yielded the following results:

Section I listings: Evidence-based programs

This section of the registry lists evidence-based interventions; these programs have been extensively evaluated and have confirmed postive outcomes. While many youth and adult suicide prevention programs were highlighted in this section, no programs specifically focusing on postvention were identified.

Section II listings: Expert/consensus statements

This section of the registry lists guidelines, protocols and consensus statements; these have typically been developed by key experts and stakeholders in that topic area and/or based on a review of the literature. These recommendations are intended to guide service providers in developing programs and practices. It is important to note that programs highlighted in Section II of the Best Practice Registry were not reviewed by SPRC for effectiveness.

The following postvention guidelines and protocols were highlighted in this section:

Towards good practice: Standards and guidelines for suicide bereavement support groups	
Description	Developed by Lifeline Australia, these standards and guidelines were developed to support individuals who develop and facilitate suicide bereavement support groups. The Standards and Guidelines are organized into the following topics: • establishment and maintenance (e.g., access and membership, marketing and promotion) • philosophy and processes (e.g., service delivery, group processes) • facilitation and management (e.g., roles, skills and training of support group facilitators) • services (e.g., referral services, review and evaluation of services) These standards and guidelines are intended to assist in the development of support group services and review of support group quality, safety and effectiveness.
Type of program	Guidelines and protocols
Setting	Support groups
Cost	Free; these standards and guidelines are available online at http://www.lifeline.org.au

Section III listings: Adherence to standards

This section of the registry lists informational materials, programs, policies, protocols and practices. While content was reviewed by SPRC, it is important to note that programs highlighted in Section III of the Best Practice Registry were not reviewed for evaluation and positive program outcomes. SPRC does not endorse material presented in this section, but suggests that the following information be used as one of a variety of sources when planning and developing suicide prevention and postvention initiatives.

The following postvention guidelines and protocols were highlighted in this section:

A manager's guide to suicide postvention in the workplace: 10 action steps for dealing with the aftermath of suicide	
Description	This guide provides checklists, flowcharts and the following comprehensive steps for managers to follow in response to a suicide in the workplace: Immediate: Acute Phase *1.* Coordinate: contain the crisis *2.* Notify: respect privacy of decreased employee and family *3.* Communicate: internal communication within workplace to reduce contagion *4.* Support: offer support to family Short-term: Recovery phase *5.* Link: connect particular employees to appropriate support services *6.* Comfort: support healthy grieving *7.* Restore: work towards workplace equilibrium *8.* Lead: work to establish trust in workplace leadership Longer-term: Reconstructing phase *9.* Honor: prepare for potential milestones and events *10.* Sustain: shift from postvention strategies to prevention strategies This guide also provides templates (e.g., internal notification memo; external announcement).
Type of program	Guidelines & protocols
Setting	Workplace

Cost	Free; this guide is available online at http://carsonjspencer.org/files/5614/2072/5762/Managers_Guidebook.pdf

Connect suicide postvention training	
Description	Working from a holistic, socio-ecological model, the Connect suicide postvention training works to build a community's capacity by encouraging collaboration between various key stakeholders in the community (e.g., social services, mental health and substance abuse, education, law enforcement, emergency medicine, faith leaders). Connect created best practice guidelines in consultation with experts in training and suicide prevention, and have been tested and evaluated. Connect outlines that their interactive training objectives include the following: • understand how to coordinate a safe and supportive response to a suicide. • knowledge of appropriate memorial activities, safe communication, and responses to media inquires. • understanding of how to reduce the risk of suicide-related phenomena (e.g., contagion) • understanding of the complexity of suicide-related grief for different age groups and overtime. • knowledge of strategies to encourage help-seeking, reduce stigma, and promoting healing for survivors. • competency in how to recognize and respond to suicide warning signs in survivors and community members after a suicide.
Type of program	Education & training
Setting	Communities
Cost	This program requires training. Training costs include the following: • one day training (six hours or customized); 30 participants; $3,000 plus travel. • two day training (curriculum & development of a postvention response plan); 30 participants, $6,000 plus travel.
More information	For more information, please visit http://www.theconnectprogram.org/.

Lifelines postvention: Responding to suicide and other traumatic death	
Description	Based on grief theory and crisis intervention, this manual is intended to guide in the development of school-based postvention policies and procedures. The following chapters outline particular guidelines (e.g., how to identify and train a crisis response team; how to link with appropriate community resources): • The place to begin: defining the problem, identifying the needs • Starting at the top: Administrative frame of reference • The front line: Faculty and staff • Bad news travels fast: Students needs • Concerned parents: helping parents help their kids • Community partners: you are not alone • Some other things to think about
Type of program	Guidelines & protocols
Setting	Middle school & highschool
Cost	Lifelines Postvention: Responding to Suicide and Other Traumatic Death manual is available for purchase ($99) through publisher (Hazelden Publishing) at the following website:

	http://www.hazelden.org/OA_HTML/hazCCtpSctDspRte.jsp?sitex=10020:22372:US .

Riverside Trauma Center postvention protocols	
Description	Developed based on the practice literature on postvention services, the guidelines for safe messaging for suicide prevention, and the Riverside Trauma Center team's experience providing postvention services in the state of Massachusetts, these protocols were writttent to provide communities and organizations with postvention recommendations. This document provides an overview of: • goals of organizational postvention (e.g., restore equilibrium, promote healthy grieving, connect suicide survivors to resources). • guiding principles for organizational postvention. • postvention tasks (outlined above in Section 4.3) • postvention and the role of social media
Type of program	Guidelines & protocols
Setting	Multiple
Cost	Free; these guidelines are available online at http://traumacenter.wpengine.com/wp-content/uploads/2015/03/Postventionguidelines.pdf
More information	These postvention protocols are covered in greater detail in the following book chapter: Berkowitz, L., McCauley, J., Schuurman, D. L. & Jordan, J. R. (2011). Organizational postvention after suicide death. In Jordan, J. R. & McIntosh, J. L. (Eds.), *Grief after suicide: Understanding the consequences and caring for the survivors (157-178).* New York, NY: Routledge (Taylor & Francis Group).

Youth suicide prevention, intervention, and postvention guidelines: A resource for school personnel	
Description	Developed for school personnel, the Maine Youth Suicide Prevention, Intervention and Postvention Guidelines are intended to guide school administrators in their planning and development of protocols in response to youth suicide. The guidelines outline responsibilities for school principle/designee and the school based crisis response team as well as recommendations for the overall responsible management after a student suicide. The following key considerations are also highlighted with regards to postvention planning: • advanced planning (school and community crisis services) • clear messaging • suicide prevention education • self-care • working with staff The guidelines also include a detailed readiness survey as well as various appendices, including sample forms, announcements, media guidelines, suicide postvention protocol chart and other resources.
Type of program	Guidelines & protocols
Setting	Schools

Cost	Free; these guidelines are available online at http://www.maine.gov/suicide/

Please visit http://www.sprc.org/bpr/using-bpr for more information on how to use the resources highlighted in the Suicide Prevention Resource Center - Best Practice Registry for developing effective suicide prevention and postvention programs.

4.5 Evaluation

Szumilas & Kutcher (2010) conducted a systematic review to examine the effectiveness of suicide postvention programs on bereavement, mental distress, and mental health, and to investigate program cost-effectiveness. While the authors note they were unable to identify any studies that examined cost-effectiveness specifically, they list the following key findings in their report with regard to school-based, family-focused, and community-based postvention programs (Szumilas & Kutcher, 2010, p.17-18):

- *School-based suicide postvention programs (p.17)*
  - *No protective effect could be determined for the number of suicide deaths or suicide attempts, based on available studies. One study reported negative effects.*
  - *A counseling intervention for close friends of the deceased had no sustained effects on psychological outcomes or suicide ideation, current suicidal behaviour, or hospitalization for suicide attempt after 8-month follow-up compared to no contact.*
  - *When examining a youth group-based psychological debriefing and educational session aimed at close friends of the deceased, the only significant effect sustained at the two-month follow-up was an increased score on self-efficacy.*
  - *Gatekeeper training for proactive postvention was effective in increasing knowledge pertaining to crisis intervention among school personnel.*
- *Family-focused suicide postvention programs (p.17-18)*
  - *No protective effect could be determined for the number of suicide deaths or suicide attempts, based on available studies. One study reported negative effects.*
  - *Outreach at the scene of the death was found to be helpful in encouraging survivors to access support services (e.g., support group)*
  - *Any contact with a nurse-led group counseling postvention for spousal survivors of suicide helped reduce depression symptoms, obsessive-compulsive traits, anxiety and phobic anxiety, and grief experiences immediately after intervention, with most effects sustained at one year.*
  - *Although group treatment for parents bereaved by the violent death of their children had immediate positive effects on overall mental distress and PTSD-like symptoms, the effects were not maintained at six months. In contrast, positive effects on the grief experiences scale were more evident at follow-up.*
  - *A group intervention for children and adolescents bereaved by the suicide of a relative had positive effects on depression and anxiety scales immediately after the intervention, but no effect on stress reactions or social adjustment was observed*
- *Community-based postvention programs (p.18)*
  - *There is some evidence that guidelines for responsible media reporting of suicide are associated with a decrease in subsequent suicide attempts and in completed suicide.*

While some interventions show promising effects, Szumilias & Kucther (2010) emphasize the need for further evaluation of postvention efforts. The authors strongly recommend that when postvention programs are implemented, sound evaluations are conducted with regard to their effectiveness. Some additional postvention recommendations made by Szumilias & Kutcher (2010) include:

- connect with family survivors via outreach to inform them of resources available within their community (e.g., grief counsellling programs).
- group-based bereavement support should be offered individuals who request it; these groups should use trained facilitators.
- psychological debriefing or critical incident stress management (CISM) should not be used with young people or adults.
- conduct further research to investigate the effectiveness of guidelines for responsible media reporting of suicide.

5 Next steps and other resources

While there appear to be some promising approaches to postvention programming, various authors in the field have highlighted the need for further research and methodologically-sound evaluations (Andriessen & Krysinska, 2012; Jordan & McIntosh, 2011; Szumilas & Kutcher, 2011; Cerel et al., 2009; Jordan & McMenamy, 2004). Jordan and McIntosh (2011) also stress the importance of actively continuing to include suicide survivors in the development, implementation, and evaluation of postvention programs. Finally, when developing and implementing postvention initiatives, consultation with experts in the the field of suicide prevention and postvention is recommended (Suicide Prevention Australia, 2009).

These following resources were also highlighted in the reviewed literature and may be of interest:

- **What emergency responders need to know about suicide loss: A suicide postvention handbook (2005)**. This booklet is intended as a guide to emergency personnel (specifically police officers, emergency medical technicians and crisis intervention specialists) when responding to a death by suicide. This document is available online at: http://www.co.delaware.pa.us/intercommunity/PDFs/SuicideBooklet.pdf

- **Postvention is prevention: A proactive planning workbook for communities affected by youth suicide.** This planning document, developed by the British Columbia (B.C.) Council for families, outlines recommended steps when developing a postvention response plan. This document is available online at: https://www.bccf.ca/media/uploads/resources_pdf/suicidepostventionisprevention.pdf or can be downloaded from https://www.bccf.ca/shop/product/suicide-postvention-is-prevention-a-proactive-planning-workbook/

- **Coming together to care: A suicide prevention and postvention toolkit for Texas communities (2009).** This toolkit was developed as a practical resource for community leaders to support suicide prevention and postvention activities. This document is available online at: http://www.texassuicideprevention.org/wp-content/uploads/2013/06/24215-Mental_Health_09_Suicide_Prev_Book_Complete_FINAL.pdf

- **Suicide contagion and adolescents:** Multiple suicide attempts or completed suicides in a defined geographic area represent contagion. The following New Zealand document lists strategies to minimize and manage suicide contagion: http://www.casa.org.nz/Upload/Suicide%20Contagion%20and%20Adolescents.pdf

Knowing what works and receiving training on an evidence-informed practice or program is not sufficient to actually achieve the outcomes that previous evaluations indicate are possible. A program that has been shown to improve mental health outcomes for children and youth but that is poorly implemented will not achieve successful outcomes (Fixsen et al, 2005). In order for a program to be evidence-informed, it needs to be applied with fidelity to the design and it needs to be implemented using supportive “drivers” related to staff competency, organizational leadership and organizational capacity. These drivers include assessing and monitoring the outcomes of your practice using evaluation or performance measurement frameworks, which are particularly important when there is insufficient evidence in the literature to guide clinical decisions. Choosing a practice is an initial step toward implementation, but the implementation drivers are essential to ensure that the program reaches appropriate clients, that outcomes are successful and that clinical staff members are successful in their work.

The Ontario Centre of Excellence for Child and Youth Mental Health has a number of resources and services available to support agencies with implementation, evaluation, knowledge mobilization, youth engagement and family engagement. For more information, visit:

http://www.excellenceforchildandyouth.ca/what-we-do or check out the Centre’s resource hub at http://www.excellenceforchildandyouth.ca/resource-hub.

For general mental health information, including links to resources for families:

http://www.ementalhealth.ca

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