

Suicide Postvention Plan for Northeast Ohio Medical University

The Postvention Committee, a subcommittee of the Mental Health Committee, is responsible for implementation of the Suicide Postvention Plan. The Postvention Committee will designate a committee Chair to serve as the central point of contact for the committee. If circumstances dictate the need to include other University faculty or staff on the Postvention Committee in response to a suicide, the committee membership will expand accordingly.

Goals of Suicide Postvention:

1. For the University:
 - a. Help reduce emotionality and restore equilibrium;
 - b. Reduce risk of contagion of suicide; and
 - c. Promote healthy grieving.
2. For the Individual:
 - a. Provide comfort to those directly impacted; and
 - b. Identify those most likely to need support.

Immediate Responses within the University Community

1. Initial Notifications:
 - a. The member of the University Community who first learns of the death should contact Public Safety (ext. 5911 or (330) 325-5911).
 - b. Public Safety will notify the Postvention Coordinator, Provost/Senior Vice President for Academic Affairs and the Senior Vice President for Operations and Finance.
 - c. The Postvention Coordinator will immediately convene a meeting, ideally the same day, with a subset of committee members to outline future activities.
 - d. The Provost/Senior Vice President for Academic Affairs and the Senior Vice President for Operations and Finance will notify the University President, Chief Marketing Officer, Senior Executive Director for Academic Affairs and Student Services, and the Director of Human Resources, as appropriate.
2. Contact with the family:
 - a. The Chief of Police or designee will notify law enforcement in next of kin's jurisdiction, and ask them to make notification.
 - b. Once verification of initial notification is made, key University personnel will contact next of kin to offer the University's condolences and support as well as advise them of expected follow up from a University official who will serve as the family liaison.
3. University Communications:

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- a. University personnel from Student Services, the respective College, and MarCom will notify roommates, friends, faculty, and University employees of the death as appropriate based on circumstances and knowledge available at the time.
- b. Members of NEOMED Counseling Services will offer support and resources to those who worked or attended classes with the deceased.
- c. The broader University Community will be notified by email. Suicide will only be mentioned with the family's permission; if permitted, the email will contain mental health and suicide prevention resources in the email or as an attachment. Resources should be geared toward general and specific populations (i.e., the Trevor Project, TransLifeline, Veterans Crisis Line, and any international services that may be available). A sample notice of suicide to the NEOMED community and/or the college in which the student was enrolled may read as follows:

Dear Members of the Faculty,

We are saddened to learn of [name of deceased, college, class year]. She/he/they died on [date].

Our heartfelt sympathy is extended to the friends and family members of [deceased]. Please keep them in your thoughts. In addition, some students/co-workers may encounter significant personal distress in response to this tragedy that interferes with their ability to function. Such students/co-workers may be temporarily excused by you or the Dean from their responsibilities but should also be referred for further assistance to one of the resources listed on the enclosed sheet, to the Counseling Center for temporary accommodations and to the Suicide Postvention Committee.

If you have questions or concerns about these issues, please contact me at _____ . Thank-you for your cooperation and assistance during this difficult time.

Sincerely,

Provost/ Senior Vice President of Academic Affairs/**Senior Vice President for Operations and Finance**

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Dear Members of the NEOMED Community:

I am deeply saddened to inform you of the tragic loss of a member of our NEOMED family. [Name of student] [took his/her or their life/ passed away] on [date/today]. We offer our deepest condolences to [student's name] friends, family and loved ones.

During this time of great loss, we are reminded of the importance of community. Losing a fellow student and member of the NEOMED community can be very difficult. I encourage you to look after each other and yourself. Know that various campus personnel in Counseling Services (330) 325-6757 and at the employee assistance program (800-227-6007) are available for support. Please take advantage of the resources NEOMED has to offer listed on the attached support card.

4. Administrative Response

- a. The Postvention Coordinator shall oversee several administrative tasks once a death has been confirmed. Initially, the Postvention Coordinator should arrange with Campus Operations or Signet Property Management, as appropriate to restore area where the event occurred, once the premises have been cleared by the NEOMED police. In addition, the Postvention Coordinator shall undertake the following activities:

For Students:

- i. Arrange with Signet Management to relocate housing for other students, if possible, as requested.
- ii. Arrange with the University Registrar to remove deceased student's name from mailing lists, and to ensure final transcript is sent to the deceased student's next of kin.
- iii. Arrange with financial aid to refund any excess tuition to the next of kin.

For Employees:

- i. Arrange with Human Resources to remove the deceased employee's name from online or internal postings as a current employee and to coordinate any benefit related matters with the family.

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- ii. Arrange for removal of the employee's name from NEOMED alerts, mailing lists, and contact lists.
- iii. Arrange with Payroll to ensure the deceased's payroll and benefits are finalized properly.

Immediate Responses to the Public

1. The Chief Marketing Officer handles all on and off campus media inquiries. The Department of Marketing and Communications (MarCom) is apprised of all planning and implementation activities that NEOMED provides.
 - a. All communications will meet the guidelines for safe messaging provided by the Suicide Prevention Resource Center (See Exhibit A).
 - b. Provost/Senior Vice President of Academic Affairs or the Senior Vice President for Operations and Finance will inform campus to report the presence of any off-campus media personnel to the NEOMED Police Department in order to prevent any disruptions to campus.
 - c. MarCom will prepare a written statement about the catastrophic event following the guidelines that can be read or submitted to the media, if necessary.
 - d. MarCom will discourage students, parents, faculty, and staff from making comments or giving interviews to the media.
 - e. MarCom will deal with the media in a matter-of-fact way, respond to inquiries in ways that deflect and decrease the charged emotional environment, and emphasize the postvention services that are being provided, particularly reinforcing the need for the campus to return to normal. Media should be informed that the rationale for this approach, namely, the concern for the contagion effect that they can have in a postvention situation.
 - f. MarCom will meet with media organizations and discusses the guidelines and approaches to presenting information to the community.
 - g. MarCom will write a release for NEOMED distribution that specifically addresses
 - i. Contagion/imitation and the media's role;
 - ii. Contents of the obituary, memorials, and stories surrounding the catastrophic event; and
 - iii. The need for strict confidentiality regarding the content of support group meetings for those writers who participate. Writers who may be participants in support group activities may not write about these activities.
2. Managing Social Media

Like other forms of media, the messages conveyed through social media may also impact the risk of contagion. A deceased person's online social media profile may become a central point where

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discussion about suicide, memorialization and rumors occur. Exposure to suicide, whether through a personal connection or through media, is an established risk factor for suicide. The comments posted on these profiles can contain unsafe messages and sometimes include expressions of suicidal ideation by friends or family of the deceased. Targeting previously established online communities in postvention efforts is an important and efficient means of distributing information and resources. In order to properly manage social media in such instances:

- a. The Postvention Coordinator should work with families of the deceased student/employee to bypass any privacy settings that would prohibit these activities (e.g., gaining access to passwords and login information).
- b. In turn, the Postvention Coordinator will work with families to use the student or employee's social media profile to post resources for survivors. National and local resources should be included in the post.
- c. The Postvention Coordinator will communicate the Facebook guidelines on reporting online suicidal content.

Memorials

1. All requests for campus memorial services will be reviewed by the Postvention Committee. Memorial services will be discouraged unless there is judged to be therapeutic benefit to the campus.
 - a. Participants will be encouraged to honor the deceased.
 - b. Small group meetings will be held, with professional staff facilitating the student/employee response.
2. If a memorial is held:
 - a. Family cultural and religious beliefs will be honored.
 - b. Student Affairs or Human Resources will take a leadership role in its planning.
 - c. Counseling Services staff will be present.
 - d. Speakers will be limited and advised with respect to their content, including:
 - i. Omitting any details about specific method of death;
 - ii. Avoiding portraying suicide as the result of a single problem;
 - iii. Avoiding portraying suicide as:
 1. Heroic
 2. Noble
 3. Romantic
 - iv. Avoiding glamorizing the act of suicide or emphasizing that the decedent is finally at "peace"
 - v. Refrain from normalizing suicide as a reasonable response to distressing life events

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- vi. Helping participants see how the community can come together to prevent future suicides and to care for each other
 - vii. Normalizing help-seeking behavior
 - viii. Promoting resources for those in need
3. Physical memorials
- a. Spontaneous memorials are to be discouraged
 - b. All students/employees will be notified
 - i. How physical memorials promote contagion
 - ii. If memorials appear, students/employees will be notified that contents will be
 - 1. Removed after the funeral
 - 2. Given to the family of the deceased

Ongoing Response

1. Postvention Discussion Groups

The purpose of a Postvention Discussion Group is to provide education, support, and guidance in dealing with the grief in the aftermath of a tragic loss. These groups also provide an additional screening opportunity to identify other members of our community who may be emotionally at risk.

Postvention discussion groups are facilitated by the Postvention Coordinator and/or staff from the Counseling Services. Postvention discussion groups will be offered to the following groups:

- i. Students and employees closely associated with the deceased
- ii. First responders
- iii. Facility staff that tend to the site of the death
- iv. Any others that request one

2. Debriefing

Postvention efforts will be reviewed by the Postvention Committee at two different times:

- a. Two weeks after the death to assure that the needs of the community were met; and
- b. Two months after the death to review the actual postvention response.

Based on the foregoing efforts, the Postvention Plan will be modified to include or omit certain activities, if necessary.

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Exhibit A

Guidelines for Media from the American Association of Suicidology (AAS) and the Centers for Disease Control and Prevention (CDC)

Reporting on Suicide

The media can play a powerful role in educating the public about suicide prevention. Stories about suicide can inform readers and viewers about the likely causes of suicide, its warning signs, trends in suicide rates, and recent treatment advances. They can also highlight opportunities to prevent suicide. Media stories about individual deaths by suicide may be newsworthy and need to be covered, but they also have the potential to do harm. Implementation of recommendations for media coverage of suicide has been shown to decrease suicide rates.

- Certain ways of describing suicide in the news contribute to what behavioral scientists call “suicide contagion” or “copycat” suicides.
- Research suggests that inadvertently romanticizing suicide or idealizing those who take their own lives by portraying suicide as a heroic or romantic act may encourage others to identify with the victim.
- Exposure to suicide method through media reports can encourage vulnerable individuals to imitate it. Clinicians believe the danger is even greater if there is a detailed description of the method. Research indicates that detailed descriptions or pictures of the location or site of a suicide encourage imitation.
- Presenting suicide as the inexplicable act of an otherwise healthy or high-achieving person may encourage identification with the victim.
- When suicide is reported as a cause of death, survivors are exposed to the public in a manner that compounds the trauma. Simply state the date and place of death.
- Survivors, in addition to feelings of grief, usually feel a sense of shame due to the negative stigmas attached to death by suicide. Strive to avoid implications of shame or enhance any stigmas.
- Survivors are usually angry. It is difficult for them to direct this at the deceased; often it is projected onto others and sometimes the press is used as a vehicle through which to

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blame another. Those blamed usually cannot speak out, due to privacy issues and respect for the family, so the blaming statements are left unfairly unchallenged. Avoid a cause-effect blaming tone; a person's motivation for suicidal actions is usually the result of complex reasons and situations and is not succinct or simple.

General Concerns and Recommendations

- Suicide is often newsworthy, and it will probably be reported. It is important to assist news professionals in their efforts toward responsible and accurate reporting.
- “No comment” is not a productive response to media representatives who are covering a suicide story. Refusing to speak to the media does not prevent coverage of the suicide; rather, it precludes an opportunity to influence what will be contained in the report. It is not necessary to provide an immediate answer to difficult questions; however, be prepared to provide a reasonable time table for giving such answers or provide a referral.
- To encourage prevention of suicide, it is helpful to:
 - a. Acknowledge the depth of pain involved in an act of suicide
 - b. Present alternatives to suicide, e.g., calling a suicide prevention center, getting counseling, etc.
 - c. Whenever possible, present examples of positive outcomes of people in suicidal crises
 - d. Provide information on community resources for those who may be suicidal or who know people who are.
 - e. Include a list of clues to suicidal behavior, e.g.: WARNING SIGNS OF SUICIDE/WHAT TO DO
 - i. Suicide threats- discuss it openly and frankly
 - ii. Statements revealing a desire to die- show concern and support
 - iii. Previous suicide attempts
 - iv. Sudden changes in behavior (withdrawal, apathy, moodiness)
 - v. Depression (crying, sleeplessness, loss of appetite, hopelessness)
 - vi. Final arrangement (such as giving away personal possessions)
- Aspects of News Coverage That Can Promote Suicide Contagion
 - a. In order to minimize the likelihood of suicide contagion, reporting should be concise and factual. The likelihood of suicide may be increased by the following:
 - i. Presenting simplistic explanations for suicide.
 - ii. Engaging in repetitive, ongoing, or excessive reporting of suicide in the news.

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- iii. Alternative approaches for coverage of newsworthy suicide stories should be considered since repetitive coverage tends to promote suicide contagion.
- iv. Providing sensational coverage of suicide. Sensationalism can be minimized by limiting morbid details of the suicide, decreasing the prominence of the news report, and avoiding the use of dramatic photographs related to the suicide.
- v. Reporting “how-to” description of suicide. Technical details about the method of suicide are not recommended and may facilitate imitation of the suicidal behavior by other at-risk individuals.
- vi. Presenting suicide as a tool for accomplishing certain ends. Suicide should not be presented as an effective coping strategy because other potentially suicidal individuals may view suicide as an attractive solution.
- vii. Glorifying suicide or persons who commit suicide. News coverage is less likely to contribute to suicide contagion when reports of community expressions of grief (i.e. public eulogies and public memorials) are minimized.
- viii. Focusing on the positive characteristics.
 - ix. It is important to report the problems the deceased had in addition to the positive aspects of his/her life.

In addition to these guidelines, The American Association of Suicidology recommends publication of potential warning signs in the article, or as a side bar, in addition to information on community resources for those who may be suicidal or who know people who are.