

## **After A Suicide: Answering Student Questions**

*Scott Poland*

Dear National Beta Sponsors and Principals with students in attendance at the recent Beta conference in Dallas, Texas. My name is Dr. Scott Poland, Co-Director of the Suicide and Violence Prevention Office at Nova Southeastern University and Prevention Division Director for the American Association of Suicidology. I am writing to you at the request of the Region 10 Education Service Center in Dallas, Texas where I have provided numerous trainings on the topics of suicide prevention, intervention and postvention. I am very saddened to hear about the recent suicide of the student from Whitewright School District at the conference. The Region 10 ESC has already reached out to the school communities in their region affected by this tragedy. Exposure to suicide is a risk factor and suicide is always on the minds of some high school students and the National YRBSS survey for 2011 found 7.8% of high school students made a suicide attempt in the last year and 15.8% seriously considered it. Ninth grade students are the most at risk. National research has found that talking with youth about suicide does not cause them to think of it and in fact provides the opportunity for them to unburden themselves. I am sure that many of the sponsors have shared information about the recent tragedy with building principals, counselors and the parents of the students exposed to the suicide. It is very important that school counselors in particular reach out to these students and provide them an opportunity to talk about what has happened. It is also an optimal time for schools to review the training that is provided to staff and students about suicide prevention and to review protocols and guidelines in place for suicide prevention. The National Beta Club has a long standing history of promoting leadership and many students exposed to the tragic suicide in Dallas may want make a difference in suicide prevention. I have outlined below key points for providing students assistance and please do not hesitate to contact me if I can be of further assistance. I can be reached at [spoland@nova.edu](mailto:spoland@nova.edu) or 954-262-5881.

### **After a Suicide: Answering Student Questions and Providing Assistance**

#### **Overview**

The aftermath of a youth suicide is a sad and challenging time for a school. Postvention is a term coined by Shniedman to describe helpful and appropriate acts after a dire event. The term has become synonymous with the challenging aftermath of suicide and few events are scarier for a school and community than the suicide of a young person. The major tasks for suicide postvention are to help your students and fellow faculty to manage the understandable feelings of shock, grief and confusion. The major focus at this time should be grief resolution and prevention of further suicides. The research literature estimates that once a suicide happens the chances of another death by suicide increases dramatically. The following suggestions are intended to guide staff during this difficult time:

- \* It is important to be honest with students about the scope of the problem of youth suicide and the key role that everyone (including the students) plays in **prevention**.
- \* It is important to balance being truthful and honest without violating the privacy of the suicide victim and his/her family and to take great care not to glorify their actions.
- \* It is important to have the facts of the incident, be alert to speculation and erroneous information that may be circulating and assertively, yet kindly, redirect students toward productive, healthy conversation
- \* Center for Disease Control research has found that the teenagers most susceptible to suicide contagion are those believed to be: students who backed out of a suicide pact, students who had a last very negative interaction with the victim, students who now realize they missed

- warning signs and students with their own set of childhood adversities/previous suicidal behavior who need not have known the victim.
- \* It is important that students not feel that the suicide victim has been erased and that students be provided an opportunity to talk about the deceased.
  - \* Numerous professional associations caution that memorials not be dramatic and permanent and encourage activities that focus on living memorials such as funding suicide prevention.
  - \* Suicide is always on the minds of numerous high school students and the National YRBSS survey for 20119 found 7.8% of high school students have made a suicide attempt in the last year and 15.8% seriously considered it.
  - \* Schools are often reluctant to implement depression screening programs that are available for middle and high school students. My experience has been that often multiple deaths have to occur before the administration is willing to investigate depression screening. Depression screening reaches students themselves and helps them to identify that they are suffering from symptoms of depression and encourages them to seek adult help. The SOS Signs of Suicide program includes empowering videos where students learn how to help themselves or their friends through ACT Acknowledge, Care and Tell and adult). SOS is listed as evidence based on the Suicide Prevention Resource Center website [www.sprc.org](http://www.sprc.org). Detailed information about SOS can be found at [www.mentalhealthscreening.org](http://www.mentalhealthscreening.org)
  - \* National research has found that talking with youth about suicide does not cause them to think of it and in fact provides the opportunity for them to unburden themselves.
  - \* Major protective factors identified by the World Health Organization are the following: stable families, positive connections at school, good connections with other youth, religious involvement, lack of access to lethal weapons, access to mental health care and awareness of crisis hotline resources.

## **Commonly Asked Questions and Appropriate Responses:**

**Why did he /she die by suicide?** We are never going to know the answer to that question as the answer has died with him/her. The focus needs to be on helping students with their thoughts and feelings and everyone in the school community working together to prevent future suicides.

**What method did they use to end their life?** Answer specifically with information as to the method such as he/she shot herself or died by hanging but do not go into explicit details such as what was the type of gun or rope used or the condition of the body etc.

**Why didn't God stop him/her?** There are varying religious beliefs about suicide and you are all free to have your own beliefs. However, many religious leaders have used the expression "God sounded the alarm but could not stop him/her. God has embraced them yes, and he/she is in whatever afterlife you believe in, but God is actually saddened that he/she did not stay on this earth and do God's work over their natural lifetime."

**What should I say about him/her now that they have made the choice to die by suicide?** It is important that we remember the positive things about them and to respect their privacy and that of their family. Please be sensitive to the needs of their close friends and family members.

**Didn't he/she make a poor choice and is it okay to be angry with them?** They did make a very poor choice and research has found that many young people who survived a suicide attempt are very

glad to be alive and never attempted suicide again. You have permission for any and all your feelings in the aftermath of suicide and it is okay to be angry with them.

The suicide of a young person has been compared to throwing a rock into a pond with ripple effects in the school, church and the community and there is often a search for a simple explanation. These ripple effects have never been greater with the existence of social networks (e.g. Facebook). It is recommended that school staff and parents monitor what is being posted on social networks sites in the aftermath of a suicide. Suicide is a multifaceted event and sociological, psychological, biological, and physiological elements were all present to some degree. The suicide is no one's fault but yet is everyone's fault and suicide prevention is everyone's responsibility. Many individuals who died by suicide had untreated mental illnesses and it is important that everyone is aware of resources that are available in their school and community so that needed treatment can be obtained. It is always important that everyone knows the warning signs of suicide and they are outlined in great detail on websites references in this handout.

**Isn't someone or something to blame for this suicide?** The suicide victim made a very poor choice and there is no one to blame. The decision to die by suicide involved every interaction and experience throughout the young person's entire life up until the moment they died and yet it did not have to happen. It is the fault of no one.

**How can I cope with this suicide?** It is important to remember what or who has helped you cope when you have had to deal with sad things in your life before. Please turn to the important adults in your life for help and share your feelings with them. It is important to maintain normal routines, proper sleeping and eating habits and to engage in regular exercise. Please avoid drugs and alcohol. Resiliency which is the ability to bounce back from adversity is a learned behavior. Everyone does the best when surrounded by friends and family who care about us and by viewing the future in a positive manner.

**What is an appropriate memorial to a suicide victim?** The most appropriate memorial is a living one such as a scholarship fund or contributions to support suicide prevention. The American Foundation for Suicide Prevention [www.asfsp.org](http://www.asfsp.org) and the Suicide Prevention Resource Center [www.sprc.org](http://www.sprc.org) published in 2011, an excellent guide for postvention entitled, *After a Suicide: A toolkit for schools*, that is available on both of their websites. The guide provides specific guidelines to balance the often felt needs that students have to do something after a suicide without glorifying the suicide victim which might contribute to other teenagers considering suicide.

**How serious is the problem of youth suicide?** It is the third leading cause of death for teenagers and the eleventh leading cause of death for all Americans and more than 36,000 Americans die by suicide each year.

**What are the warning signs of suicide?** The most common signs are the following: making a suicide attempt, verbal and written statements about death and suicide, fascination and preoccupation with death, giving away of prized possessions, saying goodbye to friends and family, making out wills, and dramatic changes in behavior and personality.

**What should I do if I believe someone to be suicidal?** Listen to them, support them and let them know that they are not the first person to feel this way. There is help available and mental health professionals such as counselors and psychologists have special training to help young people who

are suicidal. Do not keep a secret about suicidal behavior and save a life by getting adult help as that is what a good friend does and someday your friend will thank you.

**How does the crisis hotline work?** We are very fortunate to have nationally certified crisis hotlines in many cities that are available 24 hours a day and manned by trained volunteers. There is also a 24 hour national suicide hotline and that can be reached via **1-800-Suicide or 1-800-273-8255**.

**How can I make a difference in suicide prevention?** Know the warnings signs, listen to your friends carefully, do not hesitate to get adult help and, remember that most youth suicides can be prevented and become aware of ways to get involved with suicide prevention. High school students can volunteer in some cities and be trained to answer the Teenline. Please, contact the local Crisis Hotline for more information. One person can make the difference and prevent a suicide!

**Where can I go for more information about preventing suicide?** Contact the American Association of Suicidology (AAS) at [www.suicidology.org](http://www.suicidology.org) or the Yellow Ribbon Suicide Prevention Program at [www.yellowribbon.org](http://www.yellowribbon.org) or the American Foundation for Suicide Prevention [www.afsp.org](http://www.afsp.org) or the Suicide Prevention Resource Center at [www.sprc.org](http://www.sprc.org)

**How well do families who lost a child to suicide cope with the loss?** The literature well documents the devastating affect of suicide on the family and that family members often feel isolated. Research studies conducted 15 months after the suicide indicate that the families have resumed normal functioning, however they are profoundly affected especially when there is little explanation for the suicide of their loved one. Family members may experience anger towards those they believe are somehow responsible, loss of interest in their employment or school work, increased absences, disrupted sleeping and eating patterns, grief, helplessness, abandonment, isolation, loneliness, shame and guilt. Suicide survivors have more difficulty with the grieving process than survivors of losses from other causes than suicide. Survivors often reported feeling uncomfortable with the naturally occurring support systems and school and community members often are unsure of what to say and how to reach out to those who lost a family member to suicide. If a family member has a pre-existing mental health condition it will likely be exacerbated and substance abuse will increase. Families reported receiving less support that they deemed necessary and what support they did receive was often poorly timed and especially ineffective for younger siblings. Research studies have also found that approximately 50% of the time that children were not told the truth, that the cause of death was suicide. Children often find out the truth at a latter date and are upset that they were not told the truth. Bereavement was complicated when family members had deeply religious beliefs and moral convictions against suicide. Family physicians and school personnel who are knowledgeable about helping survivors cope and available community resources can play a significant role in supporting the grieving family. Family members often receive comfort and find meaning in becoming involved in suicide prevention.

*Dr. Scott Poland is the Co-Director of the Suicide and Violence Prevention Office at Nova Southeastern University [www.nova.edu/suicideprevention](http://www.nova.edu/suicideprevention) and has over 25 years of school experience. He was previously the Prevention Division Director for AAS and has worked in the aftermath of many youth suicides and has led several teams following suicide clusters. He is the author of four books and numerous chapters and articles on the subjects of youth suicide and school crisis. He has also provided U.S. Congressional testimony on several occasions focused on school violence and youth suicide prevention.*