

FRAMEWORKS YOUTH SUICIDE PREVENTION PROJECT

# MENTAL HEALTH / SUBSTANCE ABUSE PROVIDER

POSTVENTION RESPONSE

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<b>CONTENTS:</b>	Introduction
	Confidentiality
	First Steps
	Next Steps
	Contact with Other Clients
	Contact with Family
	Community Response
	Psychological Autopsy
	Resources/Links

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## **INTRODUCTION:**

A client suicide has implications across all sectors of an agency or program. Areas to be attended to include staff, clients, family of the victim, and exposure regarding civil liability. Preventing contagion and assisting the community to cope with the aftermath is also extremely important. If financial and personnel resources are sufficient, mental health centers should develop the capacity to assist schools and other organizations by providing grief and trauma counseling in the event of a crisis. Given that it is almost inevitable that at some point an agency will have to deal with a client death by suicide, it would be wise to prepare for this in advance by developing policies and procedures for how to respond to these situations before they arise.

## **CONFIDENTIALITY:**

Confidentiality does not end at death. You are not at liberty to disclose confidential information regarding the individual. Consult with an attorney or supervisor to understand your obligations and limitations.

## **FIRST STEPS:**

1. Immediately notify your supervisor, and/or agency director.
2. Make reasonable attempt (w/o violating confidentiality) to verify information or obtain further facts.  
(Are you certain your information is accurate?)
  - a. Under NH law, the cause (gunshot, asphyxiation, etc.) and manner (suicide, homicide) of death are a matter of public record. The NH Chief Medical Examiner's office (603-271-1235) can provide this information in most situations. In some cases, toxicology tests take 6-8 weeks for results to be returned and the death certificate to be issued.
3. Review and follow any existing agency protocols or guidelines.
4. Attend to the therapist/staff who worked directly with the individual. Get to this person/people quickly and try to inform them before they hear by word of mouth.
  - a. Inform them in a private office with the door closed.

- b. Debrief the situation with them.
  - c. Ask them what they need for support.
  - d. Offer sick leave/time off, etc.
  - e. Consider temporarily removing them from high stress job responsibilities. (e.g. taking emergency services calls)
  - f. Encourage self-referral to an EAP (Employee Assistance Professional), if available.
  - g. Review/encourage good self-care skills.
  - h. Continue to offer support/check-ins. These should be ongoing over a period of weeks and months.
2. Determine which other staff need to be notified and develop a plan for how to do this efficiently and respectfully.

#### **NEXT STEPS:**

- Immediately secure the chart/file in accordance with agency quality improvement procedures.
  - a. Any documentation that is outstanding should be promptly completed and clearly indicate that it was written after the death.
- Depending on agency policies and procedures, you may wish to continue to document any follow-up steps you have taken and consultation/supervision involved in those decisions.
- Follow agency procedure and fill out incident reports or other required documentation.
- Consider what the impact will be in the community (see section below).
- Consider whether “professional courtesy” calls should be made to other service providers (without violating confidentiality restrictions) involved and for whom the chart contains signed releases of information. (Primary Care Provider, school, etc.)
- Be cautious regarding any requests for holding a memorial service that is separate from one sponsored by the family. Review the protocols in the Appendix regarding Memorial Services.

#### **CONTACT WITH OTHER CLIENTS:**

In situations where the client participated in group therapy, support groups, or other congregate treatment, or it is a tight-knit client community, you will need to prepare yourself for how you will respond to client inquiries. **(Remember, you are still bound by confidentiality.)**

- If you are informing them, be direct and factual about the cause of death with the information you have and w/out breaking confidentiality. (Consider your sources of information – e.g. what you heard on the radio/read in the newspaper is not confidential, though it may not be accurate either.) Don’t speculate about what you don’t know.
- One way to facilitate a group without violating confidentiality is to ask clients what they know and how they feel about what happened. (This works if the suicide is common information.) This can also be a good way to bring rumors and innuendo out into the open.
- If the group has internal confidentiality guidelines, remind them of the need to respect those rules even after the individual has died.
- Pay attention to who might be at increased risk as a result of this suicide.
- Clients may request to hold their own private (not sponsored by the family) memorial service. Be cautious about hosting or participating in this. If a service will be held by/for clients, review with them the Memorial Service Guidelines and insist they be followed.
- If appropriate, inform clients of funeral, viewing, or other public memorial service.
- Review self-care skills and help seeking behavior.

## **CONTACT WITH FAMILY:**

This section is highly subjective and very dependent on a variety of factors including professional boundaries as well as individual practice styles and preferences. There are no clear best practices for this type of situation. It is imperative that prior to taking any steps in this area you consult with your supervisor and director and seek legal advice, if indicated. (See Cautions below.)

Areas in which you might have to make decisions include:

- Contacting family directly to express your sympathy and condolences.
- Attending the wake and/or funeral service.
- Providing staff with time off to attend the wake/funeral service.
- Sending a personalized sympathy card to the immediate family/next of kin from individual treatment providers and/or the agency.
- Sending flowers on behalf of the agency or making a donation in memory of the person.
- Providing the family with information/referral on available support groups such as SOS (Survivors of Suicide) or Compassionate Friends.
- Following up with the family to offer information/referral for bereavement counseling, if appropriate/indicated.
- Family requests to review the client's records should follow usual agency guidelines regarding confidentiality and release of information. (Be sure they have the legal authority to access records.)

***Caution:** In making these types of decisions, be mindful of the following areas:*

- Confidentiality:
  - Is the family aware that the individual was in treatment? Directly/Indirectly?
  - Have you had previous contact with the family as part of the client's treatment?
  - Does sending a note, flowers, etc. violate confidentiality?
  - Does your presence at a public event (wake/funeral) reveal to family/others in the community that this individual was in treatment?
- Professional Boundaries:
  - Are you doing this for your benefit or for the individual/family?
- Family Expectations:
  - Families do not necessarily understand the complexities of confidentiality. What do you think the family expects you to do?

*Remember that not doing anything in these areas is still a decision, and you should be clear about your justification for your actions, as well as your inaction.*

## **COMMUNITY RESPONSE:**

Although community mental health centers often have very constrained resources, assisting the community to grieve and cope with the suicide of a teen/young adult or community member is an important role for a mental health agency. Understanding contagion and what contributes to it and helps prevent it is essential for guiding appropriate interventions. Mental health providers can be proactive in contacting schools, social service agencies, police, or key community stakeholders to assist them in developing an appropriate response plan to a suicide/event. (See Community Coordinator protocol) This is one way to identify and pool community resources and determine in advance who can do what. When indicated or requested (and if resources permit), agency staff should be prepared to provide crisis and grief counseling at locations such as the school, funeral home, etc. If mental health staff are going through their own grieving process, or the mental health center/community does not have the resources/capacity to deal with the need, the Regional Disaster Behavioral Response team (or other private teams) should be requested to

assist. (For contact information, see the Resource section below.) Things to consider when developing a community response plan include:

- Identifying who is going to coordinate the community response to the incident. (See Community Coordinator protocol.)
- Developing a communication system to quickly contact key players.
  - In some cases, it makes sense for the community mental health center staff to take on this role.
- If members of the community are likely to ask for your agency to provide crisis/grief counseling, be sensitive to your own staff's need to grieve and, if needed, request assistance from the NH Disaster Behavioral Health Response team at (603) 271-2231. (See Community Response below.)
- If the agency has the resources/capacity, contacting the school to offer counselors to assist students and faculty with grief and trauma counseling.
  - Review of risk factors and warning signs to identify high-risk students.
  - Review of self-care skills.
- Working with school officials, social service agencies, law enforcement, family, and others to identify people who had the closest relationship with the deceased.
  - What groups was the individual or family involved in? Will they need additional supports? (sports teams, civic groups, faith communities, clubs, employers, schools, etc.)
    - Use of concentric circles is a good way to visualize this.
  - Determine who will follow-up with each group and/or those most at risk.
- Discussing and educating key people regarding the issue of contagion (see Appendix) and how to prevent it.
- Reviewing guidelines for appropriate memorial services with school, clergy, funeral home directors, and family, as indicated.
- Reviewing Media Response guidelines with people most likely to have contact with the media.
- Review the Community Coordinator protocol for more detailed guidelines.

### **PSYCHOLOGICAL AUTOPSY:**

Many organizations conduct a “psychological autopsy” following the suicide of one of their clients. These are typically done as part of a quality improvement program and are intended as a learning experience that will result in improved services (and not for the purpose of finding fault or placing blame). If your organization is a New Hampshire community mental health center or hospital, and the psychological autopsy is part of a quality improvement activity, it may be protected from discovery in the event of a legal proceeding such as a wrongful death or malpractice lawsuit. A few general guidelines to follow include:

- Develop a specific psychological autopsy format that you will follow.
- If the review includes a review of the medical record, and the record has been secured for insurance/security purposes, maintain clear control over the chart by:
  - Having the chart review take place only in the presence of the Quality Improvement Director or other authorized individual.
  - Having the Quality Improvement Director or other authorized individual make a complete copy of the medical record, which can be used for review, and permanently secure the original medical record.
- Do not place reports, documents, or make any reference related to the autopsy, in the medical record.

- Any documentation related to the psychological autopsy should include a clear heading that identifies it as a “Quality Improvement” report/activity.
- Any documentation related to the psychological autopsy should be kept in a separate Quality Improvement file (locked).
- Understand that the psychological autopsy process can be stressful for staff. Check in with them frequently and provide them with additional supports, as needed.
- Please refer to RSA 135.C:63 (Quality Improvement Protection Statute) and consult with an attorney for advice regarding your particular situation.

### **RESOURCES/LINKS:**

In New Hampshire, **Headrest** offers a toll free teen-line 24 hours per day to offer non-judgmental support for teens: 1-(800) 639-6095

**The Samaritans** in Keene offer phone support for individuals coping with the suicide of a friend or loved one. (603) 357-5505. Their website offers a variety of information including toll free numbers, local chapters around the world, and links. <http://www.samaritans.org>

**Survivors of Suicide (SOS)** provides a variety of links, information, and a directory of local support groups. <http://www.survivorsofsuicide.com/index.html>

**Survivors of Loved Ones Suicide (SOLOS)** provides a variety of links and information including an online web/board and discussion groups for survivors. <http://www.1000deaths.com/lists.html>

**The Compassionate Friends** provide mutual support for parents who have experienced the death of a child (by any means). There are support groups in many different communities; a locator is on their web page, and they provide a toll free phone: 1-(877) 969-0010. Their website offers information about grieving, local chapters, and other links. <http://www.compassionatefriends.org>

**The Family Resource Connection** is a service offered through the New Hampshire State Library. They maintain a resource library with books, videos, tapes, and other media sources on a variety of subjects, including suicide. You can arrange to borrow materials from the library and they will mail them directly to your home. For more information, you can call 1-(800) 298-4321 or visit their website at [www.state.nh.us/nhsl/frc](http://www.state.nh.us/nhsl/frc) where you can search the library for books and videos, or browse a statewide calendar of activities for families and professionals, and check out the directory of statewide agencies and organizations.

**State Bureau of Emergency Management** maintains a website with information regarding the NH Disaster Behavioral Health Response Team (a state-sponsored, volunteer emergency response team for mental health emergencies), as well as general emergency information. Emergency contact number is (603) 271-2231. <http://www.nhoem.state.nh.us/>

**Granite State Critical Incident Stress Response Team.** Their website provides general information about critical incident stress and services provided by the Granite State Team (a privately run, volunteer emergency response team for mental health emergencies). They specialize in providing debriefing to first responders. Emergency contact number is (603) 595-3792. <http://www.geocities.com/SouthBeach/5583/cisd.html>

**The Center for Trauma Intervention and the Trauma Response Network (TRN) team.** Their website includes general information regarding trauma and critical incidents. The Trauma

Response Network (TRN) consists of 200 trained volunteers from New Hampshire and Southern Maine who can provide Critical Incident Stress Debriefing (CISD) following an event. Their phone number is (603) 431-1191. The 24 hour emergency pager number is (603) 240-7239. (Enter your phone number followed by the # sign and the on-call clinician will get back to you.)  
<http://www.centerfortraumaintervention.net/>