

Best Practices for Suicide Postvention in Schools: Managing Dilemmas and Changing the Narrative

Kevin's Song, January 2026

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Case Study

A high school director of counseling called this morning. Last night, a 17-year-old boy died by suicide. He was on the track and wrestling teams. His family has not yet acknowledged his death was a suicide, but in the hours before he died, he posted on social media that he was planning to kill himself. About 20 of his friends spent hours that evening looking for him without success.

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Overview

- I. Foundations of postvention: Goals and guiding principles**
- II. Twelve Postvention Tasks**
- III. Additional Considerations**

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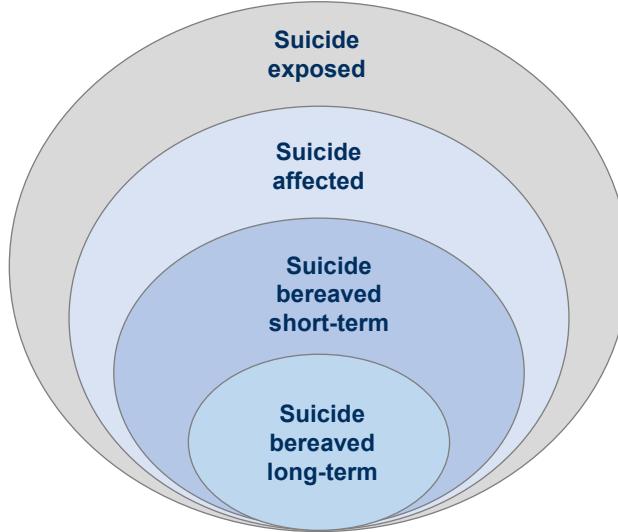
Why Postvention?

- Adolescent loss survivors have increased risk for mental health conditions
- Co-workers exposed to suicide are at increased risk for suicide
- More than half of attempt survivors knew someone who attempted/died by suicide
- Exposure to suicide is a significant risk factor for suicide

Brent, et.al., 1996; DeLeo & Heller, 2008;
Gould, 2010 ; Hedstrom, et. al., 2008

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Impact for Survivors



Cerel et al., 2017

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Postvention Goals

- Promote healthy grieving
- Stabilize the individual & environment
- Commemorate the deceased
- Comfort the distressed
- Reduce risk of contagion
- Minimize adverse personal outcomes
- Create a “teachable moment”
- Increase empowerment and support

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Postvention Guiding Principles

- Avoid oversimplifying causes
- Avoid romanticizing/glorifying
- Discourage focus on method
- Provide structure for ongoing suicide prevention efforts

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12 Postvention Tasks

01 Verify death and facts	07 Provide psychoeducation
02 Coordinate internal and external resources	08 Screen for depression or suicide
03 Disseminate accurate information	09 Implement trauma response
04 Identify and support those most impacted	10 Develop linkages to resources
05 Identify those most at risk	11 Evaluate postvention response
06 Provide opportunities for commemoration	12 Develop community or system-wide plan

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Riverside Trauma Center Postvention Guidelines



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Postvention Task **Verify death and** **facts**

- Identify main contact
- Establish “who” and “when”
- Confirm with family, police, or medical examiner
- Reach out to family as soon as possible
- Assume widespread rumors

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Talking with a Grieving Family

Be a compassionate presence.

Representative from school or organization should visit family as soon as possible.

Ask the family what their understanding is of the death.

Gently encourage the family to acknowledge it as a suicide. Enlist the family in prevention efforts.



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Postvention Task Disseminate accurate information

- Factual, written information acknowledging suicide
- Condolences to family and friends
- Plans for support
- Funeral plans
- Changes in schedule
- Announce in small groups (no public address)

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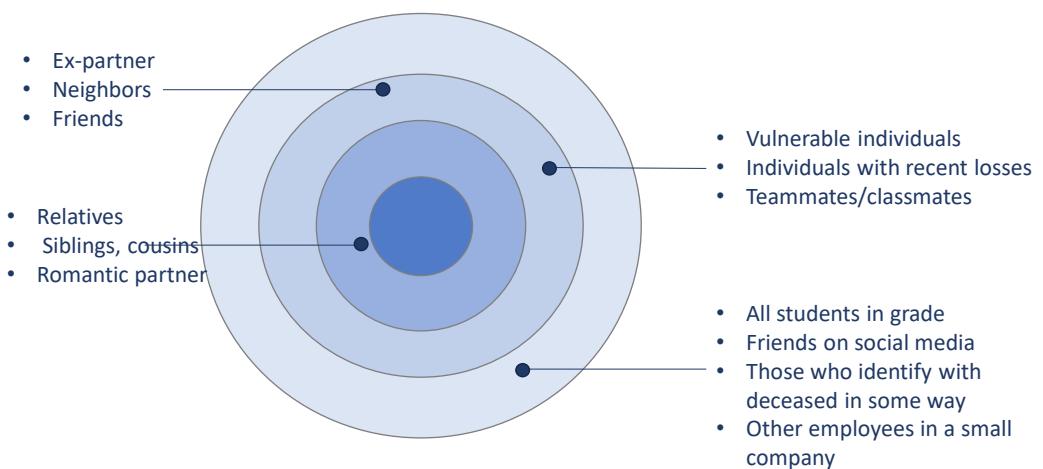
Postvention Task

Identify and support those most impacted

- Emphasis on mourning the loss
- Consider a broad view of who may be impacted
- Be mindful of conflicted relationships

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Identifying Impacted Individuals



Adapted from Underwood and Dunne-Maxim, 1997

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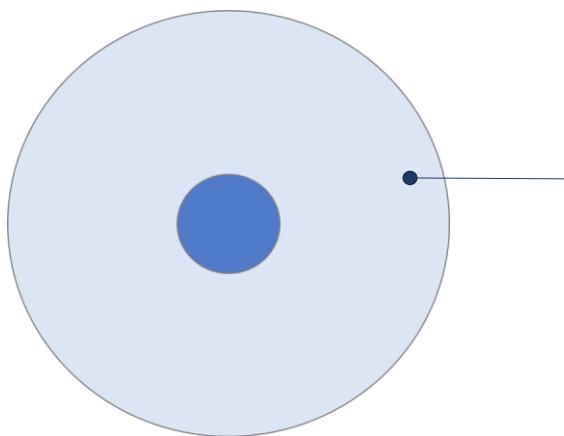
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Postvention Task Identification of those most at risk

- Focuses on prevention of contagion
- Consider adverse risk factors

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Individuals at Risk



- Identify with the deceased (even if remote)
- Feeling responsible
- Recent losses
- Impressionable individuals
- History of suicidal behavior
- Those with multiple risk factors for suicide

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Steps to Consider

- Create a comprehensive list
- Monitor social media
- Reach out to sports team, social groups, etc.
- Identify and distribute resource information
- Encourage conversation with vulnerable individuals
- Manage the empty desk or workspace

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Postvention Task Provide opportunities for commemoration

- Ideally held off-site
- Encourage family to participate
- Emphasized deceased's life rather than manner of death
- Same policy for all deaths
- Discourage permanent memorials

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Memorials

Suicidologists worry that permanent memorials may cause contagion.

Healthy grieving is important

Promote life-affirming causes

Encourage pro-social activities



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Postvention Task

Provide
psychoeducation
on grief and
suicide

- Educate on suicide, depression, grief, mental illness, substance use, trauma
- Encourage adaptive coping strategies
- Encourage questions
- Advocate for evidence-based prevention programs

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Why Grief Following Suicide Can be More Complicated



Adapted from Underwood (1997) & Cerel et al. (2015)

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Grief versus Trauma

Grief

- Sadness is the most common emotion
- Acute grief runs its course over time
- Pain acknowledges the loss
- Typically does not impact self-image of the bereaved
- Does not involve trauma reactions (flashbacks, hypervigilance, numbing, etc.)

Trauma

- Terror/fear is the most common emotion
- Lack of treatment can worsen post-traumatic stress
- Pain can trigger powerlessness, terror
- May impact self-image of bereaved
- Involves trauma reactions (flashbacks, hypervigilance, numbing, etc.)

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Role of Community Forums

- Help people stabilize
- Normalize reactions
- Provide opportunity to grieve together
- Foster hope and healing
- Provide resources
- Create opportunity for prosocial action

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Changing the Narrative

How does a community change the way it addresses mental health and suicide?

- Reduce** stigma of mental illness
- Promote** asking for help as a sign of strength
- Remind** community members that help is available
- Create** messages of authentic hope
- Remind** the community that no one should suffer alone
- Build** social cohesion
- Communicate** that talk of suicide is always taken seriously
- Remind** everyone that suicidal feelings are temporary
- Address** multiple pathways to get help



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Postvention Task

Screen for depression or suicide

- Consistent with public health approach
- School screenings can be paired with educational programming
- Workplace screenings can be paired with other work culture and wellness initiatives
- Screenings available for adults and youth

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Screening Students

Validated Screening Tool: BSAD

Seven questions

Two questions (4 and 5) ask directly about suicide, immediately screen in

Four or more “yes” responses screens in

Form can be identified or anonymous

Option to screen in students unable to identify trusted adults

SOS Signs of Suicide		
Student Screening Form		
Brief Screen for Adolescent Depression (BSAD)*		
Please answer the following questions as honestly as possible by circling the "Yes" or "No" response.		
In the last four weeks...		
1. Have you felt like nothing is fun for you and you just aren't interested in anything?	Yes	No
2. Have you had less energy than you usually do?	Yes	No
3. Have you felt you couldn't do anything well or that you weren't as good-looking or as smart as most other people?	Yes	No
4. Have you thought seriously about killing yourself?	Yes	No
5. Have you EVER, in your WHOLE LIFE, tried to kill yourself or made a suicide attempt?	Yes	No
6. Has doing even little things made you feel really tired?	Yes	No
7. Has it seemed like you couldn't think as clearly or as fast as usual?	Yes	No
Are you currently being treated for depression? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Identifying Trusted Adults		
List a trusted adult you could turn to if you need help for yourself or a friend (example: "My English teacher," "counselor," "my mother," "uncle," etc.)		
In school	<hr/>	
Out of school	<hr/>	

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Additional Considerations

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What do students tell us?

- Acknowledge impact of the death, create opportunities to talk about the loss
- Provide support from known, caring adults
- Being asked to return to classwork immediately following the death felt jarring, unempathetic, and inappropriate
- Need education on suicide, grief, and traumatic loss
- Provide opportunities to commemorate/ memorialize the loss of peer/ friend

Mirick & Berkowitz (2022)

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Social Media

Communication about the death

Online memorials

Difficulties and challenges

Helpful and supportive



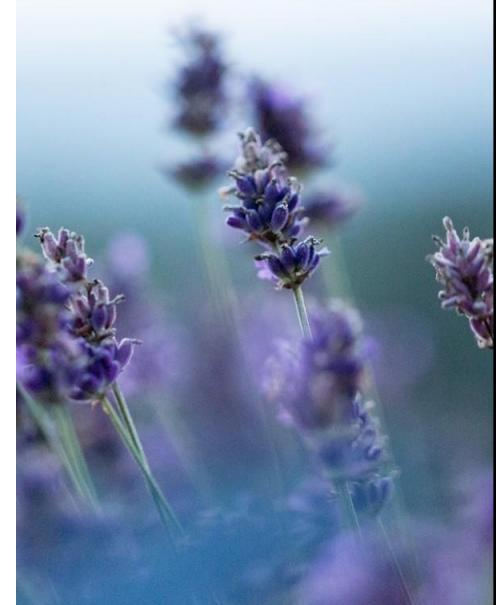
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Clinicians/ Helpers as loss survivors

What about us?

Disenfranchised grief

Coalition of Clinician Survivors
cliniciansurvivor.org



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Your experience?

- What are your takeaways?
- Are there models in your community?
- Are there specific cultural/ religious issues that need to be addressed for a postvention plan to work in your region?

Thank You!

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