



After a Campus Suicide

A Postvention Guide for Student-Led Responses





About Active Minds

Active Minds (www.activeminds.org) is the nation's premier nonprofit supporting mental health awareness and education for students. Through award-winning programs and services, Active Minds is empowering a new generation to speak openly, act courageously, and change the conversation about mental health for everyone.

The Active Minds national office supports a vast and vibrant network of campus chapters located at more than 400 colleges, universities, and high schools nationwide. Each year, more than 12,000 students join Active Minds chapters to serve as passionate advocates, stigma fighters, and educators for mental health.

Founded in 2003 and based in Washington, DC, Active Minds is one of the country's largest mental health advocacy groups. Alongside thousands of students and supporters, Active Minds is leading a movement to create lasting change in the way mental health is talked about, cared for, and valued within our nation's schools and communities.

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We encourage the dissemination of this guide, "After a Campus Suicide: A Postvention Guide for Student-Led Responses." Please provide proper credit to Active Minds. This guide can be found at www.activeminds.org/postvention.

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Introduction

The term “postvention” typically describes an intervention, or a series of interventions, initiated after a traumatic event occurs. For the purposes of this guide, the term refers specifically to an intervention following a death by suicide on a school campus. An effective response includes communication, remembrance, stabilization, coping, and advocacy; postvention acts as an umbrella term for these pieces.

Many but not all schools are familiar with postvention and have protocols in place for when the campus is affected by a student’s death. The purpose of this guide and the accompanying appendices is to assist students in leading a campus-wide response in alignment with their campus’s postvention plan or in place of such a plan if none exists. We hope that this resource will help guide students through the difficult task of responding to a suicide.

Why is this important?

Current postvention protocol and postvention guides are primarily focused on postvention response from the perspective of campus staff, faculty, and administrators. It is equally important that students have a plan as well.

Students compose the largest percentage of a campus population. Thus, they can powerfully support their campus postvention plans as well as engage the student body in a thoughtful and forward-thinking response. Many students feel most comfortable speaking to peers about mental health; therefore, equipping student leaders with education and examples of effective postvention efforts can help them make a significant impact on their peers and encourage help-seeking.

Many students are interested in discussing suicide prevention and mental health on campus, especially following a student death, but

they may not know how to confidently broach the topic. This guide will explain the proper language to use, and when to use it, in relation to a death by suicide on a school campus. It will also offer guidance to concerned students on how to participate in or initiate a campus-wide response. Additionally, this guide will teach students how to connect with their university administrators to help improve campus-wide response and protocol following a death by suicide.

Mental health is coming out of the shadows and into the hallways, cafeterias, and campus grounds traversed by students all over the world. Active Minds is proud to work alongside students at more than 400 campuses to change the conversation about mental health and normalize help-seeking. Additional Active Minds resources are available at www.activeminds.org.

Postvention is Prevention.

What Students Can Do After a Death by Suicide Occurs

A death by suicide often profoundly impacts students. Some are roommates, friends, or classmates of the deceased; others may have no relation but are still deeply affected. The following section guides students as they communicate with others about the event, grieve with their peers and campus community, and engage in action and advocacy to prevent future deaths by suicide.

The deep-seated effects of a death by suicide reverberate throughout communities for years. That is why responsibly addressing the tragedy is so critical – healing relies heavily upon talking about what happened, learning, advocating, and moving forward together.

A - Communication

Suicide is a heavy topic and students, campus administrators, and community members often feel a wide range of emotions in the immediate aftermath of these tragedies. Student leaders can set a strong example of how to discuss deaths by suicide through their own communications. The following are a few helpful guidelines to keep in mind when communicating about suicide on social media, through campus media, at public venues, or with friends.

1 - Share reporting guidelines with your campus news outlets.

See Appendix A at the end of this guide for suicide reporting guidelines for the media. Be sure to share these with your campus newspaper, social media team, radio show, and other outlets.

2 - Keep the family's wishes in mind.

Before publicizing the cause of death in any form, consider that the family of the deceased may have chosen to keep this information private. Talk to administrators who may be in touch with the family for guidance on this.

3 - Be as clear and honest as is reasonable. Addressing the death allows for people to better understand and process the events.

Refer to the incident as a “death by suicide” rather than an accident or student loss. Addressing the true event allows people to better understand and process it. Avoid using phrases like “taking one’s own life,” “killed oneself,” “committed suicide,” or “successful suicide attempt.” Instead say “died by suicide.”

4 - Use language that does not sensationalize.

Use objective language and reliable data. Avoid mentioning the means or location of suicide or other key factors that could be emulated by others.

5 - Avoid stigmatizing labels or images.

Refrain from using phrases such as “crazy,” “nuts,” “psychotic,” “schizophrenic,” etc. when describing the death by suicide. Instead use person-first descriptors such as “the individual suffered from bipolar disorder” or “the student was diagnosed with major depression.” Likewise, do not use images that contain graphic content such as blood, weapons, or images that depict mental illness in a negative light. Instead use images that evoke hope and remembrance, such as images of community, candlelight, and signs with hopeful messages.

6 - Remember that word travels quickly on social media.

Be ready to respond immediately and redirect students and community members to the proper resources and services. Make sure that all information is accurate to avoid the spreading of false details. See Appendix B at the end of this guide for social media guidelines for student groups to use after a student death by suicide.

7 - Always include resources for help-seeking.

Most, but not all, people who die by suicide exhibit warning signs. Include warning signs and resources for help-seeking (including the campus counseling center call line and national suicide prevention call/text lines) in articles, social media posts, and other media whenever possible. Visit <http://reportingonsuicide.org/recommendations/#warning> for a list of warning signs.

Case Study: Advocating for Responsible University Response

If the university's response to or reporting of the suicide is lacking or inaccurate, there are several ways students can get involved. For example, following the reporting of a student suicide as an "accident," students at the University of Portland collaborated to establish an Active Minds chapter and change the narrative through campus media channels, including an article in the student newspaper.

Since then, the chapter has helped students channel their frustrations into a meaningful force for change on campus and has worked with the university to prioritize the mental health of students. The administration has made a commitment to the following on behalf of the student mental health advocates:

- Creating an ad hoc Panel on Mental Health, which culminated in a 40-page report from the President outlining the goals to expand and prioritize mental health resources provided by the university
- Hiring another campus counselor to expand mental health services
- Adding mental health resources to every student ID card, every class syllabus, and in every dorm room
- Adding meditation classes at the campus gym
- Changing the official name of the University Health Center to the University Health and Counseling Center to increase visibility
- Allocating funds for an after-hours university call line for mental health emergencies

B - Programming and Partnerships

An effective way to help a community cope after a suicide occurs is to make others feel supported through mindful programming and advocacy efforts. In addition to following the guidelines laid out in the

previous section, students can foster an environment that helps their community feel safe and understood. As you consider the following examples of successful student-led advocacy efforts, be mindful of timing. The intent and impact of any advocacy initiative could be undermined if implemented too quickly or too late after a death.

- **Active Minds at The University of Portland's** campaigns for suicide prevention and mental health advocacy included a YouTube video entitled "100 Reasons to Live" as well as their Let's Talk Podcast. The student-led group used these creative ways to inspire their community to seek help as needed.
- **Active Minds at Denison University** provided Self-Care Kits to all resident advisors on campus after a beloved fellow resident advisor died by suicide. The kit included handwritten cards, chocolate, and other items to express solidarity and promote self-care.
- **Active Minds at Tufts University** conducted a student-led program called the Mental Health Monologues: Strength in Stories as a way of encouraging an open dialogue within the community.
- **Active Minds at The University of Pennsylvania** launched a successful blog called Pennsive as a way for students to communicate with one another in a safe space.

Strength in Numbers

Additionally, recruit other student organizations to join you in advocating for an improved mental health climate on campus. A coalition of students from diverse backgrounds – including health organizations, Greek societies, and student government – who together petition for change on campus could yield a quicker and more substantive response from campus administration than would a handful of homogeneous advocates. There is strength in numbers!

C - A Note on Self-Care

It is important to practice individual and group-based self-care on a regular basis while engaging in postvention on your campus. Examples of individual self-care practices in this context include reaching out to your support network, seeking therapy, and taking a break from your chapter's postvention advocacy and programming.

Group-based self-care can resemble Stress Less Week activities (www.activeminds.org/stresslessweek), include engaging in a chapter community service event, or feature a chapter social off-campus to build morale and camaraderie.

Future Prevention Efforts

Prevention is undoubtedly the best counteractive measure that can be taken against suicide. Effective prevention includes distributing information regarding suicide prevention and mental health and creating an environment in which people feel comfortable and safe seeking help. The following section includes recommendations for creating long-lasting preventive policies, systems, and institutional change on your campus to prevent future deaths by suicide.

A - Review Existing Policies

What policies and protocols exist on campus to support the mental health of students? Students can start by reaching out to the administrative staff of their school's wellness center and/or counseling center to find out. Most Active Minds chapters have established relationships with counseling/wellness staff; partnering with the chapter to initiate this research may be advantageous.

Mental Health/Suicide Prevention Task Forces

Some schools have mental health or suicide prevention task forces already in place. Students should find out if one exists and, if so, whether the committee includes a student representative. If not, work with the staff to add a student leader with interest in and knowledge of mental health who can articulate the needs, desires, and expectations of the student body.

Mental Health Trainings

Consult with the director of counseling services, dean of students, or a similar entity at your institution about purchasing training modules for mental health literacy, suicide prevention, and crisis intervention. Examples of existing trainings include Kognito's At-Risk for Students online simulation; Question, Persuade, Refer (QPR); and Mental Health First Aid. Such training programs could be offered to student leaders

(e.g., resident assistants, orientation leaders, officers of student organizations) or made mandatory for all students in order to register for classes. Trainings tailored for faculty and staff are also available.

Postvention Plan

Every campus should have or be working towards a concrete postvention response plan in the event that another suicide occurs. The plan should include steps for developing a social media response, providing student support, maintaining responsible communications, and providing resources to grieving students.

Students should assess their campus's plan. Is the school's plan adequate? Are all students included (i.e., not just close friends of the deceased)? Does the plan communicate the importance of seeking support after a suicide? Does the school have resources readily available to students? If the answer to these questions is "no" more often than "yes," students should request an opportunity to provide student input to bolster the plan.

B - Know the Facts

Administrators want to create a better environment for students. They will be most likely to listen to students and implement change when students present evidence to support their claims along with potential solutions and ideas for improvement.

Campus mental health statistics are the foundation for inspiring new ideas and building momentum for implementing change. Students should research and use these statistics as evidence to corroborate their claims. Some schools have this information available through their campus counseling/wellness centers, but if not, using national statistics to describe student mental health concerns can be effective as well.

It is also important to determine students' attitudes towards their campus's efforts to provide appropriate and accessible resources for students seeking help. Do students know about Active Minds and other mental health organizations on campus? Are students aware of the resources available to them on campus? Students should find out if a survey has been done in recent years to collect this information, and if not, it may be time to conduct one. For more information about researching campus policies and collecting information from the student body, visit www.activeminds.org/transform.

C - Advocate

Equipped with the facts, many Active Minds students have successfully advocated for long-lasting policy and institutional changes to better support the mental health of students. For example:

- **Jefferson College** added crisis numbers to student ID cards so that students have access to critical resources 24/7.
- **Colorado School of Mines** integrated mental health into new student orientation to ensure that all students know about the mental health services available to them at the very beginning of their campus experience.
- Other chapters are currently evaluating their campus leave of absence policies to ensure they are sufficient for students with mental health concerns.

Resources for gathering support for these issues, preparing for meetings with administrators, and more are available in the Active Minds Transform Your Campus Toolkit (www.activeminds.org/transform).

Getting the word out, generating a conversation, and providing resources to students are some of the best ways to spread awareness

about mental health as well as connect students who need help to clinical services. Asking students to sign up for tabling shifts, or even to just pick a spot on campus to distribute flyers, can reach hundreds of students. Use social media to encourage students to seek help and let them know they are not alone.

Note that Active Minds chapters receive wallet cards, postcards, pamphlets, and other mental health resources from the the Active Minds national office to distribute on campus. If you're interested in starting a chapter on your campus, please contact us.

Student leaders can also encourage students to share their stories to offer hope to those who need help and demonstrate that mental health impacts everyone. If you find that students at your school are not comfortable with this, Active Minds has an entire Speakers Bureau (www.activeminds.org/speakers) of people who will share their stories. Speaker events can garner a fantastic turnout, and chances are some of the students in the audience will be inspired to get the help they need. These powerful story-sharing events can successfully unite the student body.

Finally, students can also help spread awareness in their daily conversations by pointing out how everyday phrases perpetuate stigma. Explain that this kind of language (e.g., "He's crazy" or "This is really depressing") unintentionally minimizes real-life struggles and stigmatizes mental health. When a friend is stressed, depressed, or anxious, remind them of the services available on campus. Ask friends how they are doing and try to get a straight answer beyond, "I'm fine" or "I'm OK." Spreading awareness about mental health and its importance can bring students closer together and build a sense of support and understanding.

Conclusion

We hope that students use these guidelines on how to best communicate with their communities following a death by suicide, and that they will be helpful in furthering their awareness and advocacy efforts. The suggestions and chapter examples should provide ideas for future prevention initiatives and lay the foundation for collaborating with administration to create a postvention plan. Lastly, we hope this guide urges students to actively work to eliminate stigma on their campuses, lead their communities toward healing and rebuilding after a tragedy, and engage in suicide prevention efforts.

Additional Active Minds resources:

- Start an **Active Minds Chapter**: If your campus does not have an active student organization to promote mental health, consider starting one. (www.activeminds.org/startachapter)
- **Send Silence Packing®**: A view of countless backpacks spread out in a central area on campus makes a profound impression. This is our Send Silence Packing exhibit, a traveling display of more than 1,000 backpacks that represent the number of college students who die by suicide each year. Active Minds outreach coordinators accompany the exhibit and are on hand to talk with students. The exhibit raises awareness for suicide prevention and activates a campus-wide conversation. (www.activeminds.org/sendsilencepacking)
- **PostSecretU**: PostSecretU is a campus-based community art project that uses submitted secrets to let students know that they are not alone. PostSecretU is the official PostSecret event for college campuses as endorsed by Frank Warren, creator of the popular PostSecret blog and bestselling books. (www.activeminds.org/postsecretu)

- **Speakers Bureau:** The 14 members of the Active Minds Speakers Bureau are a cadre of specially trained speakers with personal experience with mental health. They are available to book for your mental health lecture, conference, or other speaking event. (www.activeminds.org/speakers)
- **Transform Your Campus:** This program aids students in creating structural and policy change on their campuses that better support mental health. Participating students have successfully advocated for including mental health in freshman orientation, hiring more counseling staff, adding crisis numbers on the backs of student ID cards, and amending leave of absence policies. These changes leave a legacy that benefit students for years to come. (www.activeminds.org/transform)

Appendix A:

Responsible Media Guidelines

Suicide is a public health issue, not a criminal or tabloid one. Your coverage of a student's death by suicide could reach others who are struggling, for better or for worse. Choose to be responsible, respectful, and hopeful in your reporting.

Avoid:

- **Sensationalizing the event**
 - *Don't include details about the location or method, or about the contents of suicide notes*
 - *Don't include "suicide" in the title of the article*
- **Dwelling on the negative societal or interpersonal impact of suicide**
 - *Don't refer to suicide as an epidemic or otherwise imply that it is common*
 - *Don't use hyperbolic language to describe the rate of deaths by suicide (e.g., "skyrocketing," "surging")*
 - *Don't emphasize how painful, burdensome, or disruptive a student's death by suicide can be to surviving loved ones or the campus community*
- **Language that criminalizes, stigmatizes, or demeans the suicide**
 - *Don't use phrases such as "committed suicide," "took his/her own life," "successful/unsuccessful suicide attempt"*
- **Using mental illnesses as adjectives**
 - *Don't use phrases such as "schizophrenic individual," "bipolar student," "depressed person"*
- **Stereotypical imagery/language in reference to mental illness or suicide**
 - *Don't use words such as "crazy," "nuts," "psycho"*
 - *Don't use images of guns, pills, or a disheveled- or threatening-looking individual*

- **Reducing the cause of the suicide to a single event**

- *Don't speculate that a single acute issue, like recent academic performance or an interpersonal dispute, might have been the motive – doing so is unhelpful, unnecessary, and likely inaccurate*

Instead,

Consider the following:

- The deceased's family will likely encounter your article; please be respectful
- The use of "dies" or "death" in the title of the article is sufficient

Focus on providing resources and accurate depictions about suicide

- Consult credible websites and suicide experts to gather relevant and accurate statistics on suicide and mental health
 - *Centers for Disease Control (cdc.gov)*
 - *Substance Abuse and Mental Health Services Administration (samhsa.gov)*
 - *American Association of Suicidology (suicidology.org)*
 - *American Foundation for Suicide Prevention (afsp.org)*
 - *National Suicide Prevention Lifeline (suicidepreventionlifeline.org)*
- Share information about preventive resources and mental health services as well as positive stories of hope and healing
 - *National Suicide Prevention Lifeline – call 800-273-8255 for 24/7/365 crisis support from a trained counselor (suicidepreventionlifeline.org)*
 - *Crisis Textline – text "BRAVE" to 741741 for 24/7/365 support from a trained counselor (crisistextline.org)*
 - *Local/campus resources*

- Use “suicide attempt” and “died/death by suicide” within the text of the article
- Use people-first language
 - *“an individual living with schizophrenia/bipolar disorder/depression”*
- Dispel myths about people who live with mental illnesses and/or are suicidal
 - *There are often no readily observable differences between those with and without mental illness/suicidal thoughts*
 - *However, most suicidal individuals do exhibit warning signs*
 - *Include at least one warning sign in the article (see here for a full list of warning signs and how to intervene: reportingsuicide.org/recommendations/#warning)*
- Emphasize that although suicide is a multifaceted issue with environmental, interpersonal, psychological, and biological implications, we rarely know the exact cause of death by a suicide

Templates for Reporters

- *Suicide is preventable. If you are suicidal or know someone who is, there is help available 24/7/365. Call the National Suicide Prevention Lifeline at 800-273-TALK (8255) or text “HELLO” to the Crisis Text Line at 741-741 anytime for free and confidential support and resources from a trained crisis counselor.*
- *Having a crisis on campus? Call (name of school)’s counseling center at (xxx-xxx-xxxx) from (hours of operation), or contact the campus police anytime at (xxx-xxx-xxxx). (Names and descriptions of local mental health/suicide prevention resources) are also available to those in crisis in the (name of city) community.*

Appendix B:

Social Media Guide After a Student Death by Suicide

As part of a coordinated campus response to a death by suicide, student groups such as Active Minds chapters can provide the student perspective in honoring the deceased and engaging in postvention through social media.

A chapter's or group's primary role during this time should be to raise awareness about resources for students who may be struggling with their mental health or suicidal thoughts. We have compiled a list of do's and don'ts along with sample social media posts and a recommended posting timeline after a student dies by suicide.

DOs

- Gather all of the facts before posting suicide prevention resources
 - *Confirm that the cause of death is, in fact, suicide*
 - *If the cause of death cannot be confirmed as a suicide, consider focusing your messaging on self-care practices and how to seek help*
- Focus on providing national mental health and suicide prevention resources (see sample posts below)
 - *Warning signs of suicide (visit <http://reportingonsuicide.org/recommendations/#warning>)*
 - *National Suicide Prevention Lifeline – 800-273-TALK (8255)/suicidepreventionlifeline.org*
 - *Crisis Text Line – 741-741/crisistextline.org*
 - *Create awareness of Facebook guidelines for reporting suicidal posts (<https://www.facebook.com/help/contact/305410456169423>)*
- Work with counseling services, crisis intervention teams, dean of student affairs, and other related entities to increase visibility of campus and community mental health resources on and off social media
 - *Post flyers or posters around campus with these resources listed*

- Consult with counseling services on your campus and ask if additional resources/services or extended hours will be offered
 - *If so, promote these events on your chapter's social media pages and through your flyers/posters around campus*

- Share healthy coping strategies (adapted from the American Foundation for Suicide Prevention & Suicide Prevention Resource Center)
 - *Exercise*
 - *Relaxation/breathing exercises*
 - *Engage in favorite activities and hobbies with loved ones*
 - *Write a list of people you can turn to for support and keep it handy*
 - *Honor the deceased by:*
 - *Writing a letter to the family*
 - *Attending the funeral services or a memorial*
 - *Volunteering at a crisis hotline/text line*
 - *Participating in suicide prevention events, like walks and fundraisers*
 - *Joining a campus or community group that advocates for mental health awareness and suicide prevention*

- Monitor the comments/messages made in response to your chapter's social media posts
 - *Correct rumors about the suicide death and myths about suicide in general*
 - *Delete and report any derogatory comments about the deceased*
 - *Respond directly and promptly to users who appear to be at risk for suicide to connect them with resources*

DON'Ts

- Feature personal details about the deceased or the circumstances surrounding their death
 - *Doing so may cause other at-risk students to identify with or glorify the deceased and view suicide as a viable option.*
- Say the student has finally found peace or that their suffering has ended
 - *Doing so may lead others to believe suicide is the answer to their own struggles.*
- Use language that stigmatizes, minimizes, or criminalizes suicide
 - *Say “died by suicide” instead of “committed suicide,” “completed suicide,” or “successful suicide attempt.”*
- Exploit the circumstances to promote Active Minds’ programs or recruit new members
 - *This one is a little tricky. While the death may coincide with a pre-planned campus-wide event being hosted by the chapter, be mindful of your chapter’s messaging so as not to overshadow or otherwise undermine the importance of the grieving and healing processes occurring. A chapter’s role during this critical period is to raise awareness about resources, not to increase event turnout or convert everyone into advocates right away. Recruitment during this period should be organic, meaning students will come to you, not the other way around.*
- Speculate or comment on why any particular individual may have died
 - *Suicide is a complex issue and we rarely know the exact cause of death by a suicide. Instead, your chapter’s messaging during this time should focus on promoting suicide prevention and suicide risk in a broader context.*

Sample Social Media Posts and Suggested Timeline

Immediately following the official announcement of the death by suicide:

- “Counseling Services offers (X) individual sessions a year and (X) group sessions to each student every quarter/semester. There is no problem too big or small for counseling, and there’s no shame in getting help. If you need someone to talk to, set up an appointment today. [Include contact information and hours of operation, as well as additional campus resources being made available to students who are grieving.]”
- “The best way to remember our peer is to seek help if you or someone you know is struggling. If you’re feeling lost, desperate, or alone, please call the National Suicide Prevention Lifeline at 800-273-TALK (8255) or text ‘BRAVE’ to the Crisis Text Line at 741741. Your call/text is free and confidential, and crisis workers are available 24/7 to assist you. To learn more about the Lifeline and Text Line, please visit www.suicidepreventionlifeline.org and www.crisistextline.org.”
- “Practice self-care today and every day. Engage in your favorite hobbies, go outside, disconnect from your phone for a while, turn to your support network, learn something new, and most importantly, treat yourself with kindness. You’re doing the best you can.”
- “You are not alone. If you are struggling with suicidal thoughts, please call the National Suicide Prevention Lifeline at 800-273-TALK (8255) or text ‘BRAVE’ to the Crisis Text Line at 741741. It’s free, confidential, and could really make a difference.”

Over the next 1 - 2 weeks following the death by suicide:

- “Research suggests that close to 20% of college students think about suicide at least once. You are not alone and support is available. Reach out to Counseling Services at (xxx-xxx-xxxx), contact the National Suicide Prevention Lifeline at 800-273-TALK (8255), or text ‘BRAVE’ to the Crisis Text Line at 741741.”
- “Warning signs for suicide include talking about death or suicide, talking about being in unbearable pain, feeling like a burden to others, increasing alcohol or drug use, and displaying extreme mood swings. Having an existing mental illness or a history of suicide attempts makes these signs even more serious. If this describes you or someone you know, help is available. Call the Counseling Center at (xxx-xxx-xxxx), contact the National Suicide Prevention Lifeline at 800-273-TALK (8255), or text ‘BRAVE’ to the Crisis Text Line at 741741. See here for more warning signs: <http://reportingonsuicide.org/recommendations/#warning>”
- “Are you concerned that someone you know may be suicidal? Ask them directly by saying something like, ‘I’ve noticed you’ve been really stressed/down lately and I’m concerned about you. Are you thinking about suicide?’ If they say yes, assure them that they are not alone and offer to get help with them. Call the Counseling Center at (phone number), contact the National Suicide Prevention Lifeline at 800-273-TALK (8255), or text ‘BRAVE’ to the Crisis Text Line at 741741 for information and resources on how to handle the situation. See here for more conversation-starters about suicide: <https://www.helpguide.org/articles/suicide-prevention/suicide-prevention-helping-someone-who-is-suicidal.html>”

Throughout the remainder of the semester:

- “Suicide prevention is 365 days a year. Take a second to save these numbers to your phone today: on-campus Counseling Services (xxx-xxx-xxxx) and the National Suicide Prevention Lifeline (800-273-8255).”
- “Don’t be afraid to ask a friend how you can support them when they’re struggling, and share with your loved ones how they can support you when you’re struggling.”
- “You have the power to save a life. Volunteer at the Crisis Text Line (crisistextline.org), join and/or donate to an advocacy group for mental illness and suicide prevention, or learn more about suicide prevention in person at (upcoming community/campus suicide prevention event).”

Frequently Asked Questions

Q “How can we better support students when death is potentially related to marginalized identities? For example, how do we help others process the passing of an LGBTQ student while honoring their identity and the role it may have played in their mental health, depending on if that student had come out to the community or only parts of the community? Or international students who may face different pressures from home than they do on campus, or who may have different ways of grieving?”

A This is VERY tricky. As mentioned in the guide, the causes of suicide are complex. It’s important to avoid adding to any speculation as to why a death has occurred. However, as part of your postvention and suicide prevention efforts, as always, it’s good practice to include education about how certain populations are more at risk for suicide and why. We recommend avoiding speculation on why any particular individual may have died and instead focus on promoting suicide prevention (and suicide risk) in a broader context.

Q Can this guide be used by other student groups (e.g., resident assistants, Greek life, student government), faculty members, and staff wishing to engage in postvention efforts?

A Yes! While this guide is meant to be specific in the suggestions made for postvention efforts on college campuses, it is still general enough to be tailored to different institutions and needs. We encourage the dissemination of this guide to as many interested on-campus entities as possible.

Q What kind of timeline should my chapter observe to responsibly implement postvention programming on campus?

A As mentioned in Appendix B of this guide, the intent of any chapter-led postvention advocacy or programming effort should be to raise awareness of coping strategies and suicide prevention resources for the student body, not necessarily to mobilize students to engage in activism right away. We strongly recommend having at least one staff member from the counseling center present in all of your postvention programs.

Here is a suggested timeline of on-campus postvention events:

- **Immediately following the death by suicide:**

Partner with the counseling center to disseminate information and resources to students at a tabling session. Assemble and distribute self-care kits to affected communities.

- **Two weeks following the death by suicide:**

Organize a panel discussion/town hall discussion with campus administration and counseling center directors about suicide prevention, coping strategies, and on-campus resources for students in need. Host a film screening and Q&A session about general mental health, suicide prevention, and/or help-seeking behaviors.

- **Throughout the rest of the semester:**

Post flyers with national and local suicide prevention resources in areas of campus where stressed students may gravitate towards, including in parking garages, on rooftops, and in on-campus dormitories. Facilitate student-led story-sharing opportunities for students to share their stories of hope and recovery.

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