Suicide Postvention Guidance
Following a Suicide at a VHA Facility

When a suicide occurs at a facility or on a VA campus, it is essential to engage in best practices regarding suicide postvention, with the goal of helping Veterans, employees, and the community cope with suicide loss.

Suicide postvention is an organized response that occurs after a suicide loss, designed to support those exposed and impacted by the suicide.

The main goals of suicide postvention are to: 1) promote healing; 2) minimize adverse outcomes for the persons affected; and, 3) decrease risk of suicide contagion.

Although not exhaustive, the following suggestions can be used to guide suicide postvention efforts that are tailored to meet the needs of those at a facility, as well as circumstances surrounding the loss.

The Suicide Risk Management Consultation Program (https://www.mirecc.va.gov/visn19/consult/) is available to assist VHA leadership and staff with the suicide postvention process, including training/consultation on how to execute the suggestions included below. Consultation is free and confidential. To place a consult or to learn more, email srmconsult@va.gov.

Immediate Priorities Post-Suicide
Goal: Ensuring and Enhancing Safety

- Consider utilizing existing infrastructure of Incident Response Teams. The immediate goal is to stabilize and enhance safety. Ensure clear, factual communication about the suicide.

- Consult with Workplace Safety Officers. Depending on the circumstances of the suicide, employees may have concerns related to workplace safety, and Veterans/visitors may have concerns about facility safety (e.g., gun on campus, issues around communication of a threat) that could require collaboration with Workplace Safety Officers.

- Consult with Public Affairs Officials. Public responses following a suicide on campus are critical. These messages should be informed by best practices and should include information on where and how to access support. These messages should include Veterans Crisis Line information.
  - Resources regarding messaging:
    - https://www.suicidology.org/Resources/Recommendations-for-Reporting-on-Suicide
    - https://afsp.org/about-suicide/for-journalists/
Post-Stabilization Suicide Postvention – Recommended Elements

**Goal:** Beginning the Suicide Postvention Process

- **Include**
  - Make efforts to include all those that may have been exposed/affected (even if they were not at the scene). This may include Veterans, their families, and employees.

- **Educate**
  - Provide information on common reactions following a suicide loss, suggestions for self-care, and resources (see below).
  - Create a ‘Staff Talking Points’ Reference Sheet. Consider including the following talking points about suicide loss for staff to utilize when Veterans bring up the suicide:
    - Include tips on empathetic listening and suggestions for how to discuss the fact that suicide is a complex behavior that is always caused by multiple factors.
    - Remind staff that validating survivors’ feelings can be helpful. Humans try to “make sense” of losses like these. We are naturally pulled to “fill in the story” based on our own experiences, things we see in the news, etc.
    - Provide the reminder that we never have access to anyone’s full experience. We cannot completely know why someone chose to die by suicide. This in and of itself can often be difficult to deal with.
    - After validation and education, suggest that staff members ask how they can best support and meet the needs of the Veteran(s) they are interacting with.

- **Unite**
  - Consider ways to unite to promote healing (and to disseminate education and resources). Some examples include:
    - Hold town halls for Veterans, family members, and employees. Consider partnering with Chaplains in these efforts.
    - Discuss the loss at team meetings. This could be part of a regular meeting and/or during an ad hoc gathering. The facilitator could be a team leader and/or an employee that is trained in suicide postvention.
    - Offer 1:1 opportunities to process the loss. Some examples include triage sessions for Veterans, and 1:1 supervisor and employee meetings.

- **Outreach**
  - Support for the deceased Veteran’s family
    - Ensure that outreach to the family members of the Veteran who died by suicide occurs. Offer condolences, support, and resources. Refer to the Suicide Prevention Team for support.
    - Share that the VA has a MOU with the Tragedy Assistance Program for Survivors (TAPS) that facilitates Veterans’ family members receiving support from TAPS: [https://www.taps.org/](https://www.taps.org/)
  - Support for Veterans, family members, employees, and other loss survivors

Resources regarding support:
- American Foundation for Suicide Prevention: [https://afsp.org/find-support/ive-lost-someone/](https://afsp.org/find-support/ive-lost-someone/)
- Provide enhanced access to information regarding the Veterans Crisis Line (e.g., pamphlets, verbal reminders to Veterans during in-person and telephone-based care, posters, advertisements).
- Consider preparing a “handout” that could be disseminated to Veterans across clinics/appointments. This could include information about suicide loss and resources.
- Some recommended resources:
  - American Foundation for Suicide Prevention: [https://afsp.org/find-support/ive-lost-someone/](https://afsp.org/find-support/ive-lost-someone/)
- Support for Providers
  - Offer the Suicide Risk Management Consultation Program to any provider that would like 1:1 support (private and confidential): [https://www.mirecc.va.gov/visn19/consult/index.asp](https://www.mirecc.va.gov/visn19/consult/index.asp)
  - Share the American Association of Suicidology’s Clinician Task Force page: [www.cliniciansurvivor.org](http://www.cliniciansurvivor.org)
- Sustain
  - Plan and execute strategies to offer long-term support to facilitate the ongoing grieving process. Consider anniversaries, holidays, and other events that might be challenging.

**Additional Resources**
