



**NAMI** New Hampshire

# Postvention

**Understanding Best Practices and Resources for  
Postvention as Prevention: A Collaborative Approach to  
Healing After Suicide Loss**

**Behavioral Health Summit  
December 2025**



Training Professionals & Communities in  
Suicide Prevention & Response<sup>®</sup>

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# Suicide is a Profound Loss

- All of us have been touched by loss at some point in our lives.
- Talking about suicide can bring up personal experiences for us.
- **We need to be sensitive to loss survivors, attempt survivors, or any of us at risk for suicide.**
- Please practice good self-care and seek support that would be helpful to you.



[www.naminh.org](http://www.naminh.org)  
*support groups/resources*

# What is Postvention?

Postvention is a **planned response** after a suicide death that **helps with healing** and **reduces risk** of further suicide incidents.

This is important because:

- *Having known someone who dies by suicide is one of the most significant risk factors for suicide.*
- *How a suicide is handled can impact risk for all, especially vulnerable individuals including teens and young adults.*

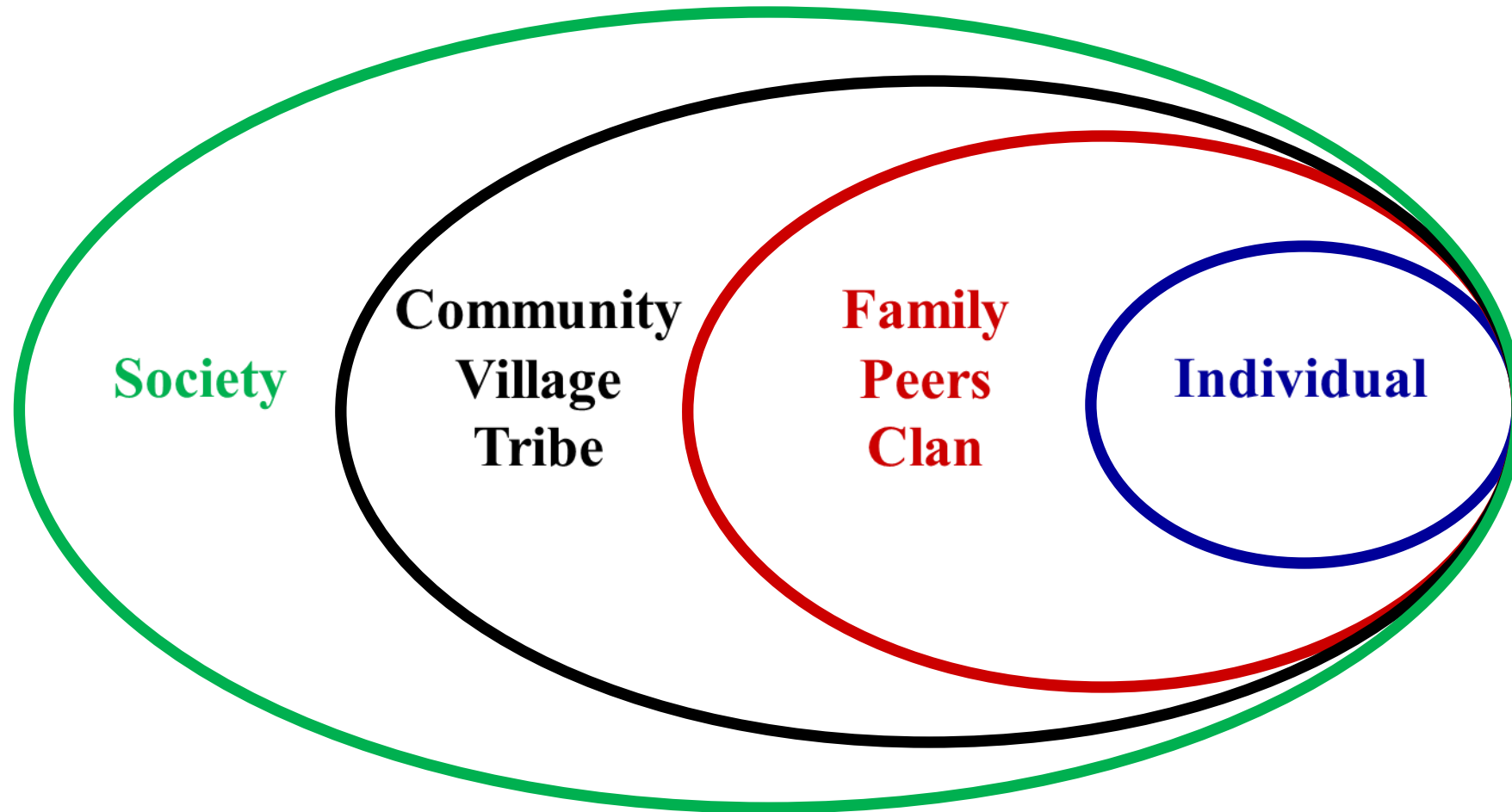


# Core Principles

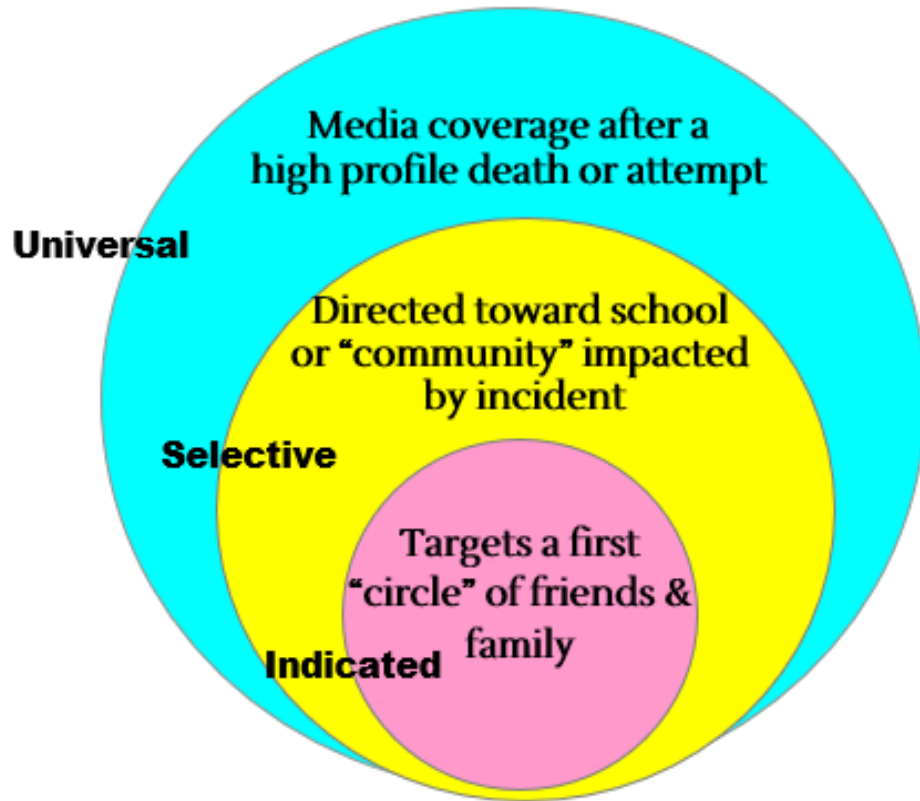
- Suicide is a **public health** problem and requires a comprehensive approach.
- Helping survivors of suicide loss **deal with the loss and grief in a safe way** is important for everyone.
- Taking **the right action** after a suicide can be prevention for future suicides.
- Suicide postvention becomes **prevention**
- **Cultural factors** are important to consider.
- **Awareness and communication** between individuals and systems will aid postvention and prevention efforts.



# Social-Ecological Model



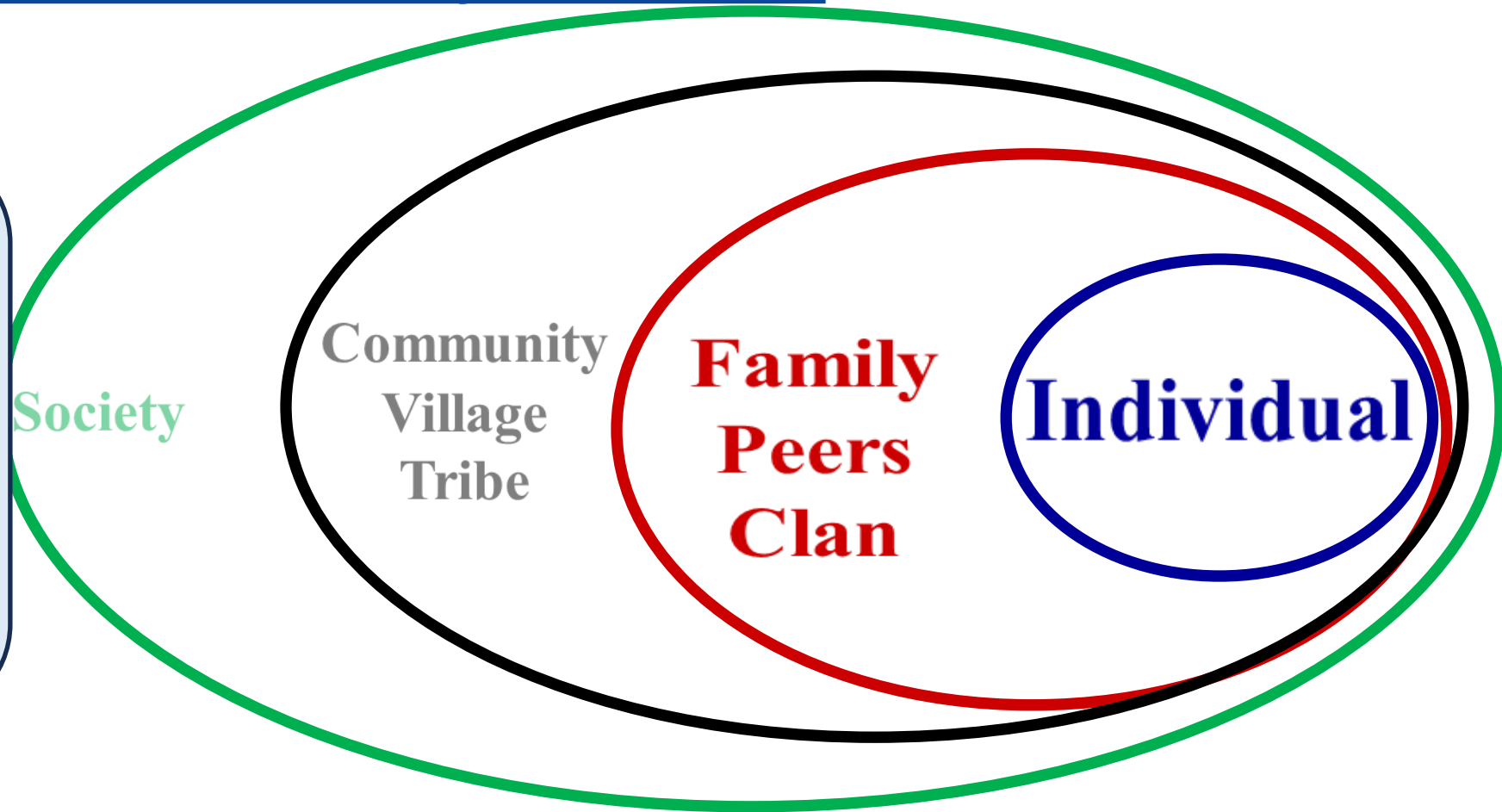
# A Comprehensive Postvention Approach



- Immediate Aftermath
- Short Term Stabilization
- Intermediate Monitoring and Restoration
- Long Term Healing and Recovery

# Social-Ecological Model – Individual/Peers/Family Impact

- Trauma and grief Support
- Reducing stigma and isolation
- Peer support
- How death is handled affects healing



# Providing Support to Loss Survivors

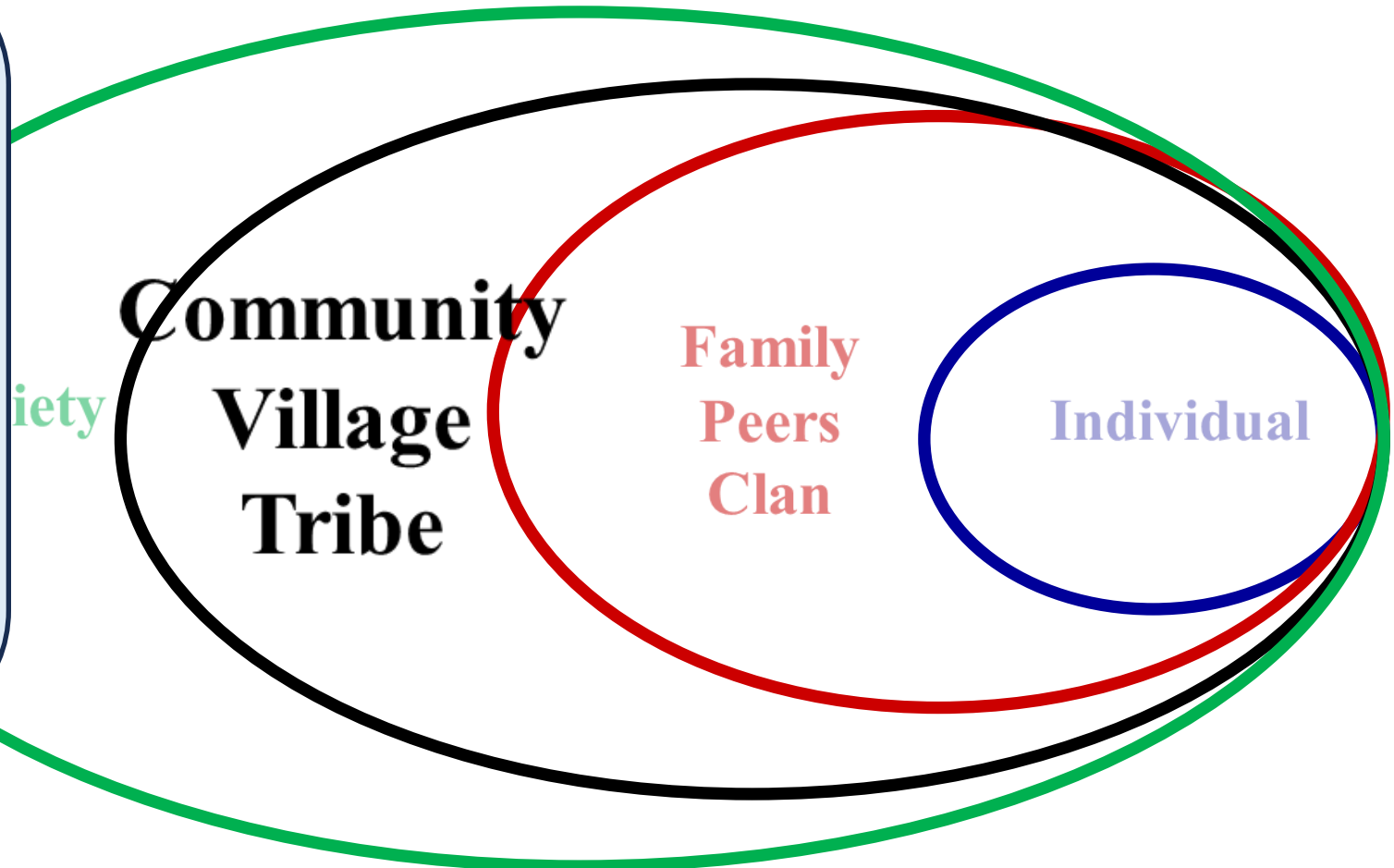
- Recognize an **increased risk for suicide** in the days and weeks following the death.
- Accept the **intensity and extent of time** for their feelings.
- Respect each individual's own healing process
- Be mindful of **cultural and developmental** considerations
- Over time, help them **connect with other loss survivors** through 1:1, group or other bereavement services if this would be helpful.

# Supporting Loss Survivors in the Immediate and Long Term



# Social-Ecological Model – Community Impact

- Communication
- Risk of contagion
- Media Recommendations
- Safe Messaging
- Memorials
- Promoting Hope & Help
- Reducing Stigma
- Proactive postvention plans
- Resources and Supports

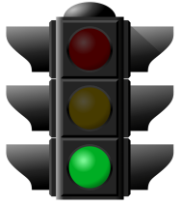


# Communication:

## Preparing to Disclose Information to Students and Staff

- Have an existing plan in place for communication.
- Be sure siblings are first notified by family and provide support where needed.
- If possible, identify those closest to the individual and tell them together:
  - This allows for more direct supports.
  - They can support each other.
  - It may lessen the impact on others who were less familiar with the deceased.

# Safe Messaging = Community Protective Factor



## Promote

- Information on where/how to get help
  - **988 Suicide & Crisis Lifeline**
  - **211 CT Crisis Team**
  - **Crisis Text Line: TEXT 741741**
- Warning signs for suicide
- Early help for mental health and substance use problems
- Local efforts to prevent suicide
- **“Died by suicide/lost life to suicide”**



## Avoid

- Giving detailed descriptions of a suicide incident
- Glorifying or giving celebrity status to person who died
- Oversimplifying causes
- Overstating the frequency of suicide (e.g. an “epidemic”)
- Using terms like failed/ successful/completed/ committed/chose to...



# Media Recommendations

For more information and examples of best practices when reporting on suicide, visit [ReportingonSuicide.org/Recommendations](https://ReportingonSuicide.org/Recommendations).



### Media Plays an Important Role in Preventing Suicide

1. Over 100 studies worldwide have found that risk of contagion is real and responsible reporting can reduce the risk of additional suicides.
2. Research indicates duration, frequency, and prominence are the most influential factors that increase risk of suicide contagion.
3. Covering suicide carefully can change perceptions, dispel myths and inform the public on the complexities of the issue.
4. Media reports can result in help-seeking when they include helpful resources and messages of hope and recovery.

### Partner Organizations

These recommendations were established using a consensus model developed by SAVE. The process was led by SAVE and included leading national and international suicide prevention, public health and communication's experts, news organizations, reporters, journalism schools and internet safety experts. Collaborating organizations include:

American Association of Suicidology • American Foundation for Suicide Prevention • American Psychoanalytic Association • Annenberg Public Policy Center • Associated Press Managing Editors • Canterbury Suicide Project - University of Otago, Christchurch, New Zealand • Centers for Disease Control and Prevention • Crisis Text Line • Columbia University Department of Psychiatry • ConnectSafely.org • Emotion Technology • International Association for Suicide Prevention Task Force on Media and Suicide • Medical University of Vienna • National Alliance on Mental Illness • National Institute of Mental Health • National Press Photographers Association • The Net Safety Collaborative • National Suicide Prevention Lifeline • New York State Psychiatric Institute • Substance Abuse and Mental Health Services Administration • Suicide Awareness Voices of Education • Suicide Prevention Resource • Vibrant Emotional Health

**Recommendations:** Following these recommendations can assist in safe reporting on suicide.

AVOID...	INSTEAD...
✗ Describing or depicting the method and location of the suicide.	✓ Report the death as a suicide; keep information about the location general.
✗ Sharing the content of a suicide note.	✓ Report that a note was found and is under review.
✗ Describing personal details about the person who died.	✓ Keep information about the person general.
✗ Presenting suicide as a common or acceptable response to hardship.	✓ Report that coping skills, support, and treatment work for most people who have thoughts about suicide.
✗ Oversimplifying or speculating on the reason for the suicide.	✓ Describe suicide warning signs and risk factors (e.g. mental illness, relationship problems) that give suicide context.
✗ Sensationalizing details in the headline or story.	✓ Report on the death using facts and language that are sensitive to a grieving family.
✗ Glamorizing or romanticizing suicide.	✓ Provide context and facts to counter perceptions that the suicide was tied to heroism, honor, or loyalty to an individual or group.
✗ Overstating the problem of suicide by using descriptors like "epidemic" or "skyrocketing."	✓ Research the best available data and use words like "increase" or "rise."
✗ Prominent placement of stories related to a suicide death in print or in a newscast.	✓ Place a print article inside the paper or magazine and later in a newscast.

# Memorial Activities

- Permanent memorials glorifying a person who has died by suicide can increase risk of contagion among vulnerable youth.
- **It is recommended that such memorials be avoided in schools or places not intended for memorials for all so they are not conducted selectively.**
- Protocols that reflect using temporary memorials and consistence for all deaths can
- Have postvention guidelines in place in advance so that all suicide deaths are responded to in the same way.
- Planned consistency in recognizing deaths publicly can minimize difficulties when any kind of death occurs.

# Student-Driven Memorials

- ❖ *Focus on the Cause, Not the Person*
- ❖ *Focus on Life, Not Death*



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# Focus on the Cause of Suicide Prevention to Respect the Person and Others at Risk

Focused only on the Person



Focused on Suicide Prevention



# Focus on Life, not Death

## Focused on Death



## Focused on Life



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# Counselors/Staff as Loss Survivors

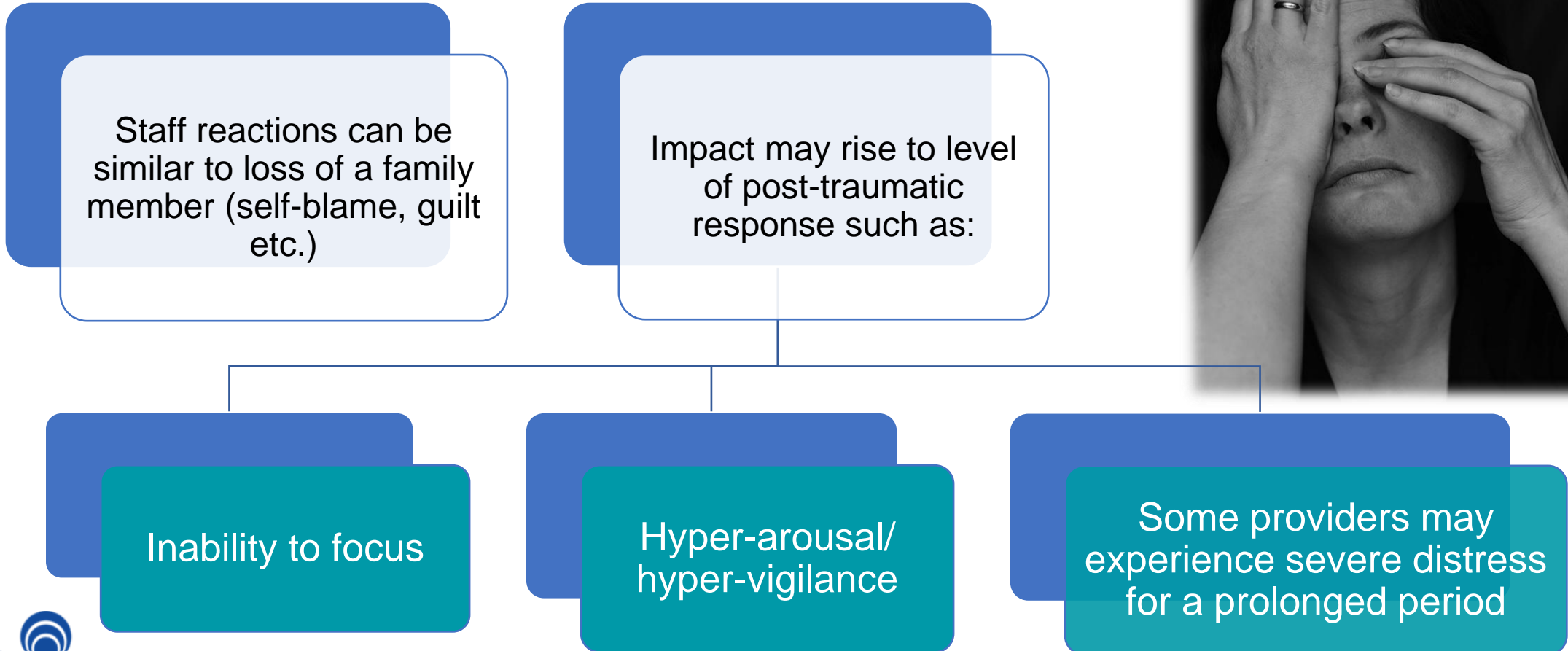


*“The most profoundly disturbing event of a professional career”*

(Hendin et. al. 2000)

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# Impact of a Client or Student Suicide Death on the Counselor/Staff Member



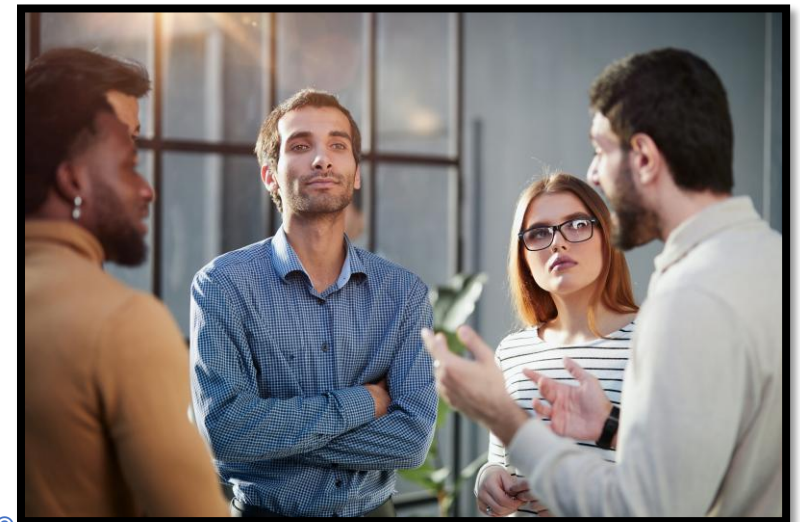
# Professional Impact

- Confidence and competence are undermined and sometimes shattered.
- Hyper-vigilance, even with students with low or no risk
- Difficulty being present with students
- Inability to concentrate
- Trouble trusting students
- Isolation from colleagues
- Some seek positions with lower risk populations or leave profession entirely.

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# Supporting Staff

- Inform staff of the situation/facts as you know them.
- Ask them what they need for support.
  - Offer sick/leave time off (when indicated)
  - Consider temporarily moving staff from a high stress job
- Encourage self-referral to an EAP.
- Role model good self-care skills.
- Consider using a crisis debriefing for staff.
- Review protocols for agency response to other clients.
- Provide check in/support in upcoming weeks/months.



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# Vicarious Trauma/Post-Traumatic Growth

While secondary (vicarious) trauma may persist for community care providers and members alike, others might experience some personal growth and changes in perspective:

*(Slavin-Spenny, et al, 2011)*

- ***Having greater appreciation for relationships and loved ones***
  - ***Being grateful for what they have in their lives and community***
  - ***Becoming more understanding and accepting of others***
- This post-traumatic growth may then present as ***resilience***, where an individual has supportive relationships and adaptive skills in their journey of healing.



# Long Term Postvention Considerations

## Communication and Media/Social Media

### Risk of Contagion

### Key Points in Time:

- Birthdays, Holidays; Anniversaries
- Graduations, Yearbooks

### Post Traumatic Growth and Healing

- Education, Advocacy. Support
- Lived experience; peer support; healing events



# What's On Your Mind?



# Case Study



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# When the News Breaks

A middle school learns through social media that a student has died by suicide.

The announcement is made over the PA system before facts are confirmed.

Students and staff react with shock and confusion. Rumors spread rapidly online.

The next day, the school closes “to give students time to grieve.”

# The First 24 Hours

1. What would your first steps be — and how would you confirm information?
2. How could you prepare and support staff before notifying students?
3. How would you manage communication and social media?
4. What message does closing the school send? What are alternatives?

# The Following Week

School reopens Monday.

Administration decides to “return to normal” and avoid further discussion.

Social media continues to circulate rumors and blame.

The family asks the school to close for the funeral, provide buses, and host a tree planting with a plaque.

# Discussion: Memorials & Messaging

1. What are safe ways for students to grieve and remember?
2. How would you respond to the family's request?
3. How can memorial guidelines and safe messaging help?
4. What supports should be in place for staff and peers this week?

# Longer Term Recovery

Months later...

- Social media “anniversaries” renew grief and rumors
- Some students struggle emotionally and behaviorally
- Staff report ongoing distress and exhaustion

How can the community promote healing and readiness for the future?

# Debrief: Lessons for NH Communities

## Key Takeaways:

- Prepare systems *before* a crisis — MOUs, contacts, clear communication plans
- Notify and support adults first
- Coordinate across partners — schools, DBHRT, CMHCs, SPC, media
- Keep schools open and connected
- Plan for long-term healing and prevention

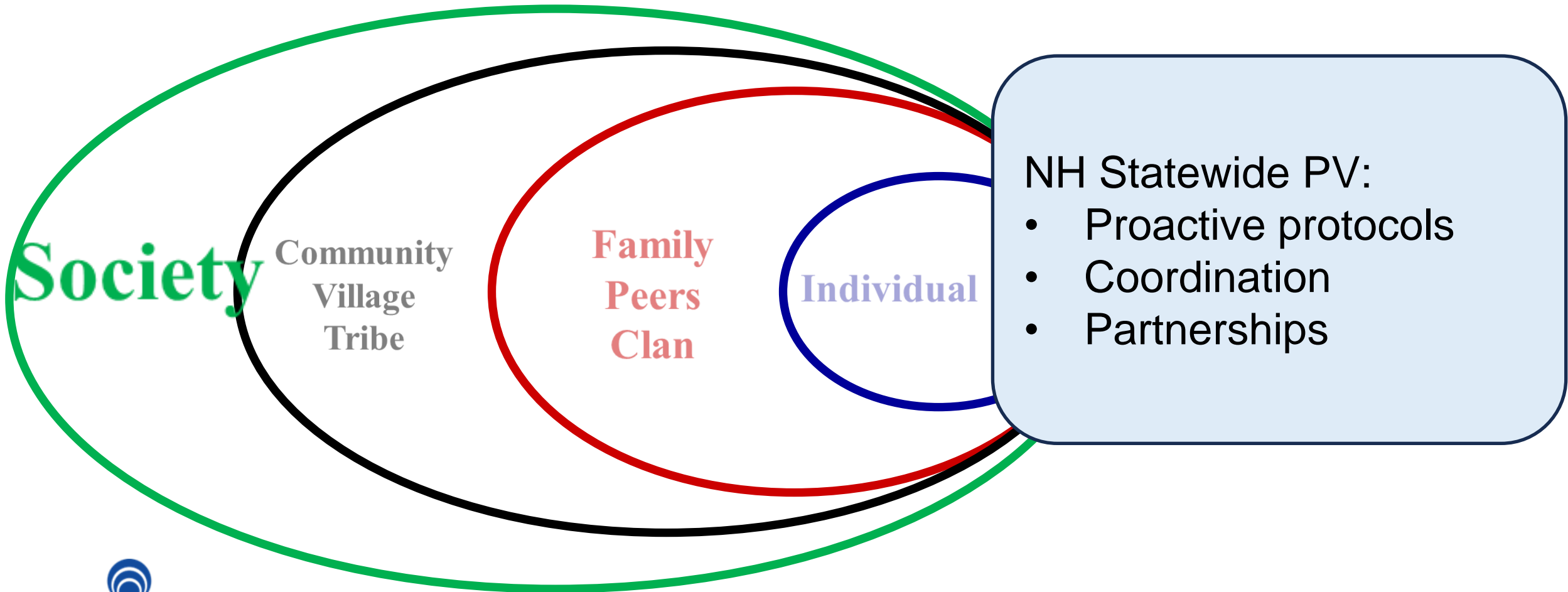
# From Response to Readiness

Postvention is prevention.

Each coordinated response strengthens our ability to support the next community in need.

**Together, we're building a compassionate, connected system across New Hampshire.**

# Social-Ecological Model – Society



# From Practice to Policy



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# Building a Statewide Postvention System



- Postvention is prevention
- Local responses are powerful – statewide coordination makes them stronger
- New Hampshire is building a unified, compassionate approach to postvention



# Why Postvention Must Be Systemic

- Every suicide touches multiple systems – schools, crisis services, law enforcement, media, and community partners
- Without coordination, important information and care can fall through the cracks
- A statewide structure ensures consistency, compassion, and connection

# The NH Postvention Coordination Framework



- NH Suicide Prevention Council prioritized postvention
- **Suicide Response Checklist** developed as a shared coordination tool
- Used across DHHS, DBHRT, CMHCs, schools, and law enforcement.

# Learning From Our Communities

- Communities are deeply compassionate and collaborative
- Key Lessons from recent postvention experiences:
  - Communication clarity matters
  - Staff and responders need emotional support
  - Local leaders need real-time guidance and structure
- These insights directly shape our statewide work

# Partnering with Media to Promote Healing

- Collaboration with Media Groups following local losses.
- Standard commitment to safe reporting and resource sharing
- Standardized inclusion of 988 and prevention links
- Closer communication pathways between SPC, NAMI NH, DHHS, and media outlets.

# From Response to Readiness

- SPC Postvention Workgroup to guide statewide coordination
- Integrating postvention tools into PreventSuicideNH.org and other partner agency websites.
- Strengthening cross-sector “huddles” after suicide.
- Embedding postvention across our efforts to advance the NH Suicide Prevention Plan
- Postvention and CISM training

# Resources & Support After a Suicide

- **Crisis Lines – Available to Anyone**
  - 988 Suicide & Crisis Lifeline – Call or text 988 | Chat 988lifeline.org
  - NH Rapid Response Access Point – Call 833-710-6477 | nh988.com
- **Support for Schools & Communities**
  - After a Suicide Toolkit for Schools – Guidance for communication, memorials, and prevention
  - Community Mental Health Centers (CMHCs)
  - Disaster Behavioral Health Response Team (DBHRT) – Consultation and support for staff or first responders
- **Expert Guidance & Technical Assistance**
  - National Alliance on Mental Illness NH (NAMI NH) – support for communication, memorials, contagion risk, and loss survivor resources
- **Statewide Collaboration**
  - NH Suicide Prevention Council and DHHS Division for Behavioral Health
  - Survivor of Suicide Loss Committee (SOSL)
  - Visit [PreventSuicideNH.org](https://PreventSuicideNH.org) for more resources





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# Learning from Lived Experience



# Presenters



- **NH DHHS:** Katherine Cox: [Katherine.m.cox@dhhs.nh.gov](mailto:Katherine.m.cox@dhhs.nh.gov)
  
- **NAMI NH and the Connect Program:**  
Elaine de Mello: [elained@naminh.org](mailto:elained@naminh.org)

