



Strategies and Tips for Effective Postvention Response in a Virtual World

- ❖ **Effective suicide postvention response is a public health issue**, no less than the current COVID-19 crisis. Although the focus of public health networks and healthcare providers has shifted in order to address the urgency of COVID-19, we as suicide prevention advocates and champions must hold fast onto national best practices in postvention response that will help to mitigate trauma in the wake of sudden death and grief and loss reactions. We are essentially “waiting in the wings”, for those times and circumstances that necessitate our response and involvement for greater hope and healing.
- ❖ The critical importance of **keeping in mind the risk of contagion for youth and young adults**; this should always guide our response *in any setting and at any time*, in order to reduce this risk for contagion and promote healing. Effective postvention response in the immediate aftermath prioritizes the indicated circle of greater risk with family and close friends. We also need to bear in mind the greater risk for suicide now faced by *any individual within the larger community* who was already at risk prior to this suicide death.
- ❖ While retaining this developmental consideration of greater vulnerability of youth and young adults, it is also imperative to **remember that suicide risk goes across the entire lifespan**, with adults of all ages possibly now facing greater risk with loss of jobs, economic resources, etc. in this current climate of loss and change.
- ❖ Taking into consideration the cultural setting and impacted individuals, **think outside the box in terms of key stakeholders** who might be of value in each specific response (i.e. in this current climate, with school staff no longer physically-situated in school buildings, could the local police or School Resource Officers serve any kind of response capacity in order to reach students and families within the larger school community? Are there any other entities, such as Mobile Health Response or youth-serving community agencies, that are still open and providing services that are of merit to consider?)
- ❖ **Monitoring electronic communication** would mean enlisting the help of an adult(s) within the larger community (or identified youth leaders having the ability to role model to peers safe messaging and response) who are familiar and comfortable with social media platforms such as FaceBook (but more likely to be Snapchat, Instagram, texting,

and tweeting with youth and young adults). These individuals could then provide some public health postings about expressed condolence for the loss; warning signs for suicide (if it is openly identified as such); the provision of national resources, i.e. the NSPL and Crisis Text Line, and any other local resources that might be of help to students and their families; and to monitor any digital sites or communications for postings indicative of greater risk for suicide or in need of response and intervention.

- ❖ If possible, there should still be **some centralized conduit of communication to families** within the larger community, such as Email or Text alerts from school leadership, in order to extend factual information of the loss, along with local and national resources that individuals and groups can access for help and support.
- ❖ **Trauma-informed care** would also suggest that whenever possible, school leadership or others would convey to families the greater risk of this suicide death to vulnerable individuals with the present traumatic overlay of the COVID-19 uncertainty, deaths, and restrictions.
- ❖ **Reinforcement of self-care practices for all**, especially for any professional engaged in active postvention response within this current climate of COVID-19. **Choosing hope and mental health well-being** is a strong, protective factor to promote resilience and healing in the weeks and months to come.

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