

### **III. TEMPLATES**

## LETTER TO PARENTS – GENERAL

Date: \_\_\_\_\_

Dear Parent(s)/Caretaker(s),

The death of a child is a sad and tragic event, and the sudden death of our student \_\_\_\_\_ (name of student), has touched both students and faculty here at \_\_\_\_\_ (name of school).

The investigation is still in process. Based on the information provided to us by the medical examiner and the family, \_\_\_\_\_ (name of student) died by suicide on \_\_\_\_\_ (date).

The funeral arrangements are as follows:

Mr. and Mrs. \_\_\_\_\_ request that students attend/do not attend. In addition, donations may be sent in care of \_\_\_\_\_.

Since the news of the death, the school has implemented a crisis response plan to help the students and staff respond to this unfortunate death. In conjunction with colleagues from \_\_\_\_\_ (community agencies), the school continues to provide / has provided professionally staffed support stations available to all students. In addition, students continue to meet with staff from our counseling and social work departments.

If you feel your child is having difficulty and may benefit from additional support, please feel free to contact The SKY Center at 505-473-.6191, your child's guidance counselor or myself so the school can be made aware of the needs of your child. Local mental health professionals also support us and a referral list is enclosed.

In hopes of supporting you so that you may better support your family during this time, we will be having a Parent Suicide Awareness Focus group for parents only on \_\_\_\_\_ (date) at \_\_\_\_\_ (school location).

As the entire school community continues to cope with the loss of \_\_\_\_\_ (name of the student), we invite your participation in the healing process. Please feel free to contact the school at any time with questions or concerns.

(Adapted from the Youth Suicide Prevention School-Based Guide by The Louis de la Parte Florida Mental Health Institute at the University of South Florida)

## LETTER TO PARENTS – MORE VULNERABLE STUDENTS

Date: \_\_\_\_\_

Dear Parent(s)/Caretaker(s),

The death of a child is a sad and tragic event, and the sudden death of our student \_\_\_\_\_  
\_\_\_\_\_ (name of student), has touched both students and faculty here at \_\_\_\_\_  
\_\_\_\_\_ (name of school).

The investigation is still in process. Based on the information provided to us by the medical  
examiner and the family, \_\_\_\_\_ (name of student) died by suicide on \_\_\_\_\_  
\_\_\_\_\_ (date).

The funeral arrangements are as follows:

Mr. and Mrs. \_\_\_\_\_ request that students attend/do not attend. In addition, donations  
may be sent in care of \_\_\_\_\_.

Since the news of the death, the school has implemented a crisis response plan to help the staff  
and students respond to this crisis. In conjunction with colleagues from \_\_\_\_\_  
\_\_\_\_\_ (community agencies), the school continues to provide / has provided professionally  
staffed support stations available to all students. In addition, students continue to meet with staff  
from our counseling and social work departments.

Your son/daughter has been identified for our special attention because we are concerned about  
his/her exposure due to the relationship with \_\_\_\_\_ (name of student) or  
because of past behavior that is high risk. Homes with firearms, knives, medications or potential  
weapons increase the risk and danger for vulnerable students. You may take any weapons to the  
police station for safekeeping. Please monitor your children very closely, particularly in the next  
few weeks. Do not leave them unattended! Supervise them closely and watch for signs that may  
indicate their vulnerability, such as self-mutilation. If you notice such signs, call 911 or Crisis  
Response at 820-6333. The SKY Center is also available for family counseling, 473-6191.  
School counselors or people in your religious faith can be of great help in times such as these.

In hopes of supporting you so that you may better support your family during this time, we will  
be having a Parent Suicide Awareness Focus group for parents only on \_\_\_\_\_ (date)  
at \_\_\_\_\_ (school location).

As the entire school community continues to cope with the loss of \_\_\_\_\_ (name  
of the student), we invite your participation in the healing process. Please feel free to contact  
the school at any time with questions or concerns.

(Adapted from the Youth Suicide Prevention School-Based Guide by The Louis  
de la Parte Florida Mental Health Institute at the University of South Florida)

## **SCHOOL ANNOUNCEMENTS**

It is suggested that an administrator or member of the faculty use one of these templates to announce the suicide as soon as possible to the students. Having each first period class instructor make the announcement is the ideal. Even if the sense from the faculty is that many of the students already know about the suicide, a formal announcement will allow for an opportunity to dispel rumors and include those students who may not know and feel isolated.

### ***Sample announcement for notification of a suicide***

*We heard the extremely sad news that \_\_\_\_\_ died by suicide last night. I know we are all saddened by \_\_\_\_\_'s death and send out condolences to his/her family and friends. Crisis counselors are available for those students who wish to talk to someone. Further information on funeral arrangements will be provided when made available.*

### ***Sample announcement for suspicious death not declared a suicide***

*We heard the extremely sad news that \_\_\_\_\_ died last night. This is the only information we have officially received on the circumstances surrounding the event. I know we are all saddened by \_\_\_\_\_'s death and send out condolences to his/her family and friends. Crisis counselors are available for those students who wish to talk to someone. Further information on funeral arrangements will be provided when made available.*

### ***Sample announcement for a primary or middle school***

*We want to take some time to talk about something very sad. (Name)\_\_\_\_\_, an eighth grader, died unexpectedly last night. At this point, we do not officially know the cause of his/her death. Death is a difficult issue for anyone to deal with. Even if you didn't know \_\_\_\_\_ you may have some emotional reaction to hearing this.*

*It is very important to be able to express our feelings about \_\_\_\_\_'s death, especially our sadness and loss. We want you to know that there are teachers and counselors available in the library all day to talk with you about your reaction to \_\_\_\_\_'s death. If you would like to talk with somebody, you will be given a pass to go to the library where there are teachers and counselors.*

### ***Announcement at the end of the 1<sup>st</sup> day***

*Today has been a sad day for all of us. We encourage you to talk about \_\_\_\_\_'s death with friends, family, or whoever else gives you support. We will have special staff here for you tomorrow to help in dealing with our loss. Let us end the day by having the whole school offer a moment of silence for \_\_\_\_\_.*

### ***Announcement for second day***

*We now know that \_\_\_\_\_'s death has been declared a suicide. Even though we might try to understand the reasons for his/her doing this, we can never really know what was going on that made him/her take his/her own life. One thing that's important to remember is that there is never just one reason for suicide. There are always many reasons or causes and we will never be able to figure them all out.*

*Today we begin the process of returning to a normal schedule in school. This may be hard for some of us to do. Counselors are still available in school to help us deal with our feelings. If you feel the need to speak to a counselor, either alone or with a friend, tell the teacher, the principal, or the school nurse and they will help you make these arrangements.*

*The visitation and funeral arrangements are as follows ...*

*We encourage you to ask your parents to go with you to the funeral home. Please have them send a note of permission if you will be attending without them.*

### ***Sample announcement for teacher/staff notification of a suicide***

*Our student, \_\_\_\_\_, died last night of an apparent suicide. At this time, the investigation is ongoing and the funeral arrangements are incomplete.*

*As we all know \_\_\_\_\_, it is natural that both faculty and students will need to deal with some very intense feelings. A death by suicide is not easy for any of us. Crisis counselors are available for those faculty and students who wish to talk to someone. Further information on funeral arrangements will be provided when made available.*

*We have a prepared statement we would like for you to all share with your next class calmly and directly. It is natural to have many questions and emotional reactions with the reception of this news. Please do your best to answer questions and allow for discussion. Crisis counselors will be available for those students who you identify as needing more help than you can provide.*

*We are also going to have a meeting (time) \_\_\_\_\_ with the crisis team to discuss how to meet the needs of the staff immediately and in the future.*

## FORMAL STATEMENT FOR THE MEDIA

A member of the administrative staff should be appointed to answer all requests for comment from the media. As the media are looking to write a story, they may ask questions about information that the family may want to be kept confidential, such as the method of suicide used, or the names of siblings. It can be helpful to remember that the school should only release information about the school's role in relation to this tragedy.

### SAMPLE COMMENTS FOR THE MEDIA

#### #1

*Our Crisis Intervention Team is responding to our request to assist our students and faculty in coping with the shock and grief due to the (apparent) suicide of one of our students, \_\_\_\_\_.*

*Because we all knew \_\_\_\_\_, it is natural that both faculty and students will need to deal with some very intense feelings. A death by suicide is not easy for any of us.*

*The NMSIP intervention support team will work with the counselors and the faculty in our school to help the students discuss their feelings and cope with this loss.*

*If you need further information, please contact \_\_\_\_\_. Please do not attempt to interview students or faculty at this time. We all need some privacy in order to deal with our grief.*

#### #2

*\_\_\_\_\_ High School is sad to report that it has confirmed the death of one of its students, \_\_\_\_\_ with the medical examiners office and the deceased's family. \_\_\_\_\_ (First name), a \_\_\_\_\_-year-old in the \_\_\_\_\_ grade, died on \_\_\_\_\_ (date) by suicide.*

*He/She was a resident of \_\_\_\_\_. Funeral arrangements are not available at this time. School counselors and community mental health representatives are available to any student who wishes to talk about \_\_\_\_\_'s death.*

## RESPONDING TO CALLS FROM THE MEDIA

*The school has designated a media spokesperson. Please feel free to contact \_\_\_\_\_ with all of your questions and concerns. We would like to respond to your questions in an organized manner. To assist you, \_\_\_\_\_ will be meeting with the concerned members of the media at (time and place) \_\_\_\_\_. At this time we will provide information about the school's response to our loss and identify additional resources in the community to help the bereaved.*

# RECOMMENDATIONS FOR THE MEDIA

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**Centers for Disease Control and Prevention**  
**National Institute of Mental Health**  
**Office of the Surgeon General**  
**Substance Abuse and Mental Health Services Administration**  
**American Foundation for Suicide Prevention**  
**American Association of Suicidology**  
**Annenberg Public Policy Center**

**Developed in collaboration with**

World Health Organization • National Swedish Centre for Suicide Research • New Zealand Youth Suicide Prevention Strategy

## **SUICIDE CONTAGION IS REAL**

.....between 1984 and 1987, journalists in Vienna covered the deaths of individuals who jumped in front of trains in the subway system. The coverage was extensive and dramatic. In 1987, a campaign alerted reporters to the possible negative effects of such reporting, and suggested alternate strategies for coverage. In the first six months after the campaign began, subway suicides and non-fatal attempts dropped by more than eighty percent. The total number of suicides in Vienna declined as well.

- Research finds an increase in suicide by readers or viewers when:
- The number of stories about individual suicides increases
- A particular death is reported at length or in many stories
- The story of an individual death by suicide is placed on the front page or at the beginning of a broadcast
- The headlines about specific suicide deaths are dramatic (A recent example: "Boy, 10, Kills Himself Over Poor Grades")

## RECOMMENDATIONS

The media can play a powerful role in educating the public about suicide prevention. Stories about suicide can inform readers and viewers about the likely causes of suicide, its warning signs, trends in suicide rates, and recent treatment advances. They can also highlight opportunities to prevent suicide. Media stories about individual deaths by suicide may be newsworthy and need to be covered, but they also have the potential to do harm. Implementation of recommendations for media coverage of suicide has been shown to decrease suicide rates.

- Certain ways of describing suicide in the news contribute to what behavioral scientists call "suicide contagion" or "copycat" suicides.
- Research suggests that inadvertently romanticizing suicide or idealizing those who take their own lives by portraying suicide as a heroic or romantic act may encourage others to identify with the victim.
- Exposure to suicide method through media reports can encourage vulnerable individuals to imitate it. Clinicians believe the danger is even greater if there is a detailed description of the method. Research indicates that detailed descriptions or pictures of the location or site of a suicide encourage imitation.
- Presenting suicide as the inexplicable act of an otherwise healthy or high-achieving person may encourage identification with the victim.

## SUICIDE AND MENTAL ILLNESS

Did you know?

- Over 90 percent of suicide victims have a significant psychiatric illness at the time of their death. These are often undiagnosed, untreated, or both. Mood disorders and substance abuse are the two most common.
- When both mood disorders and substance abuse are present, the risk for suicide is much greater, particularly for adolescents and young adults.
- Research has shown that when open aggression, anxiety or agitation is present in individuals who are depressed, the risk for suicide increases significantly.

The cause of an individual suicide is invariably more complicated than a recent painful event such as the break-up of a relationship or the loss of a job. An individual suicide cannot be adequately explained as the understandable response to an individual's stressful occupation, or an individual's membership in a group encountering discrimination. Social conditions alone do not explain a suicide. People who appear to become suicidal in response to such events, or in response to a physical illness, generally have significant underlying mental problems, though they may be well hidden.

### Questions to ask:

- Had the victim ever received treatment for depression or any other mental disorder?
- Did the victim have a problem with substance abuse?

**Angles to pursue:**

- Conveying that effective treatments for most of these conditions are available (but underutilized) may encourage those with such problems to seek help.
- Acknowledging the deceased person's problems and struggles as well as the positive aspects of his/her life or character contributes to a more balanced picture.

**INTERVIEWING SURVIVING RELATIVES AND FRIENDS**

Research shows that, during the period immediately after a death by suicide, grieving family members or friends have difficulty understanding what happened. Responses may be extreme, problems may be minimized, and motives may be complicated.

Studies of suicide based on in-depth interviews with those close to the victim indicate that, in their first, shocked reaction, friends and family members may find a loved one's death by suicide inexplicable or they may deny that there were warning signs. Accounts based on these initial reactions are often unreliable.

**Angles to Pursue:**

- Thorough investigation generally reveals underlying problems unrecognized even by close friends and family members. Most victims do however give warning signs of their risk for suicide (see Resources, page 20).
- Some informants are inclined to suggest that a particular individual, for instance a family member, a school, or a health service provider, in some way played a role in the victim's death by suicide. Thorough investigation almost always finds multiple causes for suicide and fails to corroborate a simple attribution of responsibility.

**Concerns:**

- Dramatizing the impact of suicide through descriptions and pictures of grieving relatives, teachers or classmates or community expressions of grief may encourage potential victims to see suicide as a way of getting attention or as a form of retaliation against others.
- Using adolescents on TV or in print media to tell the stories of their suicide attempts may be harmful to the adolescents themselves or may encourage other vulnerable young people to seek attention in this way.

**LANGUAGE**

Referring to a "rise" in suicide rates is usually more accurate than calling such a rise an "epidemic," which implies a more dramatic and sudden increase than what we generally find in suicide rates.

Research has shown that the use in headlines of the word suicide or referring to the cause of death as self-inflicted increases the likelihood of contagion.

## **Recommendations for language:**

- Whenever possible, it is preferable to avoid referring to suicide in the headline. Unless the suicide death took place in public, the cause of death should be reported in the body of the story and not in the headline.
- In deaths that will be covered nationally, such as of celebrities, or those apt to be covered locally, such as persons living in small towns, consider phrasing for headlines such as: "Marilyn Monroe dead at 36," or "John Smith dead at 48." Consideration of how they died could be reported in the body of the article.
- In the body of the story, it is preferable to describe the deceased as "having died by suicide," rather than as "a suicide," or having "committed suicide." The latter two expressions reduce the person to the mode of death, or connote criminal or sinful behavior.
- Contrasting "suicide deaths" with "non-fatal attempts" is preferable to using terms such as "successful," "unsuccessful" or "failed."

## **SPECIAL SITUATIONS**

### **Celebrity Deaths**

Celebrity deaths by suicide are more likely than non-celebrity deaths to produce imitation. Although suicides by celebrities will receive prominent coverage, it is important not to let the glamour of the individual obscure any mental health problems or use of drugs.

### **Homicide-Suicides**

In covering murder-suicides be aware that the tragedy of the homicide can mask the suicidal aspect of the act. Feelings of depression and hopelessness present before the homicide and suicide are often the impetus for both.

### **Suicide Pacts**

Suicide pacts are mutual arrangements between two people who kill themselves at the same time, and are rare. They are not simply the act of loving individuals who do not wish to be separated. Research shows that most pacts involve an individual who is coercive and another who is extremely dependent.

## **STORIES TO CONSIDER COVERING**

- Trends in suicide rates
- Recent treatment advances
- Individual stories of how treatment was life-saving
- Stories of people who overcame despair without attempting suicide
- Myths about suicide
- Warning signs of suicide
- Actions that individuals can take to prevent suicide by others

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These recommendations were produced in the spirit of the public-private partnership recommended by the Surgeon General's National Strategy for Suicide Prevention.

We would like to thank the many journalists and news editors who assisted us in this project. The Annenberg Public Policy Center's involvement was funded by The Robert Wood Johnson Foundation.

## Resources

### United States

Centers for Disease Control  
and Prevention  
Phone: 1-800-311-3435  
[www.cdc.gov](http://www.cdc.gov)

National Institute of Mental Health  
Phone: 301-443-4513  
[www.nimh.nih.gov](http://www.nimh.nih.gov)

Substance Abuse and Mental Health  
Services Administration  
Phone: 1-800-487-4890  
[www.samhsa.gov](http://www.samhsa.gov)

Office of the Surgeon General  
National Strategy for Suicide Prevention  
[www.mentalhealth.org/suicideprevention](http://www.mentalhealth.org/suicideprevention)

American Association of Suicidology  
Phone: 202-237-2280  
[www.suicidology.org](http://www.suicidology.org)

### International

Canterbury Suicide Project (New Zealand)  
Phone: 64 3 364 0530  
[www.chmeds.ac.nz/RESEARCH/SUICIDE/Suicide.htm](http://www.chmeds.ac.nz/RESEARCH/SUICIDE/Suicide.htm)

National Swedish Centre for Suicide  
Research  
Phone: +46 08/728 70 26  
[www.ki.se/ipm/enheter/engSui.html](http://www.ki.se/ipm/enheter/engSui.html)

National Youth Suicide Prevention Project  
(Australia)  
Phone: 61 3 9214 7888  
[www.aifs.org.au/ysp](http://www.aifs.org.au/ysp)

Suicide Information and Education Centre  
Phone: 403 245-3900  
[www.suicideinfo.ca](http://www.suicideinfo.ca)

World Health Organization  
Phone: +00 41 22 791 21 11  
[www.who.int](http://www.who.int)

American Foundation  
for Suicide Prevention  
Phone: 1-888-333-AFSP  
Phone: 212-363-3500  
Web: [www.afsp.org](http://www.afsp.org)