

Principles for providing postvention responses to individuals, families and communities following a suicide death



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Introduction

As part of its commitment to the *Queensland Government Suicide Prevention Strategy 2003–2008*), the Department of Communities has developed three online resources to assist organisations and service providers to identify and respond to people at risk of suicide.

These resources draw upon a range of Australian and international literature on suicide and advice provided by the Queensland Government Suicide Prevention Strategy Advisory Committee comprised of suicide and self-harm prevention experts.

All three resources are intended to provide organisations and individuals with easily accessible information concerning appropriate responses to managing suicide and self-harm.

The other online resources in the series are:

- Responding to people at risk of suicide: How can you and your organisation help?
- Principles for developing organisational policies and protocols for responding to clients at risk of suicide and self-harm

These resources can be accessed through the Department of Communities website at http://www.communities.qld.gov.au/community/suicide_prevention/resources/index.html

Principles for providing postvention responses to individuals, families and communities following a suicide death

The principles are divided into three key areas to:

- assist organisations and service providers to ensure their responses following a suicide death are consistent with good practice
- assist communities with the longer term goal of establishing coordinated postvention responses in accordance with good practice
- provide information about further postvention resources available for bereaved people, service providers and the media.

A cautionary note:

There is no universal principle or model about how to respond in the event of a suicide death and a lack of research and evaluation limits the availability of information about what constitutes evidence based practice.¹ These principles are not provided as a definitive or comprehensive model of postvention, and additional or alternative strategies may be required depending on the particular circumstances and local context. Communities and service providers are encouraged to use these principles as a starting point for developing locally relevant responses in consultation with experts in the suicide prevention and postvention field.

Background information

What is postvention?

Postvention refers to activities and strategies undertaken after a suicide death to reduce associated trauma. Postvention responses aim to:

- provide bereavement support and advocacy for those affected by the suicide
- prevent further suicide events including contagion suicides and suicide clusters.²

Why is postvention important?

Bereavement support

While there are similarities between suicide bereavement and bereavement associated with other modes of death, the intentional nature of suicide sets it apart as a form of bereavement requiring specific attention.³ Suicide bereavement is often associated with a prolonged traumatic response for the bereaved including feelings of shock, guilt, shame, despair, rejection, embarrassment, anger and fear of further suicides in the family.⁴ Bereaved people may also experience a loss of social support due to the stigmatisation of suicide.⁵ Some studies suggest that people bereaved by suicide often have poorer bereavement outcomes than those bereaved through other modes of death, with increased risk of physical and mental health problems.⁶

Prevention of further suicides including suicide clusters

Research shows that people who know someone who has died by suicide are at greater risk of suiciding or attempting suicide themselves.⁷ Postvention responses which support and monitor those bereaved by suicide are therefore a critical component of suicide prevention.⁸

Of further concern is the risk that suicide clusters may develop following a suicide death. Suicide clusters refer to 'a group of suicides or suicide attempts that occur closer together in time and space than would normally be expected in a given community'.⁹

Clusters may occur through a process of contagion whereby one or more person's suicidal behaviour influences another person to suicide or attempt suicide.¹⁰ Suicide contagion generally occurs among young people, but other population groups may be involved.¹¹

Factors thought to contribute to suicide contagion include grief, imitation, identification with problems experienced by the person who suicided, seeing suicide as a solution to problems, glorification of the act of suicide or the person who suicided, sensationalisation of the death by the media or community leaders and a highly charged emotional atmosphere.¹² Appropriate postvention responses play a key role in minimising these risk factors.

Core principles of postvention

These principles are informed by the following core principles:

- The ethical principle, 'do no harm', is central to the provision of postvention responses.
- Postvention involves responding to need at a range of levels, including the needs of individuals, families, groups, communities and service providers¹³.
- Postvention responses aim to avoid glorification of the deceased person and the act of suicide and minimise sensationalism.¹⁴
- Postvention responses facilitate the early identification of other individuals who may be at risk of harming themselves.
- Close consultation with 'experts' in the suicide prevention and postvention field is critical throughout the development and implementation of postvention responses.
- Postvention responses are most effective when they are coordinated across communities and involve a broad range of stakeholders in development, implementation and review and evaluation.¹⁵
- Postvention responses are ideally planned by organisations and communities before suicide deaths occur, to ensure timely and well informed implementation in the event of a suicide.

Structure of principles

The principles are divided into three sections as follows:

Section 1 – Responding after a suicide: practice principles for organisations and service providers

The purpose of this section is to provide relevant information for organisations and service providers responding in the event of a suicide. It provides information about good practice with respect to announcing suicide deaths, supporting individuals, families, groups, communities and service providers, encouraging responsible media reporting, responding to and preventing suicide clusters, responding to specific target groups and undertaking review and evaluation.

Information provided in this section will be of varying relevance to organisations and service providers depending on their specific role in responding after a suicide death.

Section 2 – Long term postvention strategies: practice principles for communities in developing coordinated responses

The purpose of this section is to provide some broad guidelines regarding the development of coordinated postvention responses in communities. A coordinated response requires significant resources, time and commitment on the part of many stakeholders in a community, and should therefore be considered as a longer term postvention strategy.

Section 3 – Useful resources

This section provides information about additional resources in the postvention field that may be useful for bereaved people, service providers and the media.

Section 1 – Responding after a suicide: Practice principles for organisations and service providers

Basic organisational tools

To be adequately prepared to respond in the event of a suicide, organisations should have:

- A shared understanding about the organisation's role and skill level in providing postvention responses and a commitment to work within those parameters.
- Policies and procedures in place for responding to people at risk of suicide and self-harm. The Department of Communities has a number of principles to assist agencies to develop appropriate policies and procedures. Refer to page 22 for details.
- Critical incident management plans which guide organisational responses in crisis situations.
- Staff members who are trained in suicide prevention assessment and intervention. The Department of Communities has a resource outlining suicide prevention training and professional development opportunities available in Queensland. Refer to page 22 for details.
- Staff members who are trained in responding to grief and loss issues, including suicide bereavement. The department's training resource referred to above includes some information about available suicide bereavement training.
- A database of current referral agencies and resources for bereaved people.

Announcing suicide deaths

Depending on the particular case, information about suicide deaths may need to be shared with individuals, families, groups and the wider community. The way in which suicide deaths are 'announced' is important in minimising the risk of suicide contagion.

Good practice suggestions:

- Factual information about the suicide is shared immediately to reduce the risk of misinformation, without providing unnecessary detail regarding the means of suicide.¹⁶
- Announcements of suicide deaths are not made to large assemblies or congregations. Instead, announcements are made to smaller audiences such as families, class groups, friendship groups, collegial groups.¹⁷ Individuals who had a close relationship with the deceased person (for example, family members, partners, close friends) are informed of the death in private before any announcements are made in a group setting.
- Information about the suicide and responses being implemented is released to the community by a central spokesperson to ensure a single and consistent account is presented.¹⁸
- Information is presented in a way which is age and culture appropriate in terms of language used and the level and type of detail provided.
- Information is presented with the aim of maximising support and minimising panic.¹⁹
- The emphasis is on understanding without condemning or glorifying the suicidal event or the person who suicided.²⁰ If the suicide death is sensationalised or glorified, it significantly increases the risk of suicide contagion.²¹ Conversely, if the person who suicided is vilified or condemned in an effort to prevent further suicides, it can result in a sense of isolation for the bereaved thereby further increasing risk.²²
- Following an announcement of a suicide, support and counselling services are made available to all individuals.
- Knowledge of and sensitivity regarding coronial processes is maintained, including an awareness that significant time is involved in making a final determination that a death was caused by suicide.
- Media are encouraged to report suicide deaths responsibly in accordance with the *Mindframe-media* guidelines (refer to pages 10 and 11 for more information about the media guidelines and responsible media reporting).

Responding to individuals, families and groups bereaved by suicide

Postvention responses address bereavement and associated trauma for individuals, families and groups (including collegial/workplace groups) and aim to prevent further suicides and suicide attempts.

Organisations servicing a particular community may be required to provide bereavement responses in a range of circumstances including when:

- the bereaved person resides in the community and the suicide also occurred in the community
- the bereaved person resides in the community but the suicide occurred in a different locality
- the suicide occurred in the community but the bereaved person resides elsewhere.

Good practice suggestions:

- An initial response is provided to individuals, families and groups within 24 hours of the suicide where possible.²³
- Awareness is maintained that people's reactions to grief and loss vary considerably and that a bereaved person's individual experience of grief and loss will affect the type and timing of support provided.²⁴
- Information about available supports is provided to bereaved people. However, bereaved people are always respected to make their own decisions about if and when they access support.
- Individuals, families and groups bereaved by suicide are assisted to access support services as needed and where available, including but not limited to:²⁵
 - immediate age-appropriate debriefing and crisis counselling aimed at addressing trauma reactions and assisting individuals to cope with the shock
 - practical assistance including death scene clean up and assistance with funeral arrangements
 - follow-up home visits to provide information, support and referral
 - longer term support and counselling aimed at therapeutic recovery
 - advice for parents on how to talk to children about suicide and support their grieving process
 - bereavement support groups for adults, children and young people.

- Careful consideration is given to determining whether intervention occurs at the group or individual level. For example, Leenaars and Wenckstern²⁶ suggest that while in a school environment, groups may serve a useful initial purpose of sharing the trauma experience, students who are vulnerable should be referred to a counsellor or therapist for individual appointments as soon as possible.
- People bereaved by suicide are offered written resources which provide practical advice following a suicide death, information about bereavement and grief, stories from other survivors and contact details for local support services.²⁷ Refer to page 21 for a list of some suggested resources for bereaved people.
- People who may be at high risk of contagion suicide are identified, provided with at least one 'screening' assessment with a counsellor qualified to conduct suicide risk assessments and referred to longer term support if necessary. People at risk may include family members, friends, partners, colleagues and team mates, anyone who witnessed the event, first responders, school community or faith community. Others who were not directly known by the person who suicided may also be at risk if substantially exposed to information about the suicide, such as those recently bereaved by suicide, known suicide attempters and people with mental health issues.²⁸
- Service providers are constantly alert for any decline in the health and mental wellbeing of individuals and families bereaved by suicide, paying particular attention to monitoring suicide risk.²⁹
- Consideration is given to any future anniversary dates and other symbolic events which may require an additional response for individuals, families and groups bereaved by suicide.

Responding to communities bereaved by suicide

Community level postvention focuses on educating community members to reduce stigma associated with suicide and prevent suicide contagion.³⁰ The extent of intervention required at the community level will vary depending on the circumstances of the case. The degree to which the wider community is affected by a suicide is influenced by a range of factors such as the culture of the community, how well-known the deceased person was, how the community has dealt with past suicides and media coverage of the suicide.³¹

- Information about suicide prevention and available support services is widely distributed to the community via doctors' surgeries, hospitals, coroners' offices, pharmacies, community centres, schools, libraries.
- Holding community forums to provide information about suicide prevention and address how the community can move forward.³²

- If a community forum is considered appropriate, it is organised collaboratively across relevant services and stakeholders in the community and in consultation with practitioners who have expertise in suicide prevention and postvention.
- Community forums avoid examining the specific suicide event and instead address topics such as:³³
 - understanding suicide bereavement and grief
 - supporting young people bereaved by suicide
 - identifying the warning signs for suicide and responding to people at risk
 - understanding and preventing suicide contagion
 - self-care strategies
 - how communities can work together to prevent suicide.
- When planning community forums, consideration is given to:³⁴
 - developing a clear, forward-looking agenda for the forum which will do no harm, result in a positive outcome and will avoid fracturing the community
 - clearly identifying a target audience for the forum and ensuring content is appropriate for the target group
 - working collaboratively with representatives from specific target groups to ensure the forum is culturally inclusive
 - selecting a neutral venue where the target audience will feel comfortable
 - selecting a facilitator who is well known and respected in the community
 - selecting a mixture of speakers including community leaders, external 'experts' and local service providers
 - providing handouts to participants about suicide risk factors, warning signs, bereavement and grief, self-care, available support services and resources
 - determining whether media will be invited and identifying strategies for positive media involvement as appropriate
 - ensuring counsellors are available at the forum to provide individual debriefing for participants as necessary
 - ensuring forum organisers and presenters debrief after the event to identify individuals requiring follow up support and any issues to be addressed in the community.

Responding to service providers following a suicide

Service providers are often overlooked in postvention responses as a category of people bereaved by suicide.³⁵ When a client suicides, service providers may feel shock, sorrow, guilt, anger or a sense of professional or personal failure.³⁶

In addition, effective postvention responses recognise the impact on service providers of working with people bereaved by suicide, including the potential for burn-out, guilt, self-blame and vicarious traumatisation.

Good practice suggestions:

- Following the suicide of a client, service providers are offered immediate debriefing and longer term internal and external support and supervision to address the associated shock and trauma.³⁷
- Internal and external debriefing support is available to service providers involved in implementing postvention responses.³⁸
- Service providers involved in providing postvention responses are encouraged and supported to practice ongoing self-care strategies.

Encouraging responsible media reporting of suicide

The role of the media is an important consideration in postvention responses. A number of studies indicate that poor media reporting can significantly increase the risk of suicide contagion.³⁹ For example, a study exploring the coverage of suicide deaths in Australian newspapers found that male suicide rates increased following media reports of suicide.⁴⁰

Organisations and service providers can play an important role in encouraging media representatives to report suicide responsibly.

Good practice suggestions:

- Communication with the media is informed by the *Mindframe resource for the mental health sector* which assists service providers to communicate effectively with the media about suicide, mental health and mental illness. The guidelines can be accessed at <http://www.mindframe-media.info/mentalhealth/>
- A central media contact person for the community is appointed to liaise with media as necessary, respond to all media enquiries and ensure accurate and consistent information is provided to the media at the time of a suicide death.⁴¹ The central media contact person may be located in another organisation.

- The media contact and/or appropriate service provider liaises with the family to obtain agreement about what information can be shared.⁴²
- Family and community members are assured that they are not obliged to respond to media enquiries.⁴³ Written information about how to handle media enquiries may assist family and community members, including the name and contact details of the central media contact person.⁴⁴
- Alongside any information about the suicide event, media are provided with a copy of or link to the *Mindframe-media* resource which outlines a code of practice for the reporting and portrayal of suicide and mental illness. The guidelines can be accessed at <http://www.mindframe-media.info>
- Media are encouraged to reconsider whether it is necessary to report on a suicide death. Where media decide to report on the suicide, they are strongly encouraged to include referral information for an appropriate support service at the conclusion of the story.⁴⁵
- Media are encouraged to avoid simplistic explanations of suicide, repetitive and excessive reporting, publishing a number of stories about suicide in a short timeframe, sensational coverage, reporting details about the means of suicide, using the word 'suicide' in headlines, glorifying suicide and those who suicide, presenting suicide as a solution for addressing problems or focusing on the positive characteristics of the person who suicided.⁴⁶
- Media are encouraged to play a positive role in preventing suicide. For example, local media are enlisted to alert community members to available support services and to provide information about how to identify and respond to someone at risk of suicide.⁴⁷

Additional strategies for preventing and responding to suicide clusters

It can be difficult to determine whether a suicide cluster is occurring, as what constitutes a 'cluster' varies depending on the circumstances of the case and the size of the community.⁴⁸ Whether real or perceived, any apparent increases in suicide can create a crisis atmosphere in communities, necessitating a local response.⁴⁹

The range of good practice suggestions provided throughout this document is important to addressing and preventing suicide clusters. However, the issue of suicide contagion or suicide clusters also involves some additional considerations as outlined on page 12.

Good practice suggestions:

- Development and implementation of responses to suicide clusters occurs collaboratively across relevant services and stakeholders in the community.
- Good practice responses are implemented as outlined throughout these principles, with respect to announcing suicide deaths, supporting individuals, families, groups, communities and service providers, and encouraging responsible media reporting of suicide.
- Elements in the environment that might increase the likelihood of further suicides or suicide attempts are identified and changed.⁵⁰ For example, if jumping from a particular bridge or cliff has been the means of suicide, barriers are erected to prevent this.
- Careful consideration is given to the conduct of memorials and funerals as follows:
 - Memorial services in school settings are avoided due to the risk of traumatising students and communicating suicide as an appropriate or desired response to problems.⁵¹
 - Permanent memorials other than traditional cemetery markers (for example, plaques in public spaces, tree plantings, school yearbook dedications) are not established as they may present others with a constant invitation to suicide and inadvertently convey that suicide results in positive attention.⁵²
 - Memorial services or funerals acknowledge the pain and heartache caused by the death, include positive messages about effective problem solving and promote help-seeking behaviour.⁵³
 - Grief counsellors are available before and after funerals or services to support individuals as necessary.⁵⁴
- Consideration is given to whether additional community services are required for individuals at risk of suicide contagion such as after hours call-out, temporary crisis hotlines and walk-in crisis centres.⁵⁵

Responding to specific target groups

Postvention responses should consider the specific needs of identified target groups; for example, Indigenous communities, culturally and linguistically diverse communities and other groups as identified at the local level.

Good practice suggestions:

- Organisations and groups representing specific target groups assist with the implementation of postvention responses as required, to ensure appropriate and inclusive interventions.

Indigenous communities

Good practice suggestions:

- Responding to suicides in Indigenous communities is a collaborative effort between a range of stakeholders including community leaders, elders, traditional owners, spiritual healers, and Indigenous-specific and mainstream health and welfare services.⁵⁶
- Indigenous Australia is diverse, and as such, ensuring appropriate use of local resources in accordance with local practice demands working through or under local Indigenous direction.
- Community protocols regarding death and bereavement are respected at all times in the development and implementation of postvention responses.
- Community leaders liaise with family members to determine what information about the suicide can be shared and what postvention responses are considered appropriate.⁵⁷
- Appropriate grieving strategies which consider issues of spirituality and ritual are available to all members of the community, including spiritual healing, traditional healing ceremonies and counselling.⁵⁸
- Non-literacy based information is developed and made available to community members about suicide bereavement, suicide prevention and postvention responses.⁵⁹
- When a suicide occurs in an Indigenous community a large number of community members, including children, are likely to be directly exposed to knowledge of the death. Responses should take into account the significant potential for 'contagion' among this group both in the short term and long term.

Culturally and linguistically diverse communities

Good practice suggestions:

- Responding to suicide in culturally and linguistically diverse (CALD) communities is a collaborative effort between a range of stakeholders including community leaders, spiritual leaders, community members and ethno-specific and mainstream services.⁶⁰
- Develop responses to suicide in CALD communities in partnership with multicultural organisations rather than simply referring clients on to these organisations. Many multicultural organisations focus on settlement issues and may not have specific experience working with suicide postvention. Collaborative responses that incorporate the involvement of a multicultural organisation will deliver better outcomes for clients, as well as increasing your organisations capacity to work with CALD communities in the future.

- Postvention responses in CALD communities balance respect for cultural traditions with the need to prevent suicide contagion.⁶¹
- Written resources for families and community members about suicide bereavement are adapted for appropriate use by culturally diverse groups and translated into a range of languages spoken and read in the community.

Review and evaluation

Reviewing and evaluating postvention responses facilitates continuous improvement and learning. While each case requires an individualised response, it is important that sufficient time and resources be allocated to reviewing interventions and utilising learnings to inform future postvention activities.

Good practice suggestions:

- A commitment is maintained to reviewing and evaluating postvention responses to increase learning about effective interventions and ensure continuous improvement.
- Postvention responses are reviewed and evaluated by gathering information from a range of sources as appropriate, including bereaved people, internal staff members, external service providers and other community stakeholders. Issues for consideration as part of review and evaluation might include but not be limited to:
 - timeliness of responses provided to bereaved people
 - effectiveness of interventions with individuals, families, groups, communities and service providers
 - effectiveness of communication and collaboration with other relevant stakeholders in the community.
- Review and evaluation findings are analysed to identify what aspects of the postvention response worked well and areas for future improvement.
- Relevant organisational policies and procedures are updated in accordance with learnings from the review and evaluation of postvention responses.
- Learnings are shared with other organisations, service providers and community stakeholders as appropriate.

Section 2 – Long term postvention strategies: practice principles for communities in developing coordinated responses

Coordinated postvention response plans

Coordinated postvention response plans outline how communities will respond in an integrated way in the event of a suicide death. They provide a platform for ensuring timely, consistent, collaborative and informed interventions by a range of stakeholders and minimising panic in the community.

The information below provides some guidance to communities about the broad issues to consider in the establishment and implementation of coordinated postvention responses.

Pre-requisites for considering a coordinated postvention response

Developing and maintaining coordinated postvention responses is a resource intensive exercise which should be considered by communities as a long term goal.

Before committing to a coordinated postvention response, communities should ensure they have:

- resources to fund at least one position to coordinate the response
- an appropriate organisation willing to assume the lead agency function for the coordinated response
- a range of existing organisations in the community willing to contribute time, resources and staff members to implementation of the coordinated response on an ongoing basis
- a high level of interest, commitment and cooperation across key stakeholders in the community to support the coordinated response.

Establishing and developing a coordinated postvention response plan

Good practice suggestions:

- A coordinated postvention response plan is developed by the community before suicide deaths occur, ensuring protocols are available for immediate implementation in the event of a suicide. Individual organisations ensure their key roles and responsibilities are referenced in their agency's policies and procedures.

- Development, implementation and review of the coordinated postvention response plan are undertaken by a Suicide Response Steering Committee which is formally and publicly recognised in the community.⁶² Suicide Response Steering Committee members act as a reference group to oversee the coordinated response and are not necessarily the service providers who directly support bereaved people in the event of a suicide. A group or network may already exist in the community suitable to assume this role (for example, a suicide prevention interagency network or taskforce). Where an appropriate network does not exist, consideration could be given to forming a group via local interagencies or local government community/youth development officers.
- While composition of the Suicide Response Steering Committee will vary depending upon the local context, membership may include but not be limited to:
 - community and in-patient mental health services
 - school personnel
 - youth services
 - organisations representing Aboriginal and Torres Strait Islander people and people from culturally and linguistically diverse backgrounds
 - police
 - local government representatives
 - general practitioners
 - bereavement support group representatives.
- The Suicide Response Steering Committee appoints a Postvention Coordinator to lead development and implementation of the response plan, convene Suicide Response Steering Committee meetings as necessary and revise and update the plan periodically. The Coordinator should be based in an agency which has a key role in providing suicide prevention and postvention responses in the community and should have high level skills in suicide bereavement and crisis management, knowledge of community resources and a capacity to work collaboratively across community stakeholder groups.⁶³
- The Suicide Response Steering Committee and Postvention Coordinator collaborate with a broad range of stakeholders in the development of the coordinated postvention response plan.⁶⁴ Stakeholders may include:
 - community and in-patient mental health services
 - youth services
 - community welfare services and interagencies
 - schools

- clergy
- parent groups
- emergency medical services and hospital departments
- law enforcement agencies including police and coroners' offices
- emergency response agencies including ambulance services
- agencies supporting specific target groups including Indigenous people and people from culturally and linguistically diverse backgrounds
- local academics and researchers with suicide prevention expertise
- survivor groups for people bereaved by suicide
- funeral and memorial service directors
- local media representatives
- local government representatives
- families and communities.
- The coordinated postvention response plan documents:⁶⁵
 - overall goals of the plan, including support for the bereaved and prevention of further suicides
 - contact details for members of the Suicide Response Steering Committee and the Postvention Coordinator
 - meeting processes for the Suicide Response Steering Committee, including frequency of meetings, venue of meetings and allocation of chairing and minute taking functions
 - the role each identified community stakeholder plays in the postvention response
 - formal mechanisms and processes for notifying the Postvention Coordinator, Suicide Response Steering Committee and other stakeholders about a suicide death
 - protocols between various stakeholders involved in the postvention response, including referral pathways, communication strategies and memoranda of understanding
 - strategies for supporting individuals, families and groups bereaved by suicide and people identified as being at high risk following a suicide
 - strategies for supporting specific target groups bereaved by suicide, including Aboriginal and Torres Strait Islander people, people from culturally and linguistically diverse communities and other groups as identified by the community
 - strategies for supporting and educating the broader community following a suicide

- strategies for supporting service providers following a suicide, including processes for debriefing Suicide Response Steering Committee members and other stakeholders and staff involved in postvention responses
 - strategies for monitoring local suicide trends and responding to suicide clusters
 - media communication strategies
 - protocols regarding record keeping and data collection, including ownership of case information and confidentiality issues
 - training strategies for those involved in implementing postvention responses, including all agencies listed as part of the referral pathways
 - risk management strategies for addressing problems which may arise in implementing the plan
 - processes for reviewing and evaluating the coordinated postvention response plan.
- Thorough consideration is given to relevant legal issues during the development of coordinated postvention response plans, including the requirements of privacy legislation and issues surrounding liability and insurance.
 - Development of coordinated postvention response plans also includes consideration of longer term strategies for supporting bereaved people and communities beyond the crisis response, through mechanisms such as establishment of bereavement support groups and provision of regular suicide prevention and bereavement training in the community.
 - Coordinated postvention response plans are not developed in isolation and are linked with other relevant strategies in the community such as broader suicide and self-harm prevention strategies.

Activating the coordinated postvention response plan following a suicide

Good practice suggestions:

- The Postvention Coordinator is immediately notified of any suicides which occur in the community through a formal mechanism established during development of the coordinated postvention response plan.
- The Postvention Coordinator gives priority attention to the suicide event to ensure that appropriate support for individuals, families, groups and communities is provided in accordance with the coordinated postvention response plan.
- The Postvention Coordinator calls an urgent meeting of the Suicide Response Steering Committee to:⁶⁶

- reiterate the goals of postvention and the role of the Suicide Response Steering Committee and Postvention Coordinator
- share accurate and factual information about the suicide death and identify any rumours circulating in the community
- identify a plan for communicating accurate information to the community
- identify key stakeholders who should be involved in the postvention response and a plan for enlisting their support
- identify an appropriate person to liaise with the family
- identify individuals who may be at risk following the suicide (whether or not they were known to the deceased person), including discussion of risk factors that may be present for specific groups such children and young people
- arrange debriefing, crisis counselling and other services for individuals, families and community groups as necessary
- clarify how media enquiries will be addressed, including identification of a central media contact person
- determine whether action is required regarding any proposed memorial services (for example, supporting clergy, funeral directors, schools or workplaces to ensure services do not increase risk by glorifying the act of suicide)
- identify support strategies for stakeholders involved in the postvention response, including professional supervision and strategies for responding to burn-out
- identify how frequently follow-up meetings will occur.

Ceasing implementation of the coordinated postvention response following a suicide

Good practice suggestions:

- The Suicide Response Steering Committee is responsible for determining when a particular postvention response should cease. This decision will vary depending on the circumstances of the case.⁶⁷
- Prior to ceasing implementation of the coordinated postvention response following a suicide death, the Suicide Response Steering Committee:⁶⁸
 - considers and plans for any future anniversary dates and other symbolic events which may require an additional response
 - ensures ongoing support is secured for those individuals and groups who require it

- identifies long term community issues suggested by the nature of the suicide and a plan for addressing them
- reviews and evaluates the response and recommends any changes to the coordinated postvention response plan.

Reviewing the coordinated postvention response plan

Good practice suggestions:

- The Postvention Coordinator periodically leads an internal review and update of the coordinated postvention response plan in collaboration with the Suicide Response Steering Committee.⁶⁹
- The coordinated postvention response is externally evaluated as resources allow. Issues for consideration include but are not limited to:
 - effectiveness of interventions with bereaved individuals, families, groups, communities and service providers
 - effectiveness of coordination across the Suicide Response Steering Committee and other stakeholders involved in implementing postvention responses
 - impact of coordinated postvention responses with respect to addressing suicide clusters and suicide contagion.

Resources

A range of useful resources for those bereaved by suicide, service providers and the media is listed below. This is offered as a starting point for accessing further information and is not an exhaustive list of available resources.

Resources for people bereaved by suicide

Publications/ brochures

- *Information and support pack for those bereaved by suicide and other sudden death.*
Produced for each state and territory under the National Suicide Prevention Strategy.
- *Survivors of suicide: Coping with the suicide of a loved one.*
Produced by Lifeline Australia and MTAA Super. Copies can be obtained from Lifeline Just Ask Mental Health Information Service by telephoning 1300 13 11 14.
- *Beyond Suicide Attempts: Information for parents, foster parents and guardians following the suicide attempt of a young person.*
Produced by Lifeline Australia. Copies can be obtained from Lifeline National Office by telephoning 02 6282 6511.
- *Supporting Children After Suicide.*
Produced by NSW Health.

Books

- *No time to say goodbye: Surviving the suicide of a loved one.* Written by Carla Fine and published in 1999 by Broadway Books/Doubleday. The book describes stages of grieving surrounding a suicide and aims to assist bereaved people to see that they are not alone in their grief. It is based on the personal experiences of the author and interviews with more than 60 people who have lost loved ones through suicide.

- *After suicide: Help for the bereaved*. Written by Dr Sheila Clark and published in 1995 by Michelle Anderson Publishing. The book offers support and assistance to those bereaved through suicide, with an emphasis on practical self-care strategies and available support and resources.

Websites

- *Grief Link*
A South Australian website which provides information for bereaved people on a range of topics including suicide and offers links to other resources and supports.
<http://www.grieflink.asn.au/frameset.html>
- *Reach Out!*
An Australian website which aims to improve young people's mental health by providing information and referrals in a format which appeals to young people. The website contains a section on loss and grief and includes a number of relevant fact sheets for young people.
<http://reachout.com.au/home.asp>

Resources for service providers

Online publications

- *Suicide and Mental Illness in the Media: A Mindframe resource for the mental health sector*
This publication assists people involved in the mental health sector to communicate effectively with the media about suicide, mental health and mental illness.
<http://www.mindframe-media.info/mentalhealth/downloads/index.php>
- *Suicide and self-harm prevention training and professional development opportunities in Queensland*
The Department of Communities has developed this resource to provide information about suicide and self-harm prevention training and professional development opportunities available in Queensland. Several training programs include information about postvention responses. The resource can be accessed at http://www.communities.qld.gov.au/community/suicide_prevention/resources/index.html.
- *Principles for developing organisational policies and protocols for responding to clients who are at risk of suicide and self-harm*
The Department of Communities has developed this resource to provide information for organisations about developing policies and protocols for responding to suicide risk among clients. Information is included about the development of policies and protocols for appropriate postvention responses following the suicide of a client. The principles can be accessed at http://www.communities.qld.gov.au/community/suicide_prevention/resources/index.html.

Websites

- *The Australian Institute for Suicide Research and Prevention (AISRAP)*
Based at Griffith University, AISRAP promotes and conducts research in all aspects of suicide prevention and is active in suicide prevention strategy development. AISRAP also provides education and training for professionals and volunteers and serves as a national clearinghouse for information on suicide.
www.griffith.edu.au/aisrap

- *LIFE: National Suicide Prevention Strategy*
This website includes information about projects funded across Australia which have a focus on postvention and bereavement.
<http://www.livingisforeveryone.com.au/>

Specifically, the LIFE website includes information about the *National Activities on Suicide Bereavement Project* which is funded under the National Suicide Prevention Strategy to review, analyse and consolidate the most appropriate methods, models and service delivery options for nationally coordinated suicide bereavement activities. The outcomes of the project will form the basis of a national strategy for suicide bereavement.

- *Auseinet*
The Australian Network for Promotion, Prevention and Early Intervention for Mental Health (Auseinet) website provides information about mental health policy and practice including suicide prevention. The website also includes links to resources about grief/postvention.
<http://www.auseinet.com/index.php>
- *World Health Organisation*
The World Health Organisation website includes a number of publications on the topic of suicide, including a resource on how to start a suicide bereavement/survivors group.
http://www.who.int/mental_health/resources/suicide/en/index.html
- *American Association of Suicidology*
The American Association of Suicidology was developed to understand and prevent suicide. The website contains a range of information about suicide prevention, including a webpage regarding issues for 'survivors' or those bereaved by suicide.
<http://www.suicidology.org/>

Resources for the media

Online publications

- *Mindframe-media*
The Mindframe media guidelines provide a code of practice for the reporting and portrayal of suicide and mental illness. The guidelines can be accessed at <http://www.mindframe-media.info/index.php>
- *Preventing suicide: a resource for media professionals*
The World Health Organisation has produced these guidelines to assist media professionals in the responsible reporting of suicide. The resource can be accessed at http://www.who.int/mental_health/media/en/426.pdf

Who to contact for mental health advice

- Should you or your organisation require clinical support regarding the mental health of an individual, contact the local Queensland Health mental health service which can be located by contacting your nearest public hospital or phoning 13HEALTH.
- For mental issues involving people from culturally and linguistically diverse backgrounds contact Queensland Transcultural Mental Health Centre on 3240 2833 (within Brisbane metropolitan area), 1800 188 189 (free call outside Brisbane) or via their website at www.health.qld.gov.au/pahospital/mentalhealth/qtmhc

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