



Core principles: Postvention-focused conversations

Deciding to talk

1. The way a suicide death is discussed is important. While most people will not be adversely affected by discussion of a suicide death, people who are vulnerable (including those bereaved and those contemplating suicide) may be adversely impacted if the conversation is not handled sensitively.
2. When having conversations about a suicide death, find a balance between ensuring that suicide is not being made secret or something that is shameful and ensuring suicide is not glamoured or presented as a way of dealing with problems.
3. Before discussing a suicide death, consider the individual circumstances of people who are part of (or listening to) the conversation – e.g. their age, cognitive ability, their connection to the person, their connection to the community, whether they are currently contemplating suicide etc.
4. If you are afraid of talking to someone bereaved by suicide for fear of saying the wrong thing, show concern and explain that you don't know what to say rather than avoiding the person/s.

Format of the conversation

5. When having conversations following a suicide death, where possible conduct the conversations either one-on-one or in a small group so that people's responses to, or interpretation of, of the information can be monitored and questions answered.
6. Before discussing a suicide death in a public forum, (e.g. online) ensure that those directly affected by the death have already been notified.
7. If discussing a suicide death in a public forum (e.g. online), consider the details given and the way the conversation is moderated given that members of the public who may be vulnerable can be impacted by the details given and the way the death is discussed.
8. Public memorials for someone who has died by suicide (whether online or in the community) should be carefully planned and monitored to ensure the messaging does not inadvertently glamourise suicide.

The environment

9. Choose an appropriate physical and emotional location for talking to the person/s affected by suicide – e.g. where you and the person/s are going to feel comfortable and safe talking.
10. Allow people affected by suicide to choose the person/s they would like to talk to, provided the person is equipped to deal with the discussion – e.g. children may prefer to talk to grandparent rather than parent, a student may prefer to talk to a counselor rather than the teacher.

Breaking the news of a death

11. If the purpose of the conversation is to notify people of a suicide death, have the discussions as soon as possible after the death is confirmed to allow for management of rumors or misinformation and to identify people who may need additional support.
12. Sometimes there will be uncertainty about whether the death was a suicide or not, so avoid making assumptions before a suspected suicide has been discussed by someone close to the person or reliable source.
13. If needing to tell a group of people (e.g. in a school, in a workplace) give staff some key talking point they can use to explain what has happened, to ensure a consistent message is given.
14. Ensure information about a suicide death and the community/school/workplace response is provided by consistent spokesperson/s with a connection to the community/ school/ workplace;
15. Obtain the cooperation of friends and colleagues in not spreading unconfirmed information about the person who has died or explicit details of the death. This includes spreading information through social media.

Building rapport

16. People bereaved by suicide will grieve differently and are likely to have intense feelings that may include anger, sadness, fear and guilt. Allow the person to talk freely and openly and listen without judging, offering advice or trying to gloss over their feelings with clichés (e.g. “time heals all wounds”).
17. If talking to someone bereaved by suicide, be open to talking freely about the person who died.
18. The way people are brought up, their gender, age or culture may influence the way they grieve and communicate. The person may be experiencing, shock, numbness and disbelief that may make it hard to communicate with them or for them to communicate with you.

Language

19. While there is no ‘right’ or ‘wrong’ when it comes to talking about suicide, try to avoid judgemental phrases or language which glamourises or sensationalises suicide, particularly in group or public conversations.
20. Use language that reduces rather than increases panic in the community/ school/ workplace when talking about a suicide death or deaths.
21. Ensure that the information you provide and the language you use is culturally appropriate.
22. Use simple language when talking about suicide with a child and avoid ways of explaining the death which can confuse the child or be taken literally (e.g. *‘he’s gone to sleep.’*)
23. When talking to children, ensure you do not glorify the act of suicide as a way of dealing with problems, but also be careful not to talk in a negative way about the person who has died.

Explanations for suicidal behaviour

24. Avoid offering simplistic explanations for why a suicide death occurred. Conversations about suicide should try to outline the complexity of the issue and be framed in relation to the things that may increase someone’s vulnerability (risk factors) and the things that may reduce someone’s vulnerability (protective factors).

Details about death

25. Talking in graphic detail about the method of suicide can create images that are upsetting and can increase the risk of imitative behavior by people who are at risk of suicide. Conversations that include details about the method or location of a suicide death should be carefully planned (especially in a group or as part of public conversations).
26. Ensure any cultural considerations regarding talking about death or a person who has died by suicide are understood and applied.

Community forums

27. If a community forum is deemed appropriate, organise it in collaboration with relevant services, community leaders and stakeholders and in consultation with services that have specific expertise in postvention responses.
28. Ensure community forums avoid focusing on the specific suicide event. They should be planned to focus on understanding bereavement, promoting support and care for those affected and encouraging help-seeking.
29. Community forums occurring soon after a suicide death should consider the audience and their needs to ensure that any prevention messages presented (e.g. we can prevent suicide if we know the warning signs) do not increase feelings of guilt and distress in those directly affected.

Help-seeking and connections

30. Encourage those affected by suicide to seek support from people close to them, bereavement support services or health professionals. In group discussions, the presenter should clearly address avenues for obtaining support.
31. Refer people affected by suicide to accurate and helpful information and resources.



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