

POSTVENTION AUSTRALIA GUIDELINES

**A resource for organisations and individuals
providing services to people bereaved by suicide**

Australian Institute for Suicide Research and Prevention
& Postvention Australia



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and individuals providing
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Prepared by

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 POSTVENTION
AUSTRALIA



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Foreword

The people who work in postvention are some of the most remarkable people you can meet – selfless, concern for others and going well beyond ‘the call of duty’.

Postvention has always been part of the national suicide prevention strategy but its contribution is even more important now as some of the past initiatives have not been as effective in reducing suicide rates as we had hoped. Postvention is fundamentally a relationship between people and between people and their community. These close one-to-one interactions are even more important now as governments and agencies turn to more technical/medical approaches and electronic communication to prevent suicide.

Postvention cannot be achieved, or the problems of bereavement assisted - by a computer program; by a new government policy; by a new funding round; or an academic article. When someone has taken their own life, the support needed, involves intensely personal engagement with individuals and communities. They need to be helped to understand that their bewilderment is the universal experience of others bereaved by suicide. They need to know that support will continue to be available for as long as they need it.

Some of the most remarkable postvention responses are when practical assistance is provided by individuals and local organisations to the sad aftermath of suicide: dealing with police, the Coroner’s Court, administrative messes and the personal upheavals left behind.

This resource, ‘Postvention Australia Guidelines: A resource for organisations and individuals providing services to people bereaved by suicide’ addresses these issues in practical and pragmatic ways. It describes the roles of managers, ensuring accessible and understood protocols are available for front-line staff, the importance of all staff understanding the ethical issues involved and having up-to-date knowledge of available and accessible services.

The document has useful guides to national and international guidelines and resource documents relevant to special populations and settings.

People bereaved by suicide can become the catalyst for communities to work together. They have a role, through their networks of relationships, in preventing suicide in the first place. This is particularly important for ‘high-risk’ and marginalised communities.

I commend Postvention Australia and the Australian Institute for Suicide Research and Prevention for developing these guidelines building on and incorporating the work of so many other organisations in the postvention network in Australia and overseas.

I thank them on behalf of all involved in suicide prevention and postvention.

Emeritus Professor Ian W Webster AO

Chair, Australian Suicide Prevention Advisory Council, 1998-2015

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Introduction

Suicide involves significant human and economic consequences, including profound and long-lasting effects on the people who are left behind. The provision of support services to people bereaved by suicide - 'postvention' - is essential and should align with their needs in order to mitigate negative effects.

The aim of this document is to offer general guidelines to postvention service providers for people bereaved by suicide. The target audience for the guidelines is not only organisations who may provide postvention services, but also groups or individuals in contact with the bereaved such as frontline workers, health care professionals, social workers, funeral directors, and volunteers.

You absolutely have no idea what you need ... I certainly didn't and you just need somebody to start you ... (Andrew)

Development of this resource involved:

- A literature review of the needs of people bereaved by suicide and the provision of postvention services.
- A review of national and international guidelines and quality standards about suicide bereavement and postvention services (listed in the appendix).
- Focus groups with people bereaved by suicide about their support needs and expectations of postvention services.
- Australian experts' reviews of these guidelines.

Throughout this document, quotes using pseudonyms are used from focus groups conducted with people bereaved by suicide (ethical clearance was gained from Griffith University's Human Research Ethics Committee - GU Reference number CSR/04/11/HREC).

Background

People bereaved by suicide

There are ongoing discussions about the most optimal and appropriate terminologies for those who are bereaved by suicide worldwide. While in USA the term *suicide survivor* has been widely accepted, *suicide bereaved* is preferred in other countries.¹ In Australia, *bereaved by suicide* is favoured. The definition of the term, however, is not clear either. The group of people who should be covered under this definition and their characteristics have widened over time. Shneidman, the founding father of modern suicidology – who coined terms such as *suicide survivor* and *postvention* – believed that a half-dozen people were impacted by a suicide death, possibly counting immediate family.² A survey of the survivor division of the American Association of Suicidology (AAS) by Berman² revealed that approximately five immediate family members were intimately and directly affected. In addition, on average around 15 extended family members, 20 friends and 20 class or workmates would be affected. Those numbers vary depending on the age of the deceased and on the quality and characteristics of the relationship with the deceased.² Recently, a continuum of suicide ‘survivorship’ has been suggested by Cerel et al.⁴ This continuum covers

- exposed – everyone who knew or identified with the deceased;
- affected – those who are experiencing significant psychological stress;
- short-term bereaved – everyone who has grief related reactions;
- long-term bereaved – those who have to face extensive grief reactions over a longer period of time.⁴

Suicide bereavement

Different grief reactions are experienced throughout every course of bereavement. Although bereavement experiences are individual, they share similar features and reactions. People bereaved by suicide, akin to people bereaved by other types of death, experience general grief reactions such as:

- shock;
- denial;
- sadness;
- confusion;
- anger.

Research has shown that compared to those bereaved by other types of death, including accidental death, people bereaved by suicide may show higher levels of:

In 2015, there were 3,027 suicides in Australia.³ This means that there were at least 18,162 people bereaved by suicide and up to 181,620 people affected by suicide including their family, friends and class or workmates.

I think we were really just in a state of shock and disbelief and certainly had no idea what should happen next. (Jenny)

- shame;
- responsibility;
- guilt;
- rejection;
- blame (self and/or others);
- personal and public stigma;
- sense of isolation;
- trauma.⁵⁻¹⁰

I'd get angry. It was obviously blame and guilt that was my problem for the first two and a half years ... (Mary)

These emotions change over time, impacting help seeking from formal and informal sources, and need to be considered in postvention. The process by which individuals adapt and make meaning of their loss can be understood under the framework of the constructionist theory of bereavement, which proposes that grieving involves actively reconstructing a world of meaning that has been challenged by loss¹¹. For example, Sands¹² proposes the Tripartite Model of Suicide Bereavement as an overarching theory of suicide bereavement and adaptation. The process of suicide bereavement may also be experienced as a transformational process of positive change (such as finding a new purpose in life), which is known as posttraumatic growth (PTG).^{10,13}

It is important to note that the majority of different reactions are normal throughout the grief process and there is usually no need for clinical interventions. However, there is growing body of evidence that people bereaved by suicide have a higher risk of suicidal behaviour, mental health disorders and complicated grief* which may require also clinical interventions.⁵⁻¹⁰ **Postvention is therefore a significant form of suicide prevention.**

I just said "No, I don't want to go on antidepressants. I'm actually grieving" (Karen)

Factors impacting bereavement

There are a number of factors that are known to impact expression and duration of grief, and these are not necessarily applicable to suicide bereavement only, including:

- Kinship and quality (closeness) of the relationship⁵⁻¹⁰;
- Characteristics of the bereaved such as age and gender, but also personal or family history of mental illness, coping mechanisms and personality^{8,15};
- Characteristics of the deceased such as age and having a physical or mental illness or history of suicidal behaviour¹⁵;
- Circumstances of death such as finding the body, violence and circumstances in which death occurred)⁹;
- Culture – values, attitudes and belief systems^{1,8,15} (in Australia it is important to consider Aboriginal and Torres Strait Islander people¹⁶ and other Culturally and Linguistically Diverse Communities);
- Coronial processes (the coroner's report may provide closure to the family and extended inquests may cause prolonged suffering)¹⁷;
- Availability of formal and informal support and their quality.^{8,15,17}

* a prolonged, unresolved or traumatic grief, causing distress interfering with functioning¹⁴

Needs of people bereaved by suicide

There is lack of information about the needs of people bereaved by suicide.^{1,5,10} US' Survivors of Suicide Loss Task Force¹⁰ identified the following needs based on the literature

- Coordinated, comprehensive community response;
- Useful information;
- Compassionate assistance from first responders;
- Practical assistance;
- Support from social networks and communities;
- Help from skilled mental health professionals and other providers;
- Peer support;
- Additional support for children;
- Additional support for adolescents;
- Family support;
- Help for electronically connected communities;
- Help with the common experience of grieving a death.¹⁰

A recent qualitative study from South Australia¹⁷ analysing services used by the bereaved indicated that there were inconsistencies in providing information and connecting the bereaved to services (e.g. even if some information was given by first responders, it was out-dated or irrelevant to their needs). In addition, their first experiences with services had an impact on their bereavement journey (help from frontline workers could normalise grief reactions and link them to other specialised services).

In 2016, the Australian Institute for Suicide Research and Prevention (AISRAP) conducted three focus groups in Queensland with people bereaved by suicide about their needs and expectations from postvention services. Four dominant themes emerged:

- The need for different types of support services (practical and emotional) for survivors at different stages of the bereavement process;
- Difficulties experienced in identifying and locating appropriate support services;
- Experiences of stigma (personal and public), insensitive attitudes and subsequent social isolation; and
- The value of connecting with others through support groups for the suicide bereaved.

Postvention

Postvention involves activities related to the help and support of people bereaved after suicide. As indicated earlier many people do not experience psychopathological symptoms, however there are some people who will need clinical interventions (e.g. professional services).^{5,8} Nevertheless, non-clinical assistance after a suicide death can have an influence on long-term outcomes of bereavement. For example, support and information from frontline workers such as police, staff from the coroner's office, or a funeral director can have a positive impact. The Irish 'National Quality Standards for the Provision of Suicide Bereavement Services'¹⁸ divided services for the suicide bereaved into four levels:

1. Information including leaflets, books, booklets, factsheets, posters and online information (this service level is sufficient for most who experience a normal level of distress following a bereavement);
2. Assistance including support services, support groups, self-help groups, helplines, community support, educational support (moderate grief reactions);
3. Counselling (severe grief reactions);
4. Psychotherapy (mental health and complicated grief reactions).

Postvention Australia guidelines incorporate some elements from the Irish 'National Quality Standards for the Provision of Suicide Bereavement Services'¹⁸ and 'Responding to Grief, Trauma and Distress After Suicide: the US National Guidelines'.¹⁰

Guidelines

Postvention service provision

- **Organisational framework:**

- Have a clear understanding of your organisation or service’s role in postvention;
- Establish and update protocols and procedures to respond to the aftermath of suicide following best practice;
- Be guided by the ethical principle ‘Do no harm’;
- Establish recording and monitoring systems relevant to the organisation/service provision (e.g. information about service users) to understand their needs;
- Establish and facilitate clear pathways of support for those impacted and bereaved by suicide;
- Provide on-going training and clear supervision protocols;
- Promote services sensitively and respectfully using adequate resources.

- **Responding to the individual needs of the suicide bereaved:**

- One size does not fit for all - understand the diverse needs of people impacted by suicide and the changes in those needs at different stages of bereavement (including emotional and practical needs, such as counselling, employment, legal advice);
- ‘No wrong door’ approach – facilitate referrals to other more appropriate services, ensuring that the bereaved are supported in finding the right services;
- Consider a flexible approach to service delivery including both passive and proactive services (e.g. GPs could take a proactive approach and contact the bereaved);
- Consider tailoring services by age, gender and kinship type of the bereaved (e.g. family counselling and other sources for children and adolescents);
- Engage people bereaved by suicide in service development.

There is a need to be guided and assisted in navigating the available services, because there’s a list of things... “Well which one do I call? It’s just, I don’t know”. But if somebody sits down with you... sits down with you and says, “Look how are you actually going? What do you think would help you now? There’s these things. Do you think that might help you?” (Ann)

- **Provision of culturally sensitive and appropriate services:**

- Work respectfully and inclusively paying attention to cultural diversity;
- Assure sensitivity to gender, sexual orientation, ethnicity, age and all dimensions of diversities;
- In providing support, respect and strive to understand the needs of Aboriginal and Torres Strait Islander people;
- Encourage appropriate use of language to avoid stigmatising service users.

- **Provision of appropriate and accurate information and resources:**

- Ensure that the suicide bereaved receive appropriate and essential information in a timely manner;
- Regularly review and update resources to reflect information about current services;
- Have information available and accessible in different formats (such as hard copies, Internet, mobile phone apps) and ensure they reach the target audience;
- Work towards filling the gaps in existing information and resources.

I'd like to think a lot of good thinking (could) go into standardising our approach and making sure information is available to people who are affected. (Martin)

- **Engagement with technology and (digital) media:**

- Be aware of the strengths and limitations (risks to vulnerable people) of using technology to provide support;
- Familiarise and follow the Australian National Guidelines for Media reporting by Mindframe (<http://www.mindframe-media.info/for-media/reporting-suicide>).

- **Collaboration with other postvention services:**

- Integrate and coordinate effective postvention strategies across organisations, services and systems;
- Develop and maintain strong networks and referral pathways;
- Sharing of knowledge and skills between clinicians, services, government and non-government organisations, researchers, academics and institutes, and people bereaved by suicide;
- Promote clear and professional communication between and within organisations/ services.

Building capacity within the organisation (work force)

- **Personnel and their support:**

- Have clear procedures around recruiting your work force, including paid staff and volunteers;
- Acknowledge the impact of working within the field of suicide and be aware of and know how to recognise compassion fatigue, burn out and vicarious trauma;
- Provide opportunities for regular training and professional development in the fields of suicide, grief, loss and bereavement, trauma, and risk assessment for employees and volunteers;
- Provide suicide risk assessment training to first responder and health professionals;
- Offer training in cultural awareness;
- Organise regular team meetings for information sharing and morale building;

- Support and encourage professional and peer debriefing;
- Ensure that appropriate internal and external supervision is available for employees depending on their role and/or tasks within the organisation;
- Promote self-help of employees and volunteers.
- **Development and implementation of postvention practices within the organisation:**
 - Have a holistic approach to wellbeing – physical, mental, spiritual, and social – and awareness of the impacts of suicide on health and wellbeing;
 - Have clear protocols and procedures for when a colleague or a client dies by suicide;
 - Acknowledge and understand the difference between grief and mental illness – likewise acknowledge complicated/prolonged grief and trauma reactions following a death by suicide.
- **Research and evaluation**
 - Robust research into the impact of suicide and effectiveness of services;
 - Help to identify gaps in research into suicide bereavement and related services;
 - Make sure that ethics guidelines are followed and ethical clearance is obtained from all relevant human research committees;
 - Ensure that research participants are appropriately supported;
 - Ensure people conducting research have received adequate and appropriate training;
 - Engage people bereaved by suicide in research to inform the study designs and respond to their needs;
 - Report research findings in a transparent and accurate manner, acknowledging the limitations;
 - Disseminate the findings to inform services, practitioners and policy makers.
- **Evaluation:**
 - Evaluate services on a regular basis; if possible, build evaluation into your service delivery;
 - Seek professional guidance on designing evaluation strategies.

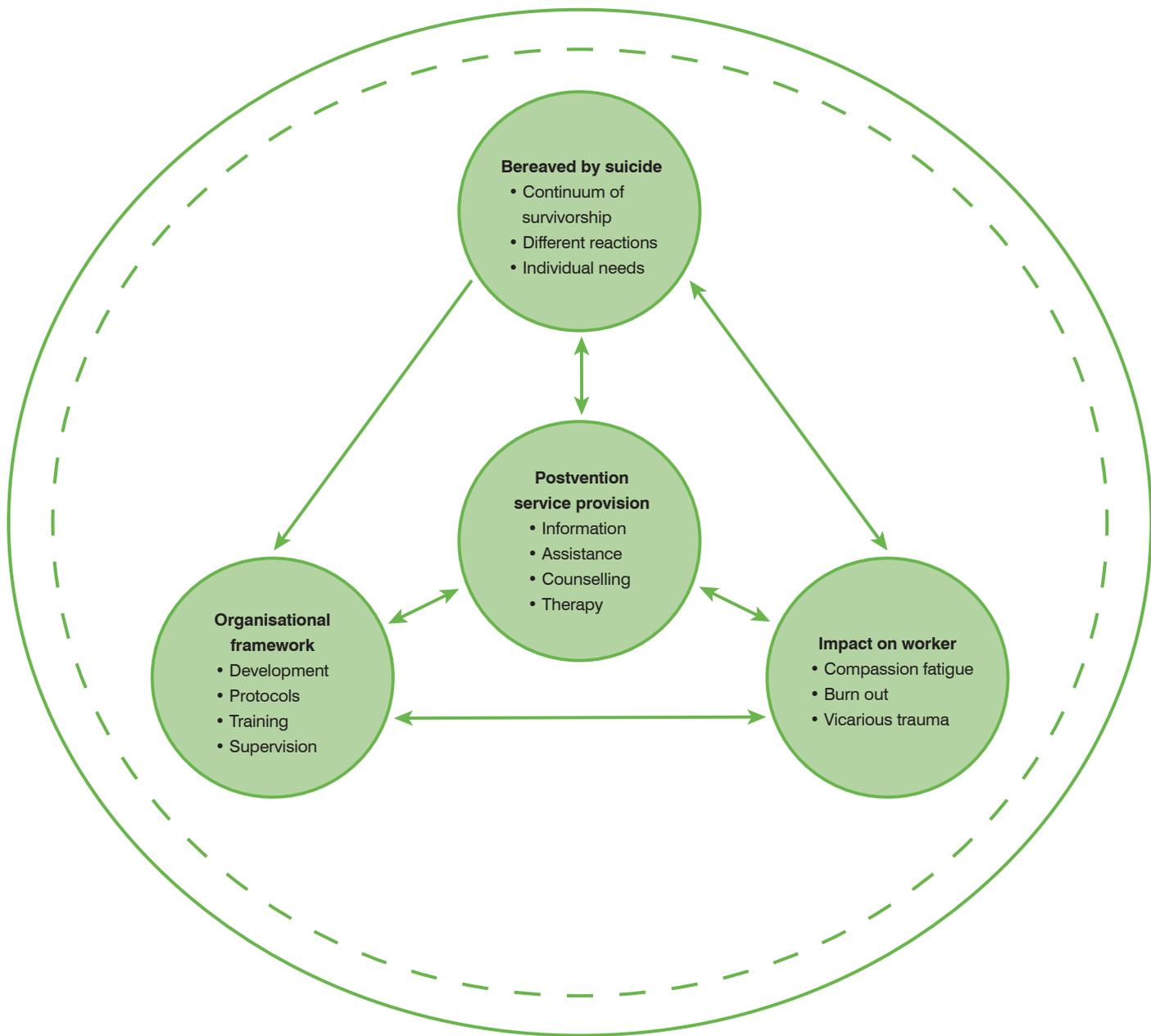
Awareness and promotion of suicide postvention services more widely

- **Enhancing the resilience of individuals, families and communities to respond to suicide:**
 - Support education and awareness campaigns relevant to local communities;
 - Establish and promote postvention services and training opportunities;
 - Promote help seeking in the community;
 - Facilitate access to group support (suicide bereavement groups following WHO and Lifeline guidelines).

- **Raise awareness of the impact of suicide and promote suicide postvention services to the community, other services, government and policy makers:**
 - Engage local, state and federal governments;
 - Ensure policy makers, governments, and organisations are informed about postvention and the impact of suicide;
 - Contribute to the reduction of stigma around suicide and suicide bereavement within communities;
 - Have safe and appropriate conversations around suicide and the impact of suicide;
 - Advocate for the needs of people impacted by suicide.

Figure 1 summarises the conceptual interaction between the different elements impacting on postvention service provision outlined in this document. Postvention service provision (inclusive of information, assistance, counselling, therapy) should be informed by the unique position, reactions and needs of the bereaved person/s, which are in turn met by these services. The bereaved by suicide also directly inform the organisational framework (inclusive of its development, protocols, training and supervision policies), which shares a reciprocal (conceptual) relationship with postvention service provision (that is, one informs the other from a quality assurance, evaluation perspective). Individually, each of postvention service provision and the organisational framework share a reciprocal (conceptual) relationship with the impacts on the worker that is, (impacts on the worker are in part influenced by postvention service provision and the organisational framework within which postvention is delivered.) These conceptual associations between elements impacting on postvention service provision must also be understood in the context of research and evaluation. That is, all elements of postvention services should be informed by evidence and best practice where available, and additionally, these elements should be regularly evaluated and monitored, providing continuous quality assurance and improvement of service provision. Finally, awareness and promotion of all elements of postvention service provision is essential.

Figure 1. Elements of postvention service provision



Research and Evaluation

Awareness and promotion

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http://www.hse.ie/eng/services/list/4/Mental_Health_Services/NOSP/Resources/standards_bereavement.pdf

Appendix:

List of national and international guidelines, standards and principles on postvention and related topics (media reporting and suicide clusters)

Australia

Community, professional and self-help materials and factsheets:

- Commonwealth of Australia (updated 2010) Information & Support pack for those bereaved by suicide or other sudden death. Adopted for each state and territory <http://www.livingisforeveryone.com.au/news/2011/life-news-issue-14-suicide-bereavement-march-2011#online-resources-for-suicide-bereavement>
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Guidelines for services where a client has died by suicide:

- SANE Australia (2012) SANE Bereavement Guidelines: Best practice in support for family and friends of people with mental illness who have died by suicide. https://www.sane.org/images/PDFs/1408_proj_glbereavement.pdf

Bereavement groups:

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Schools:

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Supporting children:

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Suicide clusters:

- Commonwealth Government (2012) *Developing a community plan for preventing and responding to suicide clusters*. <http://www.livingisforeveryone.com.au/uploads/docs/Community%20Plan.pdf>

Media:

- Hunter Institute of Mental Health (2014) *Reporting suicide and mental illness: A Mindframe resource for media professionals*. <http://www.mindframe-media.info/for-media/reporting-suicide>

International

- World Health Organization and International Association for Suicide Prevention (2008) *Preventing Suicide: How to start a survivors' group*. http://www.who.int/mental_health/prevention/suicide/resource_survivors.pdf

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UK

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USA

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Helplines and services in Australia

Telephone Counselling Services

Lifeline 13 11 14 (24-hours) for anyone experiencing a crisis

Kids Helpline 1800 55 1800 (24-hours) for children and young people aged 5yrs to 25yrs

Parent Line 1300 30 1300 (8am - 10pm, 7days a week) for parents in QLD and NT

MensLine 1300 78 99 78 (24-hours) for men

QLife 1800 184 527 (3:00pm - midnight, 7 days a week) for LGBTIQ and their family

Suicide Call Back Service 1300 659 467 (24-hours) for anyone affected by suicide

StandBy Response Service 07 5442 4277 National line for suicide bereavement support

Survivors of Suicide Bereavement Support Association (SOSBSA) 1300 767 022 bereavement support

SANE helpline 1800 18 7263 (9am - 5pm, weekdays) talk to a mental health professional

beyondblue 1300 22 4636 (24-hours) telephone counselling

Mental Health Crisis Lines (available 24/7)

NSW: Mental Health Line	1800 011 511
VIC: Suicide Help Line	1300 651 251
QLD: 13 HEALTH	13 43 25 84
TAS: Mental Health Services Helpline	1800 332 388
SA: Mental Health Assessment and Crisis Intervention Service	13 14 65
WA: Mental Health Emergency Response Line	1800 676 822
NT: Top End Mental Health Service	08 8999 4988
ACT: Mental Health Triage Service	1800 629 354

A selection of services and websites

Coroners Support Services: Coroner's Court of all states and territories provide counselling or referral pathways to counselling

<u>ACT</u> Coronial Counselling Service	(02) 6122 7191
<u>NSW</u> Coroner's Court: Forensic Counselling Unit	(02) 8584 7800
<u>Northern Territories</u> Coroner's Court	(08) 8999 7770
<u>Queensland</u> Coronial Counselling Service	(07) 3000 9342
Coroners Court of <u>South Australia</u> : Support Services	(08) 8204 0600
Magistrate's Court of <u>Tasmania</u> : Coronial Division	(03) 6233 3257
Coroners Court of <u>Victoria</u> Support Services	1300 309 519
Coroner's Court of <u>Western Australia</u> : Counselling service	(08) 9425 2900

Australian Centre for Grief and Bereavement www.grief.org.au provides information about grief and support for people who are grieving.

beyondblue <https://www.beyondblue.org.au> provides telephone counselling and online chat.

Compassionate Friends <http://www.compassionatefriendsqld.org.au/> offers friendship, understanding, grief education and hope following the death of a loved one.

GriefLine www.griefline.org.au is a dedicated grief helpline service that provides a counselling support service free of charge to individuals and families. Service includes telephone support (1300 845 745), online counselling and in-house counselling.

headspace <http://www.headspace.org.au/> is the National Youth Mental Health Foundation which helps young people (aged 12 to 25 years old) who are going through a tough time.

ehedspace <https://www.eheadspace.org.au/> is a confidential, free and secure space where young people can chat, email or speak on the phone to a youth mental health professional. Telephone 1800 650 890 between 9am to 1am, 7 days a week.

Kids Helpline <http://www.kidshelpline.com.au> provides free telephone and online counselling for children and young people aged 5 to 25 years old.

MensLine Australia <https://www.mensline.org.au/> is the national telephone and online support, information and referral service for men with family and relationship concerns.

mindhealthconnect www.mindhealthconnect.org.au provides access to relevant mental health care services, online programs and resources.

Lifeline <https://www.lifeline.org.au/> provides crisis support line, online chat and helpful information on bereavement responses as well as valuable downloadable resources.

QLife <https://qlife.org.au/> is a counselling and referral service for Lesbian, Gay, Bisexual, Transgendered and Intersex people, and their family and friends.

The QPR Institute Australia <http://www.qprinstituteaustralia.com.au> provides Australians in a range of professions with ready access to the wide variety of QPR training courses developed by Dr Paul Quinnett, clinical psychologist. All QPR courses are evidence-based with over 2.5 million people trained worldwide.

Reach Out <http://au.reachout.com/tough-times/loss-and-grief> provides information on grief and loss following the death of a loved one.

Roses in the Ocean <http://rosesintheocean.com.au/> exists to change the way suicide is spoken about, understood and prevented; focused on community suicide prevention and supporting those bereaved and with lived experience.

Postvention Australia <http://postventionaustralia.org/> is a national association for bereaved by suicide and provides information about suicide grief and helps you to find a support group in your region.

SANE Australia <https://www.sane.org/health-professionals#suicide-bereavement> has a focus on preventing suicide by providing tools and support to mental health workers, and people affected by suicide.

StandBy Response Service <https://www.unitedsynergies.com.au/program/standby-response-service/> is a free service which provides a coordinated response for people who have been bereaved through suicide. StandBy provides 24-hour crisis response telephone, face-to-face support, and referral to local support services.

Suicide Call Back Service <https://www.suicidecallbackservice.org.au/> provides nationwide online and telephone counselling for people who have been affected by suicide.

Suicide Prevention Australia <https://www.suicidepreventionaust.org/> delivers national leadership for the meaningful reduction of suicide in Australia, and works collaboratively to develop a community that knows how to ask for help and how to give help.

Survivors of Suicide Bereavement Support Association Inc. <http://www.sosbsa.org.au/> (SOSBSA) is a self-help association formed by, and for people bereaved by suicide.

Wings of Hope <http://wingsofhope.org.au/> is a registered harm prevention charity providing education, resources and support events for people bereaved by suicide.

POSTVENTION AUSTRALIA GUIDELINES

**A resource for organisations and individuals
providing services to people bereaved by suicide**

Suicide has long-lasting effects on the people who are left behind. The provision of support services to people bereaved by suicide – ‘postvention’ – is essential and should align with their needs in order to mitigate negative effects.

The aim of this document is to offer general guidelines to postvention service providers for people bereaved by suicide. The target audience for the guidelines is not only organisations who may provide postvention services, but also groups or individuals in contact with the bereaved such as frontline workers, health care professionals, social workers, funeral directors, and volunteers. The guidelines were prepared in collaboration between Postvention Australia and the Australian Institute for Suicide Research and Prevention (AISRAP) with contributions from Australian experts in postvention.

