POSTVENTION POLICY POSITION STATEMENT JUNE 2021

POSITION

1. The Commonwealth Government should ensure national access to postvention services for people bereaved or impacted by suicide.
2. State governments should invest in community capacity building and workforce development for suicide bereavement, including investment in a peer workforce in suicide bereavement and postvention.
3. The Commonwealth Government should establish national architecture to coordinate and deliver universal postvention responses and proactive outreach.
4. State governments should ensure access to real-time data and notifications by establishing suicide registers in every state and territory in Australia.

CONTEXT AND COMMENTARY

Suicide rates in Australia have continued to increase over the last decade.[1] In 2019, 3,318 Australians died by suicide which is 12.9 deaths per 100,000 people.[2] Studies have found on average between 5 family members and 135 individuals may be exposed to suicide.[3,4,5] Research demonstrated that approximately 1 in 20 people are impacted by a suicide in any one year, and 1 in 5 during their lifetime.[6,7]

Those impacted by suicide should have access to the support they need. Black Dog Institute defines postvention as 'an intervention conducted after a suicide has occurred and usually targeting those bereaved by suicide including family, friends, professionals, community members, colleagues, and peers.'[8]

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[1] Andriessen, K., Krysinska, K., Kolves, K. & Reavley, N. (2019). Suicide postvention services: an Evidence Check rapid review brokered by the Sax Institute, *NSW Ministry of Health, Sax Institute*. Retrieved from https://www.saxinstitute.org.au/wp-content/uploads/2019_Suicide-Postvention-Report.pdf.

[2] Australian Bureau of Statistics. (2020). Causes of Death, Australia. Retrieved from https://www.abs.gov.au/statistics/health/causes-death/causes-death-australia/latest-release#intentional-self-harm-suicides-key-characteristics.

[3] Ibid.

[4] National Suicide Prevention Taskforce. (2020). Interim Advice Report: Towards a national whole-of-government approach to suicide prevention in Australia. Canberra.

[5] Cerel, J., Brown, M.M, Maple, M., Singlton, M., Van De Venne, J., Moore, M. & Flaherty, C. (2019). How many people are exposed to suicide? Not six, *The American Association of Suicidology,* 49(2).

[6] Andriessen, K., Rahman, B., Draper, B., Dudley, M. & Mitchell, PB. (2017). Prevalence of exposure to suicide: A metaanalysis of population-based studies, *Journal of Psychiatric Research,* 88:113-20.

[7] Ibid.

[8] Ridani, R., Torok, M., Shand, F., Holland, C., Murray, S., Borrowdale, K., Sheedy, M., Crowe, J., Cockayne, N., Christensen, H. (2016). An evidence-based systems approach to suicide prevention: guidance on planning, commissioning, and monitoring, *Black Dog Institute*, Sydney.

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Impact of suicide

Research has demonstrated that people bereaved or impacted by suicide are at an increased risk for suicide.[9,10] A meta-analysis of exposure to suicide found 1 in 5 people have been impacted by suicide in their lifetime, and 1 in 20 in the past year.[11] Bereavement by suicide has been evidenced as a risk factor for subsequent suicide, regardless of whether the relationship to the person who died by suicide is a blood-relative or not.[12]

A UK study of over 7,000 people bereaved by suicide found that 82% of participants reported a major or moderate impact on their lives, including relationship breakdown, unemployment, and financial distress – all of which are key risk factors for suicide.[13]

Suicide bereavement involves a complicated mix of grief and stress that can increase suicide risk factors among those bereaved or impacted by suicide.[14] While commonalities in grief such as adverse impacts on physical and mental health are shared across causes of death, bereavement specific to suicide can differ due to stigma often associated with suicide, and higher levels of feelings of shame, guilt, and social isolation. [15,16,17,18]

We support the Productivity Commission's recommendation for the development of a National Stigma Reduction Strategy[19], and suggest it include specific work to eliminate stigma experienced by people bereaved or impacted by suicide. Responsible media reporting is important in reducing stigma experienced by people bereaved or impacted by suicide. Media platforms should be incentivised to adopt the Mindframe guidelines on reporting suicide and mental ill-health.

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[9] Jordan, J.R. (2017). Postvention is prevention – The case for suicide postvention, *Death Studies,* 41:10.
[10] Pitman, A.L., Osborn, D.P.J, Rantell, K. & King, M.B. (2016). Bereavement by suicide as a risk factor for suicide attempt: a cross-sectional national UK-wide study of 3432 young bereaved adults, *BMJ Open*, 6.
[11] Andriessen, K., Rahman, B., Draper, B. & Dudley, M. (2017). Prevalence of exposure to suicide: A meta-analysis of population-based studies, *Journal of Psychiatric Research*, 88.
[12] Pitman, A.L., Osborn, D.P.J, Rantell, K. & King, M.B. (2016). Bereavement by suicide as a risk factor for suicide attempt: a cross-sectional national UK-wide study of 3432 young bereaved adults, *BMJ Open*, 6.
[13] McDonnell, S., Hunt, I.M., Flynn, S., Smith, S., McGale, B. & Shaw, J. (2020). From grief to hope, *The University of Manchester*. Retrieved from https://suicidebereavementuk.com/wp-content/uploads/2020/11/From-Grief-to-Hope-Report.pdf.
[14] Tal Young, I., Iglewicz, A., Glorioso, D., Lanouette, N., Seay, K., Ilapakurti, M. & Zisook, S. (2012). Suicide bereavement and complicated grief, *Dialogues in Clinical Neuroscience*, 14(2).
[15] Ibid.
[16] Spillane, A., Larkin, C., Corcoran, P., Matvienko-Sikar, K. & Arensman, E. (2017). What are the physical and psychological health effects of suicide bereavement on family members? Protocol for an observational and interview mixed-methods study in Ireland, *BMJ Open*, 7(3).
[17] General Practice Mental Health Standards Collaboration. (2016). After suicide: A resource for GPs, *RACGP*, Victoria. Retrieved from https://www.racgp.org.au/FSDEDEV/media/documents/Education/GPs/GPMHSC/After-suicide-A-resources-for-GPs.pdf.
[18] Australian Institute for Suicide Research and Prevention & Postvention Australia. (2017). Postvention Australia Guidelines: A resource for organisations and individuals providing services to people bereaved by suicide, *Australian Institute for Suicide Research and Prevention*, Brisbane. Retrieved from https://www.griffith.edu.au/__data/assets/pdf_file/0038/359696/Postvention_WEB.pdf.
[19] Productivity Commission. (2020). Mental health, Report no. 95, Canberra.

Universal access to postvention services

Postvention services are a key component to suicide prevention and all Australians bereaved or impacted by suicide should be able to access support.

One study of 540 bereaved parents found it can generally take 3-5 years for acute grief difficulties associated with a death by suicide to start to ease.[20] Grief impacts people to different degrees and can have short or long-term impacts on those bereaved or impacted by suicide. Models of care should have the flexibility to offer longer term care for those who require it but also a variety of treatment and support options that suit their needs. This should include linkages and coordination with existing mental health and social services including national helplines and web-based support.

Access to formal postvention support is a critical aspect of trauma-informed support for those bereaved or impacted by suicide. The most common form of suicide postvention support is peer support groups and receiving support from others bereaved or impacted by suicide.[21] There is consistent evidence that such peer support is beneficial for people bereaved or impacted by suicide.[22]

Postvention services need to be safe, of high quality, and proven effective through appropriate evaluation. For example, an evaluation of the StandBy Support After Suicide (StandBy) program found significantly lower risk of suicidality among people who accessed their service (38%) compared to people bereaved by suicide who did not access StandBy (63%).[23] StandBy clients were further found to be more likely to be socially supported and experience less loneliness than people bereaved by suicide who did not access StandBy.[24]

Postvention services should also adopt a 'no wrong door' approach and include core components of proactive outreach and peer support to ensure those bereaved or impacted by suicide receive the support they need.

People with lived experience of suicide bereavement must have a central place in postvention and be involved in co-design of development, implementation, and evaluation phases of postvention services. Postvention services should further address the specific postvention needs of priority populations and assure cultural sensitivity and inclusivity of all ages and diversities.

Enhanced coordination of postvention services

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. However, there is currently a lack of coordination between programs and services, as well as a lack of awareness of the programs and services that currently exist. This results in duplication and

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[20] Feigelman, W., Jordan, J.R. & Gorman, B.S. (2009). How they died, time since loss, and bereavement outcomes, *OMEGA,* 58:4.

[21] Harrington-LaMorie, J., Jordan, J.R., Ruocco, K. & Cerel, J. (2018). Surviving families of military suicide loss: Exploring postvention peer support, Death studies, 42(1):1-12.

[22] Bartone, P., Bartone, J. V., Violanti, J. M., Gileno, Z. M. (2017). Peer Support Services for Bereaved Survivors: A Systematic Review, Journal of Death and Dying, 80(4).

[23] StandBy. (2018). StandBy National Client Outcomes Project: Summary of project results. Retrieved from https://standbysupport.com.au/wp-content/uploads/2018/09/StandBy-Program-Evaluation-2018_Summary-Report.pdf.

[24] Ibid.

uncoordinated, patchy responses. Funding and implementation for evidence-based postvention interventions at scale that will make the greatest difference is currently lacking.

Continued and further investment is needed to build capacity among people bereaved or impacted by suicide to provide support to others bereaved by suicide in peer work roles to enhance the work of postvention services. Research has demonstrated the importance of peer support in postvention interventions and has substantial evidence of effectiveness in mental health support.[25,26]

Often support groups in local communities are established and independently resourced by volunteers with lived experience who identify a gap in support in their own communities, or groups that have been started by mental health workers who lack training or knowledge in suicide bereavement resulting in poor practices. National coordination to establish and resource support groups for people bereaved or impacted by suicide that can be supported locally will help ensure people receive the support they need. The workforce would further benefit from a set of national standards in what is delivered for suicide bereavement, for example in grief counselling or group work.

There is strong need to invest in a variety of supportive suicide prevention 'infrastructure' such as: data, workforce, local community mental health and outreach services, peer networks, localised and culturally relevant aftercare services, research and evaluation, postvention responses and other community-led initiatives. Improving infrastructure and capacity building will help to support a national suicide prevention strategy, and aligns with the National Suicide Prevention Taskforce's in-principle recommendation 12.6.[27] National postvention coverage would allow for a central point of contact for notifications and a national phone line.

Models of care should have the flexibility to offer longer term care for those who require it but also a variety of treatment and support options that suit their needs. This should include linkages and coordination with existing mental health and social services including national helplines and web-based support.

Investment is needed in research and evaluation of the implementation and effectiveness of postvention services in Australia to ensure efficacy of service provision. In addition, governments and agencies need to enhance sharing of data and resources to community organisations to improve service delivery. Arrangements need to be established for postvention services to be notified of a suspected suicide by police at the time of investigation with family consent to being contacted by the service.

A national approach to the coordination of postvention services is required to deliver universal postvention responses. Establishing national architecture such as a postvention portfolio to sit within a National Office of Suicide Prevention, housed within the Department of Prime Minister and Cabinet, would enhance the coordination, accessibility, evaluation, and delivery of postvention services in Australia.

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[25] Rawlinson, D., Waegemakers Schiff, J. & Barlow, C.A. (2009). A review of peer support for suicide bereavement as a postvention alternative, *New Scholarship in the Human Services*, 8:2.
[26] Ali, F. & Lucock, M. (2020). 'It's like getting a group hug and you can cry there and be yourself and they understand'. Family members' experiences of using a suicide bereavement peer support group, *Bereavement Care*, 39(2).
[27] Ibid.

Need for timely notifications

Currently state suicide registers exist in Queensland, Victoria, Tasmania, Western Australia and New South Wales. State suicide registers should be established in every jurisdiction in Australia, and they should enable event notification resulting in prompt coordinated postvention responses. This will require close to real-time data, such as notifications from police investigations of suspected suicides or ambulance and hospital data. Organisations proving postvention support should have access to this near real-time data in order to identify people and communities in need of support. There should also be mechanisms to coordinate supporting organisations and affected communities to ensure that the right kinds and levels of support are delivered at the right time for the community and individuals. All this will ensure timely postvention responses and identify areas for capacity building among services and communities.

Every person bereaved or impacted by suicide must be given the option to access a postvention service, whether they choose to take it or not. To adopt effective, timely, outreach service response measures – access to timely data notifications is essential.

Currently suicide registers have not enabled notifications for postvention in the states they've been established, and reporting problems exist in coronial systems due to delays in the submission of police reports. Notifications from police investigations of suspected suicides are the most effective mechanisms for postvention to be rapidly provided as needed.