SUPPORTING FAMILIES THROUGH SUICIDE AND ATTEMPTS POLICY POSITION STATEMENT JUNE 2025

POSITION

1. Australian governments should prioritise legislating Suicide Prevention Acts to enhance the responsibility by agencies who deal with families in the aftermath of attempts and deaths, and to establish their preventive role.
2. Navigation frameworks should be established to help people deal seamlessly with Government agencies following attempts or deaths of family members.
3. Australian governments should ensure there are supports available to the families of those who have attempted suicide, either though expanded aftercare and postvention services, or through specific services for this group.
4. Data collection where practicable should be expanded to include increased details of the person's parental status, in order to ensure programs are able to cater for the impact of suicide on families, and prevention programs can be tailored to need.

CONTEXT AND COMMENTARY

The impact of a suicide death or attempt on families is deeply complex and profound. Every family is different, and responses to trauma will be similarly varied.

As the people most closely impacted, it is important to acknowledge the trauma and hurt on a family when a family member attempts suicide or dies by suicide. It is also important to acknowledge the individuality of responses, and ensure the systemic responses are equipped to cater compassionately for those responses.

This position statement includes biological families and families of choice when considering impact and needs.

A significant difficulty in addressing the needs of families comes from the lack of data identifying familial status. More research is needed to gain a quantitative understanding of the impact of suicide on families, including family status in data sets, but the conclusions drawn in this position statement are based on consultations with people with lived experience and those who work with impacted families.

For demographics in which death by suicide is most likely to impact families, suicide is the leading cause of death. Among young Australians 15-24 years over one third of deaths are due to suicide.[1] In addition, males of parental age accounted for the highest male proportion of death (10.7 per cent) with an increasing rate in this age bracket.[2]

Families are also highly susceptible to causes of suicidal distress, across a range of factors including family and relationship breakdown, cost of living, housing affordability, and employment insecurity.[3]

For those who have attempted suicide, families are the most important assets and protective factors. The risk of death by suicide increases significantly following an attempt. Families are in a unique position to respond following an attempt. Access to services and resources that would be beneficial to them and their loved one are essential, but their experiences in navigating this period speak to encounters with authorities and agencies that can be difficult or on occasions cause further harm. It is important that families be included in recovery and reconnection.

Responses from agencies need to be streamlined and compassionate, with assistance in navigation essential. Reconnecting and reinvolving with life is crucial both for those who have attempted suicide and for families of loved ones who have died by suicide. In both these cases, the importance of supporting the family is vital, but often overlooked.

RECOMMENDATIONS

1. **Australian governments should prioritise legislating Suicide Prevention Acts to enhance the responsibility by agencies who deal with families in the aftermath of attempts and deaths, and to establish their preventive role.**

Only half of those who tragically lose their life to suicide are accessing mental health services in the year prior.

Government actions across a range of portfolios, including communities, housing, justice, national parks, transport, police, and education, have a direct influence on suicide risk. Preventing suicide therefore requires a holistic, cross-governmental approach that addresses these various factors. A Suicide Prevention Act within each jurisdiction could legislate clear priorities, accountability and focus. It could set clear governance arrangements including leadership from people with lived experience, and ensure the size and variance across the jurisdiction does not stop any person receiving support they need.

Consultations showed significant siloing between Departments, and even within Departments. This meant families were dealing with repetitive bureaucracy at a time of intense crisis. Often this was

[1] Australian Bureau of Statistics. (2021). *Causes of Death, Australia*. ABS. https://www.abs.gov.au/statistics/health/causes-death/causes-death-australia/2021.
[2] Australian Bureau of Statistics. (2022). *Causes of Death, Australia*. ABS. https://www.abs.gov.au/statistics/health/causes-death/causes-death-australia/2022.
[3] Suicide Prevention Australia, Community Tracker, https://www.suicidepreventionaust.org/community-tracker

repetition in different departments and agencies, but repetition within the same agency was also frequent.

Multiple agencies at all levels of Government are involved in the required processes following a suicide or attempt, and an Act would ensure each agency was adequately equipped to deal efficiently but compassionately and inclusively with families in a state of great trauma.

A family dealing with loss or an attempt should not be treated with confrontation, blame, or exclusion. Providing processes within each agency via an Act would ensure that the role of families was actively considered and accounted for.

2. **Navigation frameworks should be established to help people deal seamlessly with Government agencies following attempts or deaths of a family member, and all agency personnel dealing with families should undertake training.**

When a family is in trauma following the death or suicide attempt of a member, it is vital that they can locate information quickly and simply on what needs to be done or what support is available.

Currently, people are left to deal with multiple agencies – sometimes within the same Department, and sometimes on multiple occasions – which have no linkages to other related agencies. This means a family undergoing significant trauma must navigate their way through police, ambulance, hospitals, coroners, Centrelink, and others, repeating their situation and often dealing with personnel who are not always accommodating of the family's grief.

Creating linkages between agencies which can help families to navigate the system would decrease the added stress these dealings cause. Increased training for personnel who interact with families to complete these processes compassionately, swiftly, and with as few repetitions as possible would also alleviate some stress.

Some of the instances that cause increased stress that were raised during consultations included:

- Very dispassionate and cold interactions with police, adding to trauma;
- Blame apportionment to the person who had attempted or died by suicide;
- No linkages between different agencies, meaning the same details were repeated multiple times;
- Difficulties in updating details with agencies including Centrelink, Taxation Office, and Medicare, as well as non-Government agencies such as insurers and communications companies;
- Significant time lapses with these agencies, meaning revisiting details many months later;
- Exclusion of the family from the processes, with privacy cited as a common reason when there were no obvious privacy concerns; and
- Rubber stamping distressing processes such as coronial inquests to the exclusion of compassion.

The lack of connectivity between agencies and services left people feeling isolated or helpless. The use of privacy considerations seemed overused, and worked to exclude families in numerous cases, and left them ill-equipped to deal with the situation.

To support people undergoing trauma through the suicide or attempted suicide of a family member, it is essential that navigation frameworks be established with clarity and accessibility. In addition, personnel who are dealing with family members should be skilled in managing them through the system in a manner which does no further harm.

3. **Australian governments should ensure there are supports available to the families of those who have attempted suicide, either though expanded aftercare and postvention services, or through specific services for this group.**

The model of aftercare for those who have attempted suicide delivers targeted support at a point of extremely high risk. The most commonly identified risk factor for suicide deaths is personal history of self harm.[4]

Postvention services support families following the loss of a family member to suicide. Support is given to families to cope with grief and loss.

Both kinds of support services are critical in reducing suicides. However, between the two kinds of support there can often be a gap in supports provided to the families of those who have attempted suicide.

Aftercare services can be very individual-focussed, and it was suggested in consultations that including families in the process could help to reconnect people with living, providing a longer-term support and suicide prevention foundation. Families who are trying to support a member post-attempt are also dealing with the emotional and psychological impact and so may be in need of support. Inclusion in services could also increase the family's understanding of the person's needs and support required.

Under the Mental Health approach, carers are included in the model, but this is not currently the case in suicide prevention. The individual is dealt with in isolation, leaving hurdles in reconnecting and reengaging for families to deal with unaided.

However, in consultations the issue was raised that, even where aftercare services are more inclusive, families will still be excluded from support in instances in which the family member who has attempted suicide does not want access to support themselves.

Consultations revealed the inconsistencies in approaches and support access for families of people who had died by suicide as compared with families of those who have attempted suicide, and the wish for comparable systems that helped reconnect with day-to-day lives. Issues such as stigma in

returning to workplaces, reestablishing relationships both within and outside the family unit, and connecting in non-medical manners with services and supports were important issues in both cases.

Supports for the families of attempt survivors could be provided by expanding aftercare services, expanded postvention services, or by specific supports for this group. All three options have potential advantages and disadvantages.

Aftercare services could be expanded in scope to further include the families of those being supported following an attempt. This would require additional resources, but may be more efficient and coordinated than resourcing a separate specific service for families. However, there is the above expressed concern that families of an attempt survivor who does not engage with an aftercare service will not be able to access support.

Postvention services could be expanded in scope to include families of attempt survivors. As with expanding aftercare this would require additional resources, but may help avoid a fractured services system. However, it is possible that the needs of these two groups of families may be sufficiently different to make combined services to them less effective.

Further work is required to assess the best ways to ensure support for the families of attempt survivors. But the imperative to conduct this work and implement the supports is clear.

4. **Data collection where practicable should be expanded to include increased details of the person's parental status, in order to ensure programs are able to cater for the impact of suicide on families, and prevention programs can be tailored to need.**

The impact of a suicide on parents, spouses and partners, siblings, and/or children of the person is profound. Yet, current data sets do not publish parental or marital status of people who die due to suicide or who attempt suicide. The data that is available estimates between five and fifteen family members are impacted by a suicide.[5] The lifetime prevalence of exposure to familial suicide is estimated to be nearly one in 25 people (3.8 per cent).[6]

This impact expands when familial arrangements broaden exposure, including culturally extended-families, kinship families, and families of choice. This latter is particularly pertinent for LGBTIQA+ people who are disproportionately impacted by suicide.

Many of the distress and risk factors for suicide are closely tied to the situation of families. Family breakdown, housing, employment, and cost of living are central stressors for many younger families, and this is reflected in distress levels felt.[7]

To accurately gauge the need for services and assess the extent to which services are not accessible, more data is needed to reflect the parental and marital status of people attempting and dying by

[5] Berman A.L. Estimating the population of survivors of suicide: Seeking an evidence base. *Suicide Life Threat. Behav.* 2011;**41**:110–116. doi: 10.1111/j.1943-278X.2010.00009.x.
[6] Andriessen K., Rahman B., Draper B., Dudley M., Mitchell P.B. Prevalence of exposure to suicide: A meta-analysis of population-based studies. *J. Psychiatr. Res.* 2017;**88**:113–120. doi: 10.1016/j.jpsychires.2017.01.017.
[7] Suicide Prevention Australia Op Cit.

suicide. This data will also aid assessment of generational trauma and intergenerational risk by allowing supports to be provided to address the increased suicide risk for family members living with a bereavement from suicide.

Studies into suicidality risk in surviving family members following the loss of a person to suicide show a risk of approximately three times greater than in a bereavement of other causes, with spouses especially impacted.[8,9]

When Ambulances are the responder to suicide attempts, data is limited, compared to Police response data. To accurately capture the full data of attempts, changes should be made to systems to allow compilation of all Emergency Service response data.

Enhancing the data around suicide attempts and deaths is needed to create a more accurate picture of the situation to guide improved policy and service responses.

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As the national peak body for suicide prevention, our members are central to all that we do. Advice from our members, including the largest and many of the smallest organisations working in suicide prevention, as well as practitioners, researchers and community leaders is key to the development of our policy positions. Suicide Prevention Australia thanks all involved in the development of this policy position.

[8] Jang, J et al. 2022 Risks of suicide among family members of suicide victims: A nationwide sample of South Korea Front Psychiatry. 2022; 13: 995834. doi: 10.3389/fpsyt.2022.995834

[9] Pitman AL, Osborn DPJ, Rantell K*, et al* Bereavement by suicide as a risk factor for suicide attempt: a cross-sectional national UK-wide study of 3432 young bereaved adults *BMJ Open* 2016;**6:**e009948. doi: 10.1136/bmjopen-2015-009948yu78f96