STANDBY®

SUPPORT AFTER SUICIDE

Support After Suicide Toolkit:

Postvention Response for Site Owners and Leadership

Dedicated to supporting people and communities across Australia bereaved or impacted by suicide

Contents

About StandBy Support After Suicide

StandBy – Support After Suicide is Australia's leading provider in suicide postvention and the largest funded contract through the *National Suicide Prevention Leadership and Support Program (NSPLSP)* in the Australian Government Department of Health. For more information, visit **www.standbysupport.com.au**

About Lifeline

Lifeline is Australia's leading suicide prevention service, providing all Australians experiencing a personal crisis with access to 24-hour crisis support. Support is provided through phone, online chat and text message services. For more information about Lifeline visit: **www.lifeline.org.au**

Context

The development of this **StandBy Support After Suicide** Toolkit has been in conjunction with Lifeline Australia to help support communities that are exposed to suicides in public places. Community consultation was held across known public suicide locations throughout Australia to better understand the needs of those impacted and bereaved by suicide and help prevent further harm.

This document acknowledges those with lived experience due to the impact of suicide and those who are bereaved by suicide. This document aims to present information drawn from the wisdom, insights and bravery of those with lived experience, in the hope it will help guide decisions made to support bereaved and impacted communities.

The purpose of this document is to provide guidance around timely and evidence based postvention support in response to a suicide death that occurs in a public location. This document can be used by management and those in leadership roles as a guide to complement existing workplace policy and procedure; to help inform decision making in the event of a public death by suicide. This resource will also help provide access to help-seeking information and informative resources to help direct impacted people to other support services.

Please note – this resource has been designed so each page can double as a printable resource to be used as part of a postvention response plan. Supplementary downloadable resources are also available.

Key terms and definitions

Bereaved:

A person or persons that experience grief and loss of a family, friend or close contact. While this is a broad term to describe all people affected by grief and loss after a death, **for the purpose of this resource, the term 'bereaved' is explicitly used to describe those who are 'bereaved by suicide'.** Suicide bereavement is complex in nature and while the grief experienced can be similar to other sudden losses, there may be additional emotional and physical responses attributed to the intentional nature of the death, the potential trauma experienced as well as possible implications resulting from stigma that may be associated with death by suicide. Evidence suggests that those who are bereaved by suicide are at higher risk of suicidal thoughts and behaviours due to their trauma and loss. For further information *see Why is Grief After Suicide Different?* in supplementary material.

Impacted:

A person or persons that are directly or indirectly affected by a suicide or serious suicide attempt. This may be due to (but not limited to) witnessing a suicide, being the first to respond, being in the vicinity of a suicide, played a role in the search for missing persons, exposed to graphic detail regarding a suicide and personally identifying with the deceased person/s. An impacted individual does not have to know the deceased to be impacted. Those impacted can experience emotional and physical responses attributed to the intentional nature of the death, the potential trauma experienced as well as possible implications resulting from stigma that may be associated with death by suicide. The impact can be both long and short term.

Suicide 'hotspot':

The term suicide 'hotspot' is commonly used to describe a specific, often public site that is frequently used as a location for suicide[1]. These public sites offer the means or opportunity for suicide[2]. Often the sites are secluded places or locations that allow for risky or lethal activity to occur[3]. 'Hotspots' often gain reputations as suicide locations due to media coverage and word-of-mouth. This term can also be offensive and/or harmful to those with lived experience of suicide bereavement. **For the purpose of this document, the term 'hotspot' will not be used but rather discussed more broadly as 'public places', unless the purpose of the statement is to provide context.**

Suicide impacts everyone

Suicide is a complex interaction between a range of protective and risk factors during a person's life[4].

Every suicide is a tragedy that adversely affects family members, loved ones and the broader community. Recent research estimates approximately 135 people are affected when a person dies by suicide, including family members, friends and colleagues[5].

The impact of suicide can be far reaching beyond those that knew the deceased; witnesses, first responders, bystanders, those in geographical proximity to the incident and those with psychological proximity (i.e. the level of identification with the deceased) can also be impacted.

A public suicide, or a suicide in a public place is defined as the death of an individual at a known community location or public site, due to suicide. Confirmation of a suicide requires a coronial investigation to ascertain the cause of death. Such investigations take extended periods of time and support for those impacted by 'suspected suicides' (as they may be termed) should be provided as soon as possible. **All people, bereaved or impacted by the death of someone in a public place, either confirmed as suicide or undergoing investigation, should have access to postvention support.**

Sometimes suicides in public places continue to occur at a very specific location. This is known as a suicide 'hotspot.' The definition of a suicide hotspot is a specific, often public site, that is frequently used as a location for suicide[1]. The difference between a suicide hotspot and a suicide in a public place, is that suicide hotspots often gain reputations due to media attention and word-of-mouth as locations where people take their life. This notoriety can lead to imitative acts. It is important to note that not all suicides in public locations will result in the development of a suicide hotspot. For more information on suicide hotspots, please email hotspotinbox@lifeline.org.au

See *Useful Information for those Impacted.*

Risk Factors

- Prior suicide attempts
- Alcohol or other drug abuse
- Access to lethal means
- Relationship/s breakdown
- Social or geographical isolation
- Bereavement (including suicide bereavement)
- Financial distress

Warning Signs

- Hopelessness
- Feeling trapped
- Drug use (or increasing use of drugs)
- Withdrawing from family, friends and society
- Uncharacteristic or impaired judgement or behaviour

Crisis Point

- Suicide of a colleague, relative or friend
- Home related issues
- Experiencing abuse or bullying behaviours

Imminent Risk

- Expressed intent to die
- Has plan/s in mind
- Has access to means or method
- Impulsive, aggressive or anti-social behaviour

Community postvention

Postvention refers to the activities and support provided to those bereaved or impacted after a suicide death.

Community leaders, workplaces and site owners can be part of postvention support and help connect those impacted with additional supports and resources.

Evidence suggests that those impacted by suicide can be at greater risk of suicide. Evidence also tells us that timely and effective support has positive benefits including reduced risk of suicide, fewer mental health concerns and greater social connectedness[6]. Postvention support is a critical element in preventing further suicide deaths and helps to keep both individuals and whole communities safe.

Decision making flowchart

The following flow chart is recommended as a 'guide' for people in leadership/decision making roles responding to an onsite or local incident of suicide in a public place. *This does not replace internal workplace legislative protocols, but is to sit as a supplementary, supporting resource to help facilitate response actions.*

Postvention response following a suicide incident in a public place:

In the event of an incident, all people respond differently to exposure of traumatic situations. Some people may experience shock and as a result, may have reduced capacity to respond quickly or to initiate a response process. **Regardless of leadership level or authority to manage people, it is acknowledged this leadership role may not be possible during the immediate or crisis response phase.**

This shock response is normal, and strategies to manage and overcome this should be considered with empathy and understanding for an individual's needs. **Strategies such as delegation of tasks and acting duties may be useful in protecting impacted individuals in the first instance, and help protect others from exposure and potential further harm.**

Put simply, if an individual in a leadership role is impacted by a suicide death, it may not be appropriate for them to lead this response and delegation of this lead response role is strongly recommended.
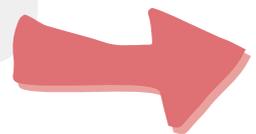
EMERGENCY RESPONSE:
Actions taken after a suicide death or near fatal attempt at a public place

Advised of or witnessed incident within a public place

Delegation of the next steps may be required, if urgent assistance to bystanders is necessary.

1.

Call 000

Request Police and Ambulance (delegate if required).

Use of delegation strategies to help assign duties to specific individuals may be required. Use names if known or some identifying clothing to ensure the task has ownership, if you are unable to perform the task yourself

Eg: *'Sam, I need you to call Triple Zero immediately'* OR *'You with the yellow t-shirt – Call Triple Zero'*

2.

Activate internal emergency response plan (if applicable)

3.

Assure appropriate safety and security measures are in place to secure the area to prevent further injury and/or witness to the scene

Actions such as:

- Blocking off public access
- Moving people (including staff) away from the immediate area
- Closing off street access (if safe to do so) or redirecting traffic

4.

Provide known details to Police

Providing accurate details is an important factor to assist Police perform their duties.

Noting down even small details might be helpful, such as; time of day/night, people who were in the immediate area, any actions taken by witnesses or bystanders etc.

5.

Start the IMMEDIATE POSTVENTION RESPONSE

And delegate 'next steps' to managers to communicate with any staff, service users/ community members likely to be immediately impacted.

External link for more information on *'What to expect when making a Triple Zero (000) call'*, visit: www.triplezero.gov.au

IMMEDIATE POSTVENTION RESPONSE
Critical Response Actions and Delegations

Actions:

- Decision regarding part or full site closure
  - 24hrs/48Hrs or based on advice of authorities

- Identify an **'Internal Communication Coordinator'** to help cascade or escalate important information internal to the site
  - Communicate who this person is and how they can support
  - Inform broader site staff of changes
  - Provide information/support where required
  - Prepare fact sheets for internal dissemination. *See Communicating about suicide and Consider Language Used to help guide this messaging*

- Identify an **'Authority Liaison'** as the main contact with Police or First Responders in the initial stages to ensure any requests are adhered to and to provide a single point of contact. Advise all necessary people of this

- Identify an **'External Communication Coordinator'** to help field and triage community questions or media requests
  - Develop a standard response for community questions and provide help-seeking information for postvention support
  - Develop a standard media and social media response *see Dealing with the Media*

NOTE: Persons Identified as site communication coordinators and liaisons may need to have support around managing their tasks and their own grief. It might be advisable, where possible, to have additional people identified as back up support. This team will form the 'Critical Incident Team' and should be supported for review at any time staff require some down-time or reprieve from their support duties.

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FIRST 24-48 HOURS
Wrap-around postvention response

Actions:

- Documentation of events and any other mandatory administration in line with site procedures
- Review *Memorial and Respecting Community Mourning* section to help prepare for appropriate decision making to support public/community grief
- Communicate clear pathways for support to all people (internally and externally)

  This may look like:

  - Visual posters of help-seeking information placed in public spaces
  - Verbally highlighting different forms of help-seeking support available
  - Provision of a quiet/recovery room/spaces
  - Information handouts highlighting normal trauma and grief responses and when it is advisable to seek help

NOTE: This period of time is to help identify and direct all people who are impacted to appropriate forms of support, to process their grief and trauma and help minimise risk of re-traumatisation of themselves and others.

See *Printable Helpseeking Information* to support help-seeking pathways. Note: that page can be used a print ready resource or handout.

Delegations:

Notes:

1-2 WEEKS
Continued Postvention Support

Actions:

- Continue monitoring staff wellbeing and refer to support services where appropriate
- Publicly promote and support help-seeking. Refer those impacted to StandBy (if required)
- Provide information regarding practical strategies for support. See *Useful Information for those Impacted Eg: What do I say, What do I do?*
- Implement strategies, where appropriate, to help manage or discourage permanent memorialisation sites. See *Memorials and Respecting Community Mourning*
- **Critical incident team review:**

  - Debrief; what is working well, what needs additional actions or support
  - Self-care see *Grief & Self-care*

Delegations:

Notes:

2 WKS-6 MTHS
Continuing Postvention Support

Actions:

- Continue promoting the availability of help-seeking supports. Have one or two main posters that remain as central signposts but consider changing positions of additional signage to help sustain visibility

  Ideas for signage locations:

  - Main access point for the public site
  - Main foyer/entry to buildings
  - Restrooms/kitchenettes
  - Other exits and entry points
  - Social media
  - Newsletters
  - Self-serve access to printed handouts

  See supplementary information

- Seek further support from/provide insight to local council and authorities to review public safety of site

- Continue internal communication. Provide debriefing and follow-ups as needed

NOTE: The main goal of this time is to normalise help-seeking behaviours and enable easy access to support for those who are bereaved or impacted by suicide.

NOTE: Peer Support Groups may be helpful to those who wish to engage in support from people who have Lived Experience of the impact of suicide or suicide bereavement. Speak to your local StandBy Support Coordinator for more information.

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LONGER TERM FOLLOW-UPS
Ongoing supports available

Actions:

- Review organisational practices, critical incident process feedback and observations

- Some individuals or community action groups may express interest in Suicide Prevention activities, such as Suicide First Aid intervention or 'Gatekeeper' training. StandBy recommends those who are bereaved or impacted by suicide wait *a minimum of 3 to 6 months after a suicide death, before participating in such training.*

For more information on suicide intervention training for community members who are not directly impacted by a public suicide, see *suicide first aid below,* or visit: www.livingworks.com.au or contact your local Primary Health Network

NOTE: This phase is to help transition the community from a postvention stage, back into a prevention mindset and build individual strength and community resilience.

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What is Suicide First Aid?*
(Intervention Training)

Intervention training is a suicide prevention strategy that can be learned by everyone.

Suicide First Aid is used when we identify someone may be thinking about taking their own life, and we want to keep them safe. The approach is similar to traditional first aid used in response to an accident or injury.

Suicide First Aid trained caregivers, also known as 'gatekeepers', are people in our community who may come into contact with people who are experiencing suicidal thinking or behaviour. This could include people who work in our community, such as sports coaches, teachers, youth workers, work colleagues, first responders, clergy, pharmacists, aged care workers, and many others.

As part of Suicide First Aid training, members of the community learn how to identify behavioural changes or other signs of elevated suicide risk, and learn the skills to connect the person to safety.

You don't need to be a clinician

Saving someone's life can begin with having a conversation; you don't need to be a trained medical or mental health clinician.

Approximately 40 per cent of people who die by suicide have not had contact with health services in the past 12 months.

Suicide First Aid training is designed for community members without a medical background and is used to develop knowledge, attitudes, and build skills to identify:

- People at risk
- Determine the level of risk
- Make contact and link with other support services

Information kindly provided by LivingWorks Australia

Suicide First Aid training during the postvention phase

Community members who are not directly bereaved or impacted after a suicide death, are best placed to participate in intervention training during the postvention phase. Participating in such training may be difficult for those who are still grieving or processing the incident. More information can be found at www.lifeinmind.com.au/gatekeeper-courses

Ideas for community members <u>who are not directly impacted or bereaved</u> by suicide may be:

- Local GPs
- Pharmacists
- Community support workers
- Allied health practitioners
- Teachers/other caregivers
- Sports coaches/club members

- Local Members of Parliament
- Local council members
- Parents, family and friends of those who are impacted (but are not impacted themselves)
- Colleagues and managers of those who are impacted (but are not impacted themselves)

Communicating about suicide

When communicating about suicide, it's important to remember that suicide is a complex issue and is often not preceded by a single event or condition. The following information may be helpful for managers and site owners when communicating about a suicide in a public place.

Points to consider:

- With all communication, consider 'who needs to know?' for all internal and external communications and always consider using safe language. See *Preferred Language Guide*

- Ensure that any individuals who may have a connection to a death are advised separately. All other conversations advising of the incident should be conducted in smaller groups to allow for responses to be monitored and provide space to have any questions answered

- Informing people of a death early, will help in managing rumours or misinformation and assist in identifying people who may have been affected and need support

- Sometimes there may be uncertainty about whether the death was a suicide. Speculation around the events leading up to the death are not helpful and may add an element of distress. Remind people that *'suicide is a complex issue, and it is very difficult to relate a single event as to the cause of death by suicide.'* See *Suicide impacts everyone* on page 4 for information that may be helpful to communicate with people needing more information

- Encourage those who may have information about the incident, to discuss this directly with Police as this could be helpful to authorities (engage **Authority Liaison**)

- If people are impacted, provide space for the individual (such as a quiet room) and discuss support options with them (supporting to arrange access with Employee Assistance Program or other supports). If this individual is at imminent risk of suicide by displaying suicidal behaviour **CALL TRIPLE ZERO (000). Do not leave them unattended**

- Prepare a script for external communications. This may be useful for the General Manager, CEO and Receptionist to assist with responding to internal or external enquires, and especially, the media. Where possible, triage all contacts through to the **External Communication Coordinator**

Consider the language used

Certain language may be problematic when discussing suicide. Inaccurate language can alienate members of the community or inadvertently present suicide as glamorous or as an option for dealing with problems. Language can also perpetuate negative stereotypes[7].

Accurate, information about a suicide is important to help debunk common myths and help redirect conversation to helpseeking methods. When communicating with people about suicide, be mindful of:

- Using safe, inclusive language
- Presenting confirmed information (be factual without being explicit)
- Removing method and location details
- Including help-seeking pathways

Example of this in action: Speaking with internal staff**

'I have been advised that today, a community member took their own life in a public place. There were witnesses to this death and I ask you all to respect their privacy, and that of the deceased. At this point, it is unclear if the person is known to the organisation, but their death has understandably impacted our site. I encourage everyone to take a moment to acknowledge that this may a difficult time for many people, yourself included. If anyone has any information that may be useful to authorities, please see [INSERT NAME OF AUTHORITY LIAISON] *and I would also like to remind you that there are many avenues for support if you are feeling impacted by today's tragic incident.'* [DIRECT ATTENTION TO HELP-SEEKING AND FINISH ON THIS MESSAGING]

**This is an example only, to demonstrate safe use of language. This may be used as a guide but consideration for each unique situation must be given. Seek further guidance from www.mindframe.org.au

Preferred language guide: Mindframe guidelines

Issue	Problematic	Preferred
Presenting suicide as a desired outcome	✗ 'successful suicide', 'unsuccessful suicide'	✓ 'died by suicide', 'took their own life'
Associating suicide with crime or sin	✗ 'committed suicide', 'commit suicide'	✓ 'took their own life', 'suicide death'
Sensationalising suicide	✗ 'suicide epidemic'	✓ 'increasing rates', 'higher rates'
Language glamourising a suicide attempt	✗ 'failed suicide', 'suicide bid'	✓ 'suicide attempt', 'non-fatal attempt'
Gratuitous use of the term 'suicide'	✗ 'political suicide', 'suicide mission'	✓ refrain from using the term suicide out of context

Dealing with media

When someone dies by suicide in a public place, media may report on the events and you may be contacted for comment.

As per the Mindframe guidelines, it is important that the exact means and location of a suicide *is not provided to the media* for publication. This is particularly important for public suicides, as community knowledge of these locations can result in further incidents. Be very mindful of your communication with the media; *if information is willingly provided to the media with explicit information, they can publish it with your name or organisation attached.* Instead, providing a safe and considerate comment has a higher chance of redirecting vulnerable people to access help and support.

As with all conversations around suicide, accurate but safe provision of information about suicide is important to help debunk common myths about suicide and help redirect conversation to help-seeking methods. If communicating with media about suicide, continue to be mindful of

- Using safe, inclusive language
- Presenting factional, but save information
- Removing method and location details
- Including help-seeking pathways[7]

Example of this in action: Responding to request for media comment**

"We are deeply saddened by the news today and are working with local authorities to ensure public safety. We ask locals and visitors to be respectful of the investigation area and understandably, if anyone is impacted by this tragic incident to reach out for their own support."

**This is an example only, to demonstrate safe use of language. This may be used as a guide but consideration for each unique situation must be given. Seek further guidance from www.mindframe.org.au

Memorials and respecting community mourning

It is important to balance the wishes of the family (and others bereaved or impacted) with any potential risk to the broader public. It is not uncommon for memorials to appear at the site of a public suicide as family, friends and those close to the deceased begin their grieving process and wish to pay their respects.

Public grieving is a normal mourning process, but due to the inherent risk to the broader public, **StandBy does not recommend memorials at the location of a public suicide.**

There is evidence to suggest that memorials which are placed at the site of the suicide loss, can increase the risk of further suicide attempts or deaths. This risk is heightened when memorials are positioned in a location at a height (eg, bridges etc). If the deceased was a young person or well known to the community (such as a celebrity) the risk again increases due to the probability of community conversation[8-12].

Aim to manage potential risks to community and support the needs of those impacted by supporting safe alternatives to memorials at the site of a suicide. See *below section; Ideas for Alternate Location and other memorial ideas* for further guidance and *Appendix B* further reading around managing spontaneous memorials.

Tips to help manage community mourning and public safety

- If a spontaneous/temporary memorial appears, considering the risk and impact to others, work with the family to help decide a timeline when the memorial will end and how they would like support in moving gifts and mementos placed at the site by other mourners. Speak with your **StandBy** Coordinator for further guidance, also see *Appendix B* for further reading

- A memorial (permanent or temporary) may impact on investigations. If this occurs Police may need support to find a more appropriate location
- Provide help-seeking information/signage at the temporary memorial site to encourage help-seeking behaviour – see *Printable Help-seeking Information* below

Requests for permanent memorials

Some communities may wish to erect a permanent memorial at the site of the public suicide. Due to the need to manage the safety of the community, **StandBy** recommends that the bereaved:

- Are encouraged to engage local council to understand regulations on memorials as there may be restrictions on the creation of public memorials without written permission
- Seek guidance from **StandBy** regarding the individual situation for guidance around balancing the wishes of the community and managing any potential risks

Ideas for alternate locations and other memorial ideas

Installation of memorials that are not at the location of the public suicide or explicitly detail the suicide death, may assist grieving without increasing risk to the broader community. Permission or permits will need to be granted by landowners or councils before activities can begin. Suggestions include:

- Adopt a road via local council and schedule regular clean up programs
- Sponsor an animal (or group of animals) via a local wildlife centre
- Install a sitting area that encourages community conversation (without signage)
- Make a donation to a preferred charity
- Seek approval to build and maintain a community garden to encourage community togetherness
- Workshop an idea with loved ones on how to best honour an individual based on their interests

Useful information for those impacted (site staff and witnesses)

Site staff and witnesses (direct and indirect) may be impacted by the trauma associated with the suicide and benefit from support.

Direct witnesses include:
- Being present at/eyewitness to the suicide
- Trying to resuscitate the deceased or locating the body

Indirect witnesses include:
- Being in the near proximity to where the suicide occurred thereby being aware of what has happened
- Having searched for a missing person in the lead up to their suicide
- Graphic and/or repetitive exposure to media coverage, especially sensationalised reporting

Understanding who may be impacted by a suicide death can help site managers direct support to those individuals, as a priority. Additionally, understanding the potential impacts can help identify others who may need support. Sometimes assistance is needed to help make sense of the emotional and physical experiences in relation to the suicide death. For further information on identifying who may be impacted, See *Appendix A* for information on Circles of Vulnerability Model.

Witnessing a suicide

Anyone who is exposed (directly or indirectly) to a suicide may experience stress and trauma reactions.

Although you may or may not have known the person who died, all people can experience trauma and stress reactions. **Stress and trauma responses are normal reactions to a distressing event.**

Everyone's experience of traumatic events will be different. How people are affected, cope and recover varies greatly.

When someone dies by suicide, your fight, flight or freeze response may be activated. Your safety, the safety of family, friends and others, and the safety of the person who died has been threatened.

Some people feel a sense of helplessness, isolation or a loss of power and control. Common reactions can include nightmares and difficulty sleeping, heightened fear or worry, irritability, feeling detached and feeling slower than normal.

Experiencing some or all or none of these reactions is normal. There is no set timeline for how long they will last but usually, these reactions decrease over time.

Fight, Flight and Freeze responses are your body's normal reactions, activated when something poses a real or imagined threat to your safety. This automatic response is your brain's way of helping you react to a stressful situation.

Fight: Confront the threat

Physical: Hands fisted, tight jaw, anger, urge to stomp/kick/smash things, grinding teeth, wakefulness, nausea and crying.

Feeling: You may experience strong reactions to small irritations; an unusual desire to be physical or a strong feeling you need to be alert or 'on'.

Flight: Outrun or escape the threat

Physical: Restless legs, shallow breathing, fidgety, wide/darting eyes, 'jumpy' or easily startled by loud noises and/or sudden movements, agitated if contained.

Feeling: You may experience a strong a sense of having to remain alert, needing to vacate a room or place, or have little to no desire to eat.

Freeze: Decide you cannot confront or outrun the threat.

Physical: Holding your breath, feeling cold or having pale skin, pounding heart, stiffness/lack of normal movement, shutting down physically.

Feeling: You may experience a strong desire to be alone or afraid of being alone, feelings of dread, feeling 'stuck' or feeling 'numb'.

Support Idea!

Witnessing a Suicide might be a useful handout to provide to those impacted. Resources are available to download and print at **www.standbysupport.com.au/resources/**

Processing the experience:

- **Re-establish** a sense of safety. Remind yourself that your experiences are normal responses to a stressful situation. Reassure yourself that the traumatic event has passed, that you are safe now

- **Processing your thoughts.** Experiencing flashbacks or seeing mental imagery of the event is not uncommon. It is important to remember that these thoughts are temporary and will reduce overtime; it is your brain's way of processing the stressful event

- **Take time.** Recovery takes time. Recognise that you need time and space to make sense of what happened

- **Connect with others.** Spend time with people who care about you. It can be comforting to know you are not alone. Lived Experience Support Groups may exist in your local area, contact **StandBy** for more information

- **Allow yourself to feel a range of emotions.** It is okay to feel the full range of your emotions; from anger, rage, guilt, sadness and feeling alone. It is also okay to laugh, feel joy and feel gratefulness

- **Self-care.** Try to maintain regular eating and sleeping patterns. Take time to do activities that you enjoy

- **If negative experiences increase or persist, it may be helpful to speak with your health professional. Example, your doctor or a psychologist**

Support Idea!

Information on this page might be a useful to provide as handouts to those impacted.

Resources are available to download and print at **www.standbysupport.com.au/resources/**

Grief & Self-care
Ideas for self-care

1. **Supportive relationships** – Don't do this alone. It is important to connect with others (friends, family or colleagues) who care about you. Allow them to care for you when you need it

2. **Sharing with others** – Find someone you feel comfortable to talk to

3. **Be true to yourself** – Don't dismiss your place of strength, be it a set of beliefs, a religion, faith or traditional/alternative healing techniques – Your place of strength is as individual as your grieving process. There is no right answer only you know what works for you

4. **Get moving** – Any physical activity is worth it. Exercise can lift you when you're feeling low. Getting outside in the sunshine is also beneficial

5. **Be patient** – Understand the healing process takes time

6. **Take care of your physical health** – Grief can be hard on your body. Looking after yourself includes – eating regular healthy meals, getting plenty of sleep and regular exercise and avoiding overuse of alcohol, tobacco, caffeine and other drugs. A check-up with your GP may assist you with this

7. **Practise self care** – Be kind to yourself. Do things that bring you enjoyment and comfort, such as listening to relaxing music, massage, a warm bath or meditation

8. **Go outside** – Spend some time outdoors. Fresh air and sunlight can assist your overall health and wellbeing

9. **Reach out** – You may be able to work through your grief with the help of family and friends, or you may need extra support. Don't be afraid to ask

Lived Experience Support Groups may exist in your area. Contact **StandBy** for more information.

What do I say, What do I do?
Ideas for support

1. **Listen** – I may have intense emotions that could include anger, sadness, fear and guilt. Be prepared for any or all reactions. You cannot take these away, but being there, listening and showing you care can be comforting

2. **Share memories** – Don't be afraid to talk about the person who died and what they meant to you. It is important for me

3. **Understand** – The healing process takes time. It can take months or years to find a liveable place for my loss. Remembering birthdays and special days can be particularly difficult

4. **Be ok with silence** – Do not feel compelled to talk because you may feel uncomfortable. Don't try and fix me, for now just sit with me

5. **Remember** – I may need assistance with accessing information, medical/psychological support or meeting other responsibilities. It may be useful for you to be my driver, make essential phone calls, or assist me in meeting my children's needs

6. **Practical support** – Offer practical support such as making a meal, doing the shopping, gardening or washing

7. **Nurture relationships** – Keep in touch regularly. There may be times when your offers are refused, but keep trying. If you don't know what to say, be honest and say "I don't know what to say but I am here for you". A note or text in between other contact with words such as "Thinking of you" and "I miss them too" lets me know I am not alone

8. **Language** – The language you use should not judge the way my loved one died

9. **Be kind to yourself** – As you may also be impacted by the loss and have your own grief to work through

Help-seeking information
National support line

STANDBY®
SUPPORT AFTER SUICIDE

Support After Suicide - 24/7
1300 727 247

Phone and face-to-face support for anyone bereaved or impacted by suicide.

Including: individuals, families, friends, witnesses, first responders, schools, workplaces and community groups.

www.standbysupport.com.au

Other Support Services

Adult

Lifeline: 13 11 14
www.lifeline.org.au

beyondblue: 1300 224 636
www.beyondblue.org.au

MensLine Australia: 1300 789 978
www.mensline.org.au

Youth

Kids Helpline: 1800 55 1800
www.kidshelpline.com.au

eHeadspace: 1800 55 1800
www.headspace.org.au

Other resources

Aboriginal and Torres Strait Islander
healthinfonet.ecu.edu.au

Lesbian, gay, bisexual, trans and/or intersex
1800 184 527 qlife.org.au

Culturally and linguistically diverse
embracementalhealth.org.au

Acknowledgement and thanks

StandBy Support After Suicide in conjunction with **Lifeline Australia** would like to thank those individuals, communities, local governments, state emergency services, and suicide prevention organisations who have provided their time, feedback and knowledge in the development of this community support resource.

We also take the time to acknowledge the valued input from the voice of lived experience. We recognise and pay respect to those with lived experience of suicide and suicide bereavement, and we honour their wisdom, bravery and insight. We also acknowledge and remember the lives that have ended due to suicide.

It is with these collective efforts that we hope this document will be adopted by all levels of government, landmark site owners, national parks, local health districts, state and private owned public transport, public and private businesses (large and small) to help build a comprehensive support network which aims to minimise and prevent further harm during postvention activities.

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Appendix A
Circles of Vulnerability Model

Below is an excerpt taken form the *Postvention Guidelines for the Management of Suicide Cluster* by the Clinical Advisory Services Aotearoa, to help provide more information regarding vulnerability to help promptly identify those who may be impacted and therefore need priority postvention support. For further information, see *www.casa.org.nz*

Palmer, S., Inder, M., Shave, R., Bushnell, J. 2018. Postvention guidelines for the management of suicide clusters. Clinical Advisory Services Aotearoa

*Available **here***

Who is most vulnerable

Zenere (Zenere, 2009) introduced the Circles of Vulnerability model to identify those who may be potentially more vulnerable to suicide contagion than others. This model (illustrated in Figure 1 below) states that individuals who are greatest risk of contagion are those who have:

- **Geographical Proximity to a suicide** (those who witness the suicide or who are exposed to the immediate aftermath directly by virtue of being a first responder or family or a neighbour or via the media), and

- **Psychosocial Proximity** (a high level of identification with the deceased be it due to familial connectedness or friendship or being a class mate or from the same social group or otherwise identifying with the deceased or their circumstances (eg bullying or other life stressors and problems), and

- **Population at Risk.** Pre-existing vulnerabilities due to being part of an at-risk population (eg, mental illness, substance misuse, prior suicidal behaviour especially previous suicide attempts, a history of trauma or family conflict)

Figure 1: Circles of Vulnerability Model

Geographical proximity

Psychosocial proximity
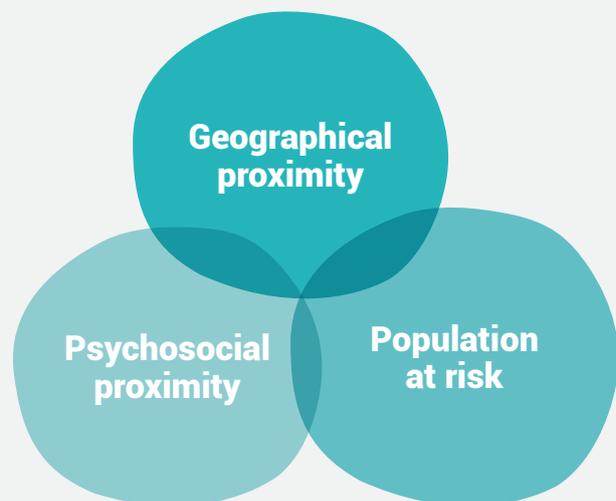
Population at risk

(Zenere, 2009, p.14)

Those most at risk are those who:
- Witnessed the suicide or the aftermath (Geographical)
- Had a psychological or social connection to the deceased (Psychosocial)
- Have pre-exisiting vulnerabilities (Population at risk)
- Helped the suicide occur or believe that they could or should have done something to prevent it

Other factors contributing to increased vulnerability are those who:
- Believe that they failed to identify signs of suicidal intent
- Are feeling any sense of responsibility for the death
- Have a sense of hopelessness/helplessness
- Have experienced recent (or have upcoming) significant losses or stressors
- Have limited social support

Some populations and settings, such as schools (Brent et al., 1989) psychiatric units or hospitals (McKenzie et al., 2005) prisons (McKenzie & Keane, 2007) and communities with a history of suicide cluster(s) (Larkin & Beautrais, 2012) appear to be more vulnerable to suicide clusters occurring. However, clusters can also occur within the general population, indigenous populations (Hanssens & Hanssens, 2007) and in work settings (Niedzwiedz et al, 2014).

Adolescents have indentified as a particularly vulnerable group (O'Carroll et al, 1988. Gould et al 1990, Robinson, Pirkis & O'Connor, 2016). However, Larkin & Beautrais (2012) have suggested that the increased media attention on clusters that involve young people may reinforce the perception that clusters occur predominantly in this age group. Findings from Larkin & Beautrais (2012) indicated the median age of the cluster suicide deaths was 34 years, which is contrary to the suggestion of suicide clusters involving predominantly youth (under 25). Clusters involving older age groups have been located in institutional settings such as hospitals and prisons (Niedzwiedz et al, 2014).

For further information, see *www.casa.org.nz*

Appendix B
Other reference material and further reading

Calling Triple Zero

Managing Spontaneous Memorials Guidelines (General – non suicide specific)
- **South Australia**
- **New South Wales**

Managing Memorials Guidelines (General – non suicide specific)
- **Tasmania**
- **Australian Red Cross Psychosocial guidelines for temporary memorial management**
- **headspace**

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For more information about **StandBy**
and the services provided by our local regions, visit
www.standbysupport.com.au

Contact:
E: national@standbysupport.com.au
M: 0429 147 491

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