

Folk

Roses in the Ocean  
stemming the tide of suicide

Collaboratively prepared by Folk and  
Roses in the Ocean

# Lived Experience of Suicide Service Guidelines: **Postvention**



## ■ Postvention Service Guidelines

### GUIDANCE FROM PEOPLE WITH LIVED EXPERIENCE OF SUICIDE

These guidelines have been designed by 60 people across Australia who have lived experience of suicide bereavement, through 7 face-to-face and online sessions, and a further 66 participating through surveys.

- Consultations were also held with a range of community organisations and services that represent and work with priority groups for suicide prevention.
- All of the content of the guidelines has been derived from participants in the co-design sessions or consultations with community organisations and services.
- They are intended to be used by services, communities and governments in the design, commissioning, delivery, monitoring and evaluation of postvention services.

- We are **enormously grateful** to all the people with lived experience of suicide throughout Australia who contributed to this project.



## Support

### SUPPORT SHOULD BE INDIVIDUALLY RESPONSIVE AND HOLISTIC

Postvention services should provide individually responsive and holistic support. This means the support is decided with the person and is customised for their specific circumstances, taking account of the whole range of needs a person may have. Postvention services should be conscious of an overly limiting focus on the immediate biological family of the person who has died. LGBTIQ+ communities, veterans and other populations will require a different approach that acknowledges differing community structures and experiences of tribal grief.

Postvention services should be delivered with compassion and a focus on building human connection with the person being supported. It is important that service staff are able to provide a sense of sufficient time and space for the person being supported. People being supported should have the capacity to change their support worker without any issues or negative consequences.

### PROACTIVE AND RAPID LINKS TO POSTVENTION ARE CRITICAL

People bereaved or impacted by suicide should be proactively and rapidly linked in to postvention services. This responsibility lies with first responders, particularly police, but also other early points of contact, such as coroner's courts and funeral directors. Nonetheless, postvention services are required to develop strong local and regional links with these points of referral. Co-responder approaches where police facilitate the first contact between people bereaved by suicide and postvention services are especially encouraged. Postvention services can play an important role in increasing the sensitivity and compassion of police and ambulance responses to suicides.

### PEER WORKERS HAVE A PRIMARY ROLE

The person being supported should have their first contact with a peer worker who has lived experience of suicide bereavement. This is so the person's first interaction with the service is with a worker who relates to the person's complex feelings such as loss, guilt and shame following the suicide of a loved one. Peer workers provide empathy and a sense of hope for people in grief and despair. The peer worker should remain the key point of contact for that person. Postvention services can link people to other forms of peer support through groups, phone lines or other strategies as standard practice. It is crucial for the sustainability and retention of peer workers that services value and understand their roles and that their managers, who may themselves have lived experience of suicide, undergo specific training to provide the most effective managerial support. Peer workers also require access to external lived experience supervision, professional development and networking opportunities with other peer workers.

## SUPPORT HAS NO END WITH OPTION TO STEP BACK IN

As suicide bereavement is lifelong, there should be no specific endpoint at which support ceases. People should be asked their preference for follow up into the future, such as on anniversaries of the loved one's death or their birthdays, and the best form for this follow up to take (for example, through posted or emailed cards). It is important that people have the ability to step back into postvention support at any time, as anniversaries, even many years later, significant life events, or unexpected reminders of the person can be especially difficult times.

## BEREAVEMENT PEER SUPPORT IS CRUCIAL

One of the most helpful approaches for people with lived experience of suicide bereavement is the opportunity to be with others who have experienced the loss of a loved one from suicide. Of particular benefit is the capacity to connect with people who have a similar relationship to the deceased loved one – for example, a mother who has lost a child to suicide being linked with other mothers with the same experience. Postvention services should make these options available to the people they support, by either providing these approaches themselves or by contributing to their development in the local community. This may be through facilitated groups or workshops, or through 'peer matching' from a register of trained volunteers, for example.

## ACCESS TO SPECIALIST COUNSELLING IS AVAILABLE WHEN NEEDED

Suicide bereavement is a unique human experience of grief, not a mental illness. However, especially over time, access to specialist suicide bereavement counselling may be required. It is vital that this be provided by counsellors with demonstrated clinical experience specific to suicide bereavement. Contact with inexperienced counsellors, or counsellors who have not developed extensive specialised skills in supporting people bereaved by suicide, has the potential to cause harm.

## POSTVENTION HAS A ROLE IN CHANGING SOCIAL ATTITUDES

Postvention services have responsibilities not only to support people bereaved or impacted by suicide, but also to influence the stigmatising social attitudes that maintain the isolation and shame of loss from suicide. Postvention services should contribute to improving community attitudes to suicide bereavement through raising community awareness and participating in local suicide prevention networks, community outreach and media opportunities.

## FIRST RESPONDERS REQUIRE DEDICATED SUPPORT

People who have been impacted by a suicide, particularly first responders such as police and paramedics, have unique postvention needs. Postvention services should provide specific responses to first responders, including peer-based approaches.

## SCHOOLS, WORKPLACES AND COMMUNITIES ARE A FOCUS

Postvention services need to have a focus on schools, workplaces and other settings, such as sports teams, where groups of people will be impacted by a suicide but may not be immediately related to the bereaved family. Small, rural communities can be particularly impacted in this way. This is also important for the community support and reintegration of bereaved friends and family following the suicide of a loved one.

Schools can be sites of continuing suicide risk for young people. Workplaces can be difficult for bereaved people as they return to work due to colleagues being unsure of how to respond sensitively or know what they should say or do, if anything. Schools and workplaces should be proactively educated about, and offered, postvention by services rather than waiting for them to approach the service. They may not be aware that postvention support is available or understand its benefits.

## PROVISION FOR 24-HOUR SUPPORT IS REQUIRED

Grief and distress arising from loss by suicide can occur outside of business hours and can be at their most acute overnight. It is vital that postvention services provide a form of support that can be available outside of hours and on weekends, even if this is limited until more comprehensive support can be provided. This can be through online chat or phone support, for example. Support outside of hours may be provided by the same service providing support during business hours or by an appropriate partner service.



# ■ Oversight



## LOCAL SUICIDE POSTVENTION PROTOCOLS ARE VITAL

Local suicide postvention protocols are collaborative arrangements between services, government agencies and community organisations that are activated when a suicide or increased likelihood of suicide occurs. They have had important successes in responding to suicides quickly and intervening in the risk of further suicides, especially among young people. Postvention services have key responsibilities in establishing and maintaining postvention protocols in the communities they serve. It is critical that postvention protocols be well supported by real-time suicide data and coordination from state suicide registers and police reporting of suspected suicides to the coronial system.

## COMMISSIONING NEEDS TO INVOLVE LIVED EXPERIENCE

Commissioning of postvention services should have specific roles for people with lived experience of suicide bereavement. This includes a place on assessment panels or in assessment processes for postvention service proposals. Appropriate preparation and pre-briefing provided to people with lived experience involved in commissioning activities will ensure they understand the process and are fully aware of what is required of them.

## CONSORTIUM APPROACHES ARE STRONGLY ENCOURAGED

Local consortia, with a national organisation providing oversight for consistency and quality, are especially preferred as the service providers of postvention. Consortia arrangements that require local service providers to collaborate and combine their expertise can reduce needless competition between organisations and fragmentation of services. Consortia should include organisations with demonstrated capability in delivering peer-based or lived experience-informed programs. The involvement of religious organisations, who do not have longstanding and deep connections to the LGBTIQ+ community, is not preferred as this can create concern about a lack of culturally appropriate service delivery. Many people from the LGBTIQ+ community will simply not access a service if it is delivered by a religious organisation.

## LOCAL CO-DESIGN OF POSTVENTION IS ESSENTIAL

Postvention services should undergo local co-design processes that include people with lived experience of suicide bereavement or impact from suicide. Co-design can ensure that the local characteristics of the community and the needs of local people are properly taken into account in the delivery of the service. It is necessary for sufficient resources and time to be made available for co-design to be undertaken with authenticity and integrity. Meaningful and genuine co-design involves people with lived experience at the beginning of service design.

## GOVERNANCE SHOULD INCLUDE LIVED EXPERIENCE

It is critical that postvention services have people with lived experience of suicide bereavement integrated into local governance structures. There should be more than one person with lived experience included in governance structures (such as steering committees or advisory groups) to avoid isolation and provide collegial support. Due pre-briefing and transparency of governance processes will ensure people with lived experience can meaningfully participate in decision making. The boards of organisations that deliver postvention services should include representative positions for people with lived experience of suicide.

People with lived experience of suicide can encounter power imbalances in governance structures. This can be remedied by proactively educating other participants in governance structures on the value that people with lived experience of suicide bring to governance, and the policy-based rationale for their participation.

## EVALUATION IS IMPROVED BY LIVED EXPERIENCE INVOLVEMENT

Suicide postvention research is always strengthened by incorporating insights from lived experience and there are innovative roles for people with lived experience in evaluation of postvention services. These roles can include peer researchers and analysts and advisors considering data and formulating recommendations. Evaluation of postvention services should be transparent and results made public and easily accessible.



## ■ Access

### GREATER PROMOTION OF SERVICES IS URGENTLY NEEDED

It is critical that people become aware of what postvention is, that it is available and how it can be accessed, ideally before they, or someone close to them, lose a person they love to suicide. Much wider advertising of postvention services will educate communities about the meaning and benefits of postvention and reduce the stigma of accessing suicide bereavement services.

### SERVICE STAFF SHOULD REFLECT LOCAL COMMUNITIES

The staff who work at postvention services need to reflect the cultural and linguistic features of their local communities. This is necessary for services to be culturally safe, accessible and relevant to the people who need them. Services with staff that are broadly representative of their local communities are more likely to be approached, and more likely to effectively link people with other services they may require. This should be a key consideration in recruitment processes. A gender mix in staffing is also important.

### DIVERSE COMMUNITIES NEED CULTURALLY CAPABLE SERVICES COMMUNITIES

There are a range of groups that services should anticipate they will support, and services need to be ready for these communities. Staff should understand that family and support structures will be distinctive and more collectively based in particular communities, including Aboriginal and Torres Strait Islander communities, Culturally and Linguistically Diverse communities, and LGBTIQ+ communities. Signals of safety, such as the Aboriginal and Torres Strait Islander flags or the pride flags for LGBTIQ+ communities, should be matched with staff training and a thorough understanding within the service of the needs of those communities. This is especially important for groups with very high suicide rates, such as trans and gender diverse people who require affirming service delivery and are easily excluded by the use of inappropriate language about sex and gender when collecting information.

Many people are more likely to access a service if they are aware it has been designed with people who have lived experience of suicide. Where this is the case, this should be a key point made in communications and promotion of the service.

### VETERANS

Veterans can be impacted by the suicides of former or current defence personnel that are vast distances away from them. In these instances, there may be many veterans around the country in multiple locations needing support. Staff should be aware of entitlements for veterans and have the service able to proactively identify veterans (through a routine question, for example) so these entitlements can be accessed. Veterans may, at times, feel undeserving of support and that they are taking the place of others in greater need, which can lead to withdrawing from support even when their need is very high. It should be recognised that some veterans do not trust services associated with government agencies due to previous traumatic experiences, and so may prefer to only access non-government services.



## DEAF COMMUNITIES

Deaf communities have unique access considerations related to their specific culture and language but require postvention services to focus on their suicide bereavement needs and not only their deafness. Although this may be challenging for many services, it is the responsibility of services to provide support, not the deaf person's responsibility to educate the service in how to support them. Services should have readily applicable strategies to provide equitable access for deaf people. The preferred approach is for deaf people to engage directly with the service in Auslan. This means they can more clearly communicate with the provider, avoid supply issues and privacy concerns with interpreters, and means their culture is understood and shared with the provider.

### SERVICES REQUIRE A CONSIDERED APPROACH TO CULTURALLY AND LINGUISTICALLY DIVERSE COMMUNITIES

Postvention services need to carefully consider how they will support people from Culturally and Linguistically Diverse communities in their area. A loss from suicide within the community is likely to cause community-wide grieving.

Employing staff from the major local Culturally and Linguistically Diverse communities, while desirable, is not a comprehensive strategy. Developing connections with community leaders is essential, especially in areas where there are many different Culturally and Linguistically Diverse communities, and where there are emerging communities and refugee settlement.

Promotional material can identify a Culturally and Linguistically Diverse community contact for the service, whether or not this person is an employee of the service. Indicating that the person is trained and has an official affiliation to the service adds credibility. Services should not assume that a person from a Culturally and Linguistically Diverse background will always want to be supported by a Culturally and Linguistically Diverse worker. It is best to ask the person what they prefer and offer them a choice. Some people may also prefer to be supported by a worker of the same gender as well as the same community.

In some Culturally and Linguistically Diverse communities, families will approach religious leaders for advice and support on mental health or suicide-related matters, making these leaders an important focus for outreach and education about what the service can provide. Religion can strongly influence how communities respond to suicide. As a result, it is necessary to not only understand the community culture, but also the community's religious value system and how it regards suicide. Services should develop their knowledge and sensitivity so these communities can be effectively and appropriately supported. A death from suicide in communities where suicide is regarded as a grave sin may be complicated by restrictions on the person's burial, for example.

It is important not to make generalisations about the prominence of religion in all Culturally and Linguistically Diverse communities, however. Some Culturally and Linguistically Diverse communities may not be strongly faith-based but may nonetheless have cultural norms regarding fear of asking for, and offering, help that will have implications for how services best support these communities outside of religious faith.

People being supported may be concerned about the privacy of local interpreter services. Using an interstate interpreter can help to reduce these concerns.

When providing postvention support to schools, it is critical to work both within school communities and with the parents and families of Culturally and Linguistically Diverse students. This is because these young people are crossing between their family's culture and the school environment's culture, which may be very different.

## RURAL & REMOTE ACCESS REQUIRES A SPECIFIC AND LOCAL APPROACH

People who live in rural and remote areas need to be considered specifically and services delivered to reach them. Although online and phone-based approaches are needed, limited or poor access in rural and remote areas makes outreach strategies necessary as well. Nonetheless, it is preferred that local people who live in rural and remote areas deliver postvention services to their own communities. This requires innovation, appropriate resourcing and a decentralised but well supported workforce. Distinctive needs regarding privacy in small communities, isolation and transport challenges also have to be met to ensure that postvention services are relevant and accessible for people in rural and remote areas.