8. Postvention

Approximately 540 people die by suicide each year in Victoria. Each death represents a tragic waste of life and touches scores of other lives. Those who are left behind following the death of a loved one (family and friends, peers and colleagues) are likely to experience grief and trauma that may lead to long-term reactions. People who discover a suicide, first responders and those unwillingly witnessing a suicide may be seriously traumatised by the death. All of these people need support immediately following the suicide and often for a significant period afterward. Recovery from a suicide is often a protracted process and requires continuity of support. Those bereaved by suicide are themselves at increased risk of suicidal behaviours. Postvention is a critical point of prevention and can contain further loss of life.

This chapter of the report deals, in sequence, with matters of postvention for:
- Bereaved family and friends.
- Witnesses.
- The immediate community.
- First responders and professionals.

8.1 Bereaved Family and Friends

The Task Force received oral and written submissions from many families and individuals who had experienced the death by suicide of someone close to them. Some people related accounts of families who had experienced more than one death by suicide, or the suicide of a family member following the death of someone close. These tragic and distressing accounts helped the Task Force to appreciate a number of important issues relating to suicide prevention, including postvention.

Submissions highlighting issues relating to post-suicide support and bereavement included examples of positive support being provided, and clear examples of support being unavailable because it did not exist or was inaccessible. A range of postvention support initiatives was described in chapter 4. One major barrier to bereavement support was actually knowing that such services existed.

8.1.1 The Immediate Crisis Period

The period immediately following the discovery of a death by suicide can be particularly critical. Parents and family members often report numbness and a sense of being 'lost' and not knowing where to turn for help following the discovery. In most cases, they are provided with little support at a time of enormous stress in dealing with an experience for which they are unprepared.

The maze of tasks to be negotiated following death by suicide can seem bewildering, pointless and acutely painful. Often the most practical and basic means of support can make all the difference. When someone dies through suicide, the family or carer is responsible for hiring a cleaning service or for cleaning up themselves. This can prove extremely traumatic for many families.

Families often feel powerless, lost and unable to control the events that are taking place around them at what seems a fast pace. They are required to deal with police and make decisions about a funeral. The initial shock may later give way to feelings of despair and abandonment.

8.1.2 Accessing Quality Bereavement Support

While the Task Force heard of examples of excellent support provided to the bereaved, more commonly, accounts were provided of inadequate support.

Following the death of her brother by suicide, one woman stated:

> My own doctor came to the hospital but he just came to see how we were all coping and that was it. There is no suicide support group here in [rural area]. The counselling is really nothing. We had no-one that we could talk to at all. We had no-one we could turn to except ourselves. (Community consultation)

Following the death of their son five years earlier, a parent stated:

> If it were not for Compassionate Friends, a group for bereaved parents, we would have had virtually no help after the loss of our son. About 10 months after our son died, I found I was desperately in need of help. I just could not get it from the [local suicide] support group. I went to three different doctors. All they said was that I should take another pill for my depression, which did not help. (Community consultation)

> …funds to provide professional grief counsellors…it is a specialised field of counselling. We need specialised help. (Community consultation)

> Some time after 3.00 a.m. my brother suicided…The local police advised me at work and I dutifully contacted my [family]…We cried, we made arrangements for the funeral…and then we tried to get on with our lives. Nothing could stop the memories or the tragedy…there were so many questions. The more questions, the more depressed I became until…I contemplated suicide myself. I knew I needed help, but where to get it? (Community consultation)

As noted earlier, family members left behind are at heightened risk of attempting suicide. The grief, trauma and upheaval experienced following the death of a family member or close friend through suicide can have extreme and long-term effects on their lives and health. A grim irony of suicide is that the people to whom one would normally turn for support in a crisis (family and friends) are themselves traumatised and grieving.

> …It is difficult to seek support from within the family, as you do not want to make their grief any worse than it already is. But support must be provided. It must be provided early and be ongoing…A post-suicide bereavement support group must be set up and information given to survivors. (Community consultation)

The Task Force did not hear of any service where support, information and counselling were provided immediately following a death by suicide. Parents and grieving friends who spoke to the Task Force would welcome the availability of immediate post-suicide support, and counselling and bereavement services of a longer term nature. If this is available, people should eventually be more able to restore their mental health and wellbeing.

The Task Force received information from the Sudden Infant Death Research Foundation (SIDRF). It provides a crisis and bereavement service for individuals and families where a baby has died from sudden infant death. The model employed by SIDRF combines professional and non-professional support, and uses parent resource coordinators who have themselves experienced a sudden infant death. SIDRF has developed simple and accessible protocols with emergency services and is generally contacted within an hour of the death. This allows them to provide an immediate crisis service. This service provides initial telephone contact with the parents to offer information and support, and an outreach visit if parents wish. SIDRF also provides information for first responders on how to deal sensitively and effectively with the immediate situation.

Following the crisis, SIDRF provides a range of other ongoing supports such as individual counselling, group support and referrals to other services where required. SIDRF has a high profile with the general community. The Task Force considers that this service demonstrates best practice in immediate crisis support following a traumatic death.

8.1.3 Longer Term Impact

Grief following suicide is often a protracted experience, and the bereaved move through many shades of feeling. One person who spoke to the Task Force stated:

> Some of the emotions I had to work through included numbness and shock, despair, betrayal, anger, guilt, shame, abandonment and rejection. (Community consultation)

The aftermath of completed suicide has a significant impact beyond the immediate crisis period for those left behind. Providing supports to address the issues people face after a death by suicide will help reduce the risk of further suicide, and assist coping and grieving.

Many parents, relatives and friends of suicide victims who gave evidence at Task Force consultations highlighted the long-term duration of recovery from a suicide. Common themes from the experiences of bereaved people included:

- Grief following a suicide is often complex and likely to be incomplete as much as several months or years after the suicide death.

> …Grief changes. After the initial shock, you go through the terrible pain and you have to live with it until the pain eases. For me it was three or four years, for some people it is 10 years, for others it is less…At each stage of the grief process, people need

counselling that recognises the stage they are at and can provide the support they need at that particular stage. (Community consultation)

- Grief reactions can be traumatic and often debilitating. They may be manifested in heightened suicidality, risk of self-harming behaviours, repetitive medical conditions, increased workforce absenteeism and impaired academic performance.

I received…six grief counselling sessions, but basically that did nothing for me. This whole thing has cost me my relationship. I had problems at work and was not keeping my mind on the job. I…lost my job. During that time I had to take two weeks off work to get over it, but I am still not over it [the death of a daughter in 1994]. (Community consultation)

The Task Force recommends that
8.1 The Victorian Government collaborate with the business and community sectors to support the establishment of a widely advertised, statewide, community-based support service that provides:
- **Twenty-four hour suicide crisis support to relatives and friends immediately following a death by suicide. This service should be accessible to rural and remote areas, and be staffed by professionals and by volunteers who are trained to provide support.**
- **Capacity for longer term counselling in addition to immediate post-trauma counselling.**

8.2 Support for Those with Special Needs

Some specific groups in the community may be at additional risk because the nature and seriousness of their grief may not be adequately recognised. The Task Force received information that such vulnerability may be compounded by isolation, and by confronting additional barriers to suicide bereavement support. These groups include:
- Young partners under 25 years, including adolescents in relationships where their boyfriend or girlfriend suicides.
- Gay and lesbian partners. Specific social prejudices can sometimes exclude such people from the usual supports.
- Elderly people, particularly where their partner has recently died.
- Close friends falling outside the family who may be ineligible for existing supports.
- Families who have been subject to a murder and suicide confront additional trauma. Stigma, and real or perceived social condemnation in these circumstances, can make support services, and especially support groups, more difficult to access.
- People living in rural areas. Although some support groups are available in rural areas, they are usually not suicide specific, often not well known and difficult to access.

The Task Force recommends that:
8.2 The Minister for Youth and Community Services and Attorney-General continue to support counselling and other groups that assist people who have experienced a suicide, including close family, extended family, same-sex partners and significant friends.

8.3 The Minister for Youth and Community Services and Attorney-General consider options to make available bereavement counselling and support services for groups whose culture may require a different approach. These groups include non-English speaking background groups and Koori people. These groups should be involved in developing services for their communities.

The Task Force identified the lack of post-suicide bereavement support services as a significant shortcoming. There are very few post-suicide bereavement support services available, and these are often not well promoted or accessible. The shortfall of support in rural communities is of particular concern. Counselling support is often only available through private practitioners, such as psychiatrists and psychologists, who operate on a fee-for-service arrangement. The cost of such a service is prohibitive for many people, and clinical approaches are not necessarily appropriate for Koori people and some other groups.

Some community health centres provide grief counselling, but their services are often not widely publicised and are not suicide specific. Windermere Child and Family Services, based in Narre Warren, is an example of a service that provides a suicide prevention counselling service that includes bereavement counselling. Two existing support groups, The Compassionate Friends and SPRING, cater especially for the suicide bereaved. These groups do important work but are limited to a specific population focus (such as parents), and to particular geographic areas. The scarcity of available services means that those that do exist are often overloaded by the demands placed on them.

One support model explored by the Task Force was the Suicide Survivors Retreats Program, an initiative of the Rose Foundation of New South Wales. The program provides one-day workshops for those bereaved by suicide, generally for up to two years following the suicide. The program is open to all those bereaved by suicide including parents, siblings, grandparents, partners, other relatives, work colleagues and friends. Two workshops have been conducted in Melbourne, and a further two retreats are planned for 1997. The retreats operate on the belief that there is added power in the experience if the facilitators have also been bereaved by suicide. Although feedback is available from participants that suggests the program is helping them, formal evaluation on the effectiveness of this initiative is not available. An evaluation would be valuable to the development of appropriate bereavement counselling services.

8.3 Witnesses

Witnesses of suicides or people who unexpectedly discover a suicide in a public place often experience trauma and shock. The Task Force was presented with evidence of the impact that witnessing a suicide can have for bystanders.

> Last December, my daughter and I were driving to pick up a Christmas tree, came to a level crossing and witnessed a suicide. It just unfolded before our eyes. What we saw and heard is something that will stay with me and my daughter forever. I want to talk about the physical effects that it had on me. It was absolute shock. I suffered diarrhoea, I could not sleep and I was teary. These were just the effects from what I witnessed. My daughter was too scared to sleep and she was scared of dying. (Community consultation)

Witnesses to suicide are provided with short-term support through Coronial Services and this is an important and necessary service. However, the longer term counselling support that exists for survivors needs to be made available to witnesses.

8.4 The Immediate Community

While immediate family and friends are most profoundly affected by a death from suicide, such a tragic event can also have a devastating impact on the immediate community: workplace, school, university campus or town. Sometimes such an event can galvanise a local community into action to protect against another tragedy occurring in the future. The Task Force heard evidence of excellent examples of some rural communities responding to suicides in their midst.

8.4.1 School Communities

There is a need for post-suicide support and counselling to school communities when a suicide occurs. Schools present a key site for post-suicide interventions to contain any risk of copycat behaviours. While the suicide of a school-age student is extremely rare, other suicides in the community can impact on students and all schools need to be able to respond. Teachers and principals, in particular, have an important role in post-suicide support. This is based on documented evidence that suggests:

- The risk of imitation is highest in the three weeks following a suicide.
- Peer acquaintances who witness a suicide are more likely to exhibit anxiety disorders.
- Friends and peers are more likely to have increased and longer duration of depression.

The Task Force understands that government schools are required to have an emergency management plan in place. It should encompass guidelines for providing professional mental health services to the school community after any traumatic incident impacting on the school, including the suicide of a student or a staff member. Student services should also be alerted to offer support after the suicide of a student's sibling or other family member. Some independent schools also provide a post-suicide support service through their counselling staff.

In the majority of cases, planned interventions in schools appear to be a relatively well-organised part of an overall crisis response team approach. However, there is an ongoing need for vigilance to ensure school communities are fully aware of procedures in the event of suicide.

There is also a need to ensure regular training is available for teachers and school support staff in post-suicide support.

Like schools, universities and TAFE campuses can play a critical role in post-suicide support. Unlike schools, universities and TAFE institutes do not necessarily have emergency response plans in place to deal with traumatic events such as suicide. Universities and TAFE institutes should consider developing plans and procedures to manage

the trauma, stress and grief following the death by suicide of a student or staff member of the educational community.

8.5 First Responders and Professionals

People who encounter a suicide as part of their professional working lives include first responders (such as police and ambulance officers), and others such as train drivers, GPs, mental health practitioners, workers with young people and other helping professionals.

There is a need to ensure that these people have access to appropriate debriefing following a suicide, and for professionals to be adequately trained in providing grief and bereavement services and sensitive handling of survivors.

8.6 Debriefing

The provision and accessibility of debriefing services varies across organisations, but is considered essential in assisting those workers who have contact with a person who dies by suicide. Some organisations have private consultants who provide debriefing and post-trauma counselling. The Task Force heard from train drivers of the highly effective support provided to them and their families by the National Trauma Counselling Service. The Ambulance Service also accesses post-trauma counselling for its members if needed. Police officers involved in dealing with suicides will routinely receive an operational debriefing following the death, but may not receive any form of personal debriefing or counselling. There is a case for making such non-operational debriefing compulsory for all professionals.

8.7 Protocols for First Responders and Others

The immediate post-suicide period requires sensitive handling by professionals, friends, family and the general public. First responders have difficult and often intensely painful tasks to perform. In most cases, they perform their roles sensitively, and it is critical for the recovery of survivors that they do so.

The Task Force was alerted to some instances of insensitive handling of post-suicide situations in ways that compounded the trauma of the bereaved. No explanation was given as to why people were unable to view or touch the body of their dead son or daughter pending examination by coronial inquiry. Others were required to travel long distances unassisted, at a time of immense personal shock, confusion and disorientation, following notification of the death. Others spent lengthy amounts of time filling out forms and answering probing questions before they could spend the emotional time needed to begin grieving. These are practical arrangements that demand consistent standards of compassion and care. Protocols of response should be instituted for first responders. A model for developing such protocols is described earlier in this chapter in the discussion of the SIDRF.

First responders, other professionals (for example, doctors, psychiatrists, psychologists, youth and social workers and other helping professions) and other community members (volunteer helpers and support group leaders) need ongoing training and support on how to help the suicide bereaved. SIDRF has a training and support program for first responders and volunteers. This program is an excellent model that could be adapted for use with first responders and volunteers following a death by suicide.

The Task Force recommends that:
8.4 The Victorian Government require departments and government-funded agencies to provide post-trauma counselling and debriefing services to all staff involved with suicides, particularly for those who witness or discover a person who has died by suicide.

8.5 The Victorian Government support the Department of Human Services to issue all potential emergency responders with information and protocols reflecting best practice in dealing sensitively with relevant matters relating to survivors of suicide immediately following the death of a person by suicide.