

Evidence-based guide to effective suicide response



The impact of a suicide on a community can be devastating. The distress caused is often amplified when a suicide is high-profile or there is a perception that it has occurred as part of a 'cluster' of potentially linked suicides. This can give rise to intense media attention, heightened community distress, and well-intentioned, but often difficult to coordinate, outpourings of support for improved suicide prevention.

Family, friends, and communities bereaved by suicide can experience elevated mental illness and suicidal behaviours. In addition, there are known risks of distress and contagion, particularly in vulnerable settings such as Aboriginal and Torres Strait Islander communities, schools or amongst veterans. Therefore, the effective management of a community's response is itself an important form of suicide prevention.

This guide provides a summary of key considerations derived from available evidence and practice-based experience in impacted communities.

A coordinated response

Following suicide deaths there can be media interest, confusion about how to respond, duplication of activities and a lack of clarity about what support is available. In addition, strong community momentum can result in a dramatic increase in suicide prevention activities, ranging from effective, to potentially disruptive or even counter-productive, no matter how well-intentioned. It is therefore critical to ensure a coordinated approach.

A team or network of service providers and relevant stakeholders should be established, with a focus on working together to:

- Ensure referral pathways, support services and resources for navigating grief, distress and suicidal thoughts are well known and publicised
- Facilitate access to appropriate supports where required
- Avoid duplication of efforts
- Coordinate and respond to heightened community interest in suicide prevention
- Ensure new and enhanced suicide prevention efforts that may arise; align with the evidence-base, complement existing suicide prevention efforts in the area, meet community needs and form part of a long-term and sustained strategy for suicide prevention

A coordinated response should also help reduce community-level distress by demonstrating that a concerted effort is underway to help prevent further suicides, that resources and expertise is already being mobilised, and increase feelings of hope. Fragmented and conflicting strategies in the public domain may undermine this confidence and amplify distress.

This document aims to highlight the key factors for consideration when navigating the immediate community response to suicide deaths.

Address immediate community needs

In the period immediately following a suicide it is critical to prioritise addressing the immediate needs of the community. For many people, these needs will typically be focused on accessing services, resources and information that can aid them in processing their own feelings of grief and distress as well as building the confidence to recognise and respond to others who may need support. Resourcing and communication efforts should focus on meeting these needs.

Some suicide prevention strategies may unintentionally exacerbate feelings of distress if employed at the wrong time. For example, people who are bereaved and undertake suicide prevention training may experience feelings of guilt or find the content triggering. This may mean that some longer-term prevention strategies such as mental health literacy and resilience building programs in schools and other settings are postponed for a period, allowing time for the grieving process and space to focus on immediate support. headspace School Support typically recommends that preventative programs are not conducted in schools for a period of 6-months following a critical incident connected with a school's cohort, to minimise the risk of causing undue distress.

Suicide prevention planning should therefore take a long-term view, with careful consideration of what activities are employed when. Immediate efforts to ensure community safety and alleviate distress will over time, shift focus to preventative efforts as well as community resilience and capacity building.

Safe media reporting

Suicidal behaviour can be learned through the media. It is important that all public messages are safe, life affirming and do not sensationalise suicide or provide details about locations and means. Research shows that unsafe media representations of suicide can lead to a “copycat” effect, where exposure to depictions or stories of suicide through the media can lead to suicidal behaviours [1]. Evaluation of safe suicide media guidelines found a significant decrease in rates of suicide following implementation of new media guidelines [2]. Primarily, these guidelines recommend that media not glorify, sensationalise or normalise suicide, that they provide information about health resources, avoid providing details about methods, avoid using stigmatising language (e.g., “commit suicide”) and avoid perpetuating myths about suicide [3].

Responsible reporting about suicide in the media can reduce suicide rates, and improve awareness and help seeking. What is said (and not said) about suicide is important. In a time of crisis, communities need to take a proactive, coordinated approach to working with media to minimise coverage that may traumatise a community and increase coverage that promotes help-seeking information.

Available resources

Coordinating Responses to Suicide

- Developing a community plan for preventing and responding to suicide clusters – [Living is For Everyone](#)
- Beyond Blue (2020). [Be You Suicide Postvention Resources: Complete Toolkit](#)
- Andriessen K, Krysinska K, Kölves K, Reavley N. (2019). [Suicide postvention services: an Evidence Check rapid review](#) brokered by the Sax Institute for the NSW Ministry of Health
- Australian Institute for Suicide Research and Prevention & Postvention Australia (2017). [Postvention Australia Guidelines: A resource for organisations and individuals providing services to people bereaved by suicide](#). Brisbane: Australian Institute for Suicide Research and Prevention

Addressing Immediate Community Needs

- Black Dog Institute (2020). [Tackling the Topic of Suicide with Your Child](#)
- *When communities are affected by suicide* [Conversations Matter guide and factsheets](#)
- *Have you lost someone to suicide?* [Lifeline Factsheet](#)
- *Standby resources* – Standby offers [practical suicide postvention resources](#) including toolkits, workbooks and factsheets for young people (children and teens), workplaces, grief, stigma, funeral and anniversary planning.

Safe Media Reporting

Mindframe provides the following guides for:

- Media professionals: [Reporting suicide and mental ill-health: A Mindframe resource for media professionals](#)
- Public Spokespeople: [A guide for speaking publicly about suicide](#)
- Lived experience speakers: [A guide for lived experience speakers: talking about suicide](#)

Organisations

The Black Dog Institute is not a suicide crisis or postvention support service, however there are several organisations who specialise in providing immediate support to communities. We strongly suggest linking in with these organisations where relevant to ensure a coordinated and effective response.

Mindframe – Mindframe supports safe media reporting, portrayal and communication about suicide, mental ill-health and alcohol and other drugs.

headspace Schools support – headspace Schools is a national workforce that supports, engages and partners with education and health sectors across Australia, to build the mental health literacy and capacity of workforces.

Standby – Support after suicide – Standby provides face-to-face and telephone support to individuals, families, workplaces, groups and the wider community. Standby can assist with immediate community response as well as pre-emptive postvention planning.

National Indigenous Postvention Service (NIPS) – supports individuals, families, and communities affected by suicide or other significant trauma.

Wesley LifeForce – Wesley LifeForce seeks to reach out and support those who have been bereaved by suicide and can assist with memorials.

Support after suicide (Jesuit Social Services) – Counselling and bereavement support groups (Victoria only).

References

1. Etzersdorfer E, Sonneck G. Preventing suicide by influencing mass-media reporting. The Viennese experience 1980–1996. *Archives of Suicide Research*. 1998;4(1):67–74.
2. Niederkrotenthaler T, Sonneck G. Assessing the impact of media guidelines for reporting on suicides on Austria: Interrupted time series analysis. *Australian and New Zealand Journal of Psychiatry*. 2007;41(5):419–428.
3. Pirkis J, Blood RW, Beautrais A, Burgess P, Skehan J. Media guidelines on the reporting of suicide. *Crisis*. 2006;27(2):82–87.