

Postvention Protocol Response Group (PPRG)

Protocol

Protocol coordinated by



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1. Document Overview

1.1 Document Purpose

This Protocol document outlines the scope and processes of the Postvention Protocol Response Group (PPRG). It is a guiding document that supports the coordination and delivery of postvention responses for the *[insert region here]*.

1.2 Audience

This Protocol has been written for members of the Postvention Protocol Response Group to support the delivery and coordination of postvention responses in the *[insert region here]*.

This Protocol document is to be used in conjunction with the relevant Terms of Reference.

1.3 Acknowledgements

This Protocol has been developed utilising the learnings of existing and historical postvention coordination groups and efforts. Support After Suicide acknowledges the expertise and guidance of those who have been delivering coordinated postvention responses and their contribution to the growing body of learnings and research into the effectiveness of coordinated postvention responses.

1.4 Language used in Postvention Protocol Response Groups

Communications will adhere to the Australian Government's Mindframe Guidelines¹ which supports safe media reporting, portrayal, and communication about suicide, mental ill-health, alcohol and other drugs. Mindframe aims to encourage responsible, accurate and sensitive representation of mental illness and suicide in the Australian media.

2. Postvention Protocol Response Groups

2.1 Postvention Rationale

A Postvention Protocol Response Group (PPRG) brings together key organisations after a suspected suicide or suicide incident for the purpose of coordinating postvention actions to prevent other suicides and to reduce or mitigate the impact of a suicide incident within communities.

Research and the literature demonstrate that people bereaved by suicide are at:

- increased risk of suicide²;
- increased risk of mental health issues (anxiety, depression, PTSD)³;
- increased risk of problematic substance use⁴; and
- increased risk of withdrawing from community engagement (employment, education and social life)⁵.

There is a need for specialist support services that understand and address the complexity and prolonged nature of bereavement after suicide. There is also a need to provide a coordinated response to affected communities, for example, schools, workplaces, and community groups to minimise the risk of contagion.

While the research into Postvention Coordination is in an early phase, it has been recommended as a way forward in suicide prevention.

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.

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Postvention responses are most effective when they are coordinated across communities and involve a broad range of stakeholders in development, implementation and review, and evaluation.

Suicide Prevention Australia

3. Protocol Overview

3.1 Protocol Aim

The Postvention Protocol Response Group has three aims:

- To reduce risk of further suicides and suicidal behaviours in young people impacted by suicide incidents.
- To ensure a timely, coordinated, and effective postvention response to suicide incidents of young people and where young people are impacted.
- To foster service and community capacity in responding to suicide incidents where young people are impacted.

3.2 Suicide Incidents

The Postvention Protocol Response Group Protocol will only be activated in response to an incident that has the potential to impact on the community and lead to community distress and possible contagion. Suicide Incidents covered in this Protocol include two types of incidents:

- 1.(Suspected) Death by Suicide*
- 2.Significant Suicide Attempt**

**Note: Cause of death is determined by the Coroner and ruling about cause of death can take some time. Hence, until that time, all deaths by suicide are suspected deaths by suicide. In this document we will use the term Death by Suicide whether it is suspected or confirmed.*

***Note: Significant Suicide Attempts refer to suicide attempts with potential to cause significant community distress, this may be due to community knowledge of the attempt, attempt occurring in a public space, or significant medical harm occurring due to the attempt.*

3.3 Target Population

The Postvention Protocol Response Group focuses on supporting young people aged 12 – 25 impacted by suicide incidents*. This includes:

- Those bereaved by the suicide – families, friends, colleagues, neighbours and community members
- Witnesses to a suicide incident
- Institutions where contagion and cluster can be at an elevated risk (e.g. schools, sports club, community groups, workplaces, inpatient facilities).

** Note: This Protocol identifies that deaths that occur outside of this age range may have significant impacts on young people and we may need to respond to contain impact within the target age range. The Protocol will be activated based on incidents where impacts on young people are identified.*

3.4 Target Catchment

The Postvention Protocol Response Group will work to coordinate support for young people impacted by suicide in the LGAs* of:

- [insert LGA and regions here]



** Note: This Protocol identifies that deaths that occur outside of these LGAs may have significant impacts on young people within this region through connections with schools, workplaces, and community groups. Similarly, deaths occurring within the Postvention Protocol Response Group region may have impacts on other regions. The protocol will be activated based on where impacts on young people are identified, regardless of where the incident took place.*

3.5 Protocol Responsibilities

The Protocol has been designed to complement existing member organisation policies and processes in the event of a suicide incident and to promote coordination between agencies. This Protocol is not intended to duplicate or take the place of existing protocols.

Jesuit Social Services

4. Postvention Protocol

4.1 Protocol Activation

The Protocol will be activated in the event of a Suicide Incident that is deemed as having widespread impact on the target population within the target catchment region.

4.2 Protocol Criteria

The following criteria will be considered when determining whether a Protocol activation is required:

- The deceased was part of a community group / sub-group or minority that is over-represented in the suicide statistics with the potential for suicide contagion
- The deceased was aged 12-25 years or those in this age group are likely to be significantly impacted
- The deceased falls outside the 12-25 year age group but has family members who fall into the youth age group.
- The deceased was well-known or well-connected in the community, with potential for wide impact particularly on children and young people
- The deceased is classified as being part of a marginalised group (e.g. LGBTIQ+, Cultural, Aboriginal and/or Torres Strait Islander)
- The circumstances surrounding the death are the subject of wide speculation/rumours
- The incident occurred in a public space
- The impact of the suicide incident crosses Protocol boundaries where collaboration is required
- Statistics indicate that a suicide cluster may be developing
- Potential for media interest and/or death is receiving attention in the community including on social media

4.3 Activation Types

Activations may be FULL, TARGETED, or LITE depending on community need and the requirements of the response.

4.3.1 FULL Activations

FULL Activations convene the entire Activation Group and will be undertaken in circumstance where there is widespread or significant community impact, including concerns around suicide clusters. A FULL Activation enables coordinated information sharing, community risk assessment, and alignment of postvention actions across sectors and all LGAs.

4.3.2 TARGETED Activations

TARGETED Activations convene a subset of the Activation Group representing sectors, services, or specific LGAs where impact has been identified. This approach is used to ensure the response is timely, proportionate, and appropriately focused.

4.3.3 LITE Activations

LITE Activations will be undertaken in circumstances where monitoring of community impacts is required, but convening of the Activation Group is not. This may include information sharing pertaining to a suicide incident, check-ins with relevant stakeholders, or liaising with police and other services to ensure appropriate support and referral pathways are in place for those impacted.

4.4 Protocol Activation and Deactivation Process

In the event of a Suicide Incident that is deemed as impacting the target cohort and the target catchment, the following pathway will be followed, subject to applicable confidentiality laws.

1. NOTIFICATION RECEIVED OF A SUICIDE INCIDENT

- Any Suicide Postvention Protocol Response Group member (including police) to notify the Protocol Coordinator of a Suicide Incident, by phone and/or email as soon as possible.

2. CONFIRMATION AND INFORMATION GATHERING

- When notified, Coordinator to contact police to confirm the facts around the Suicide Incident.
- If confirmed, the Coordinator investigates details surrounding the Suicide Incident.

3. DECISION MADE ON ACTIVATION

- Coordinator contacts relevant Protocol members.
- Suicide Incident is assessed across the Protocol Activation Criteria in order to determine whether a LITE, TARGETED or FULL Activation is required.
- Suicide Postvention Protocol Activation members to assist the Coordinator in providing information around the person who has attempted suicide or suspected of dying by suicide. This can be done via phone, email, or in person.
- The decision to initiate the Protocol Activation will be made by the Protocol Coordinator in collaboration with Suicide Postvention Protocol Activation members.

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4. PROTOCOL ACTIVATION

- Coordinator convenes a FULL or TARGETED Activation of the Suicide Postvention Protocol Activation members or proceeds with a LITE activation, where no meeting is held.
- If a FULL or TARGETED Activation is decided, then the Coordinator will send details of the suicide incident to the Activation Group via a password-protected template.
- Meetings to be held within 3 working days.

5. ACTIVATION MEETING

- Suicide Postvention Protocol Activation members attend an initial FULL or TARGETED Activation meeting. If unable to attend, members ensure a delegate attends in their absence.
- Share and confirm information including:
 - Known emerging impact on family and community
 - Family wishes on confidentiality and communications
 - Potential connections to other events or deaths
- Identification of impacted individuals and community groups
- Develop a plan for a coordinated response for impacted individuals and groups.
- Coordinator documents and securely stores the minutes of all meetings and details of each Activation.

6. DELIVERY OF COORDINATED RESPONSE

- Members to deliver coordinated response and undertake actions as identified in Activation meeting.

7. FOLLOW UP MEETINGS AND COMMUNICATIONS

- After each Activation meeting, members decide where follow-up meetings are required.
- Members to update on key actions and activities.
- Members to provide update on community need and impact.
- Group to update coordination plan and actions as required.

8. DEACTIVATION

The Protocol should be formally deactivated at an appropriate time. The decision to deactivate will be decided by the Activation Group. Criteria to deactivate may include:

- All people affected have accepted or been offered support
- Concerns of subsequent suicides have subsided
- Community distress has decreased
- Relevant service providers have followed up on action items
- All potential actions have been undertaken
- Ongoing services/resources have been identified

5. Postvention Protocol Response – Activation and Advisory Groups Overview



5.1 Postvention Protocol Response Group Structure

The Postvention Protocol Response Group will consist of two subgroups: Activation Group and Advisory Group.

5.2 Group Membership

Organisational membership will be shared and updated via the relevant Terms of Reference.

5.3 Contact Details

Contact details will be shared and updated via the relevant Terms of Reference.

All member email communications with the Suicide Postvention Coordinator will be sent to *[insert email address here]*

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6. Postvention Protocol Response – Activation Group

6.1 Aim of the Activation Group

The main aim of an Activation Group is to gather information surrounding a suicide incident, assess the needs of those impacted and coordinate the delivery of timely, appropriate and effective postvention response.

6.2 Roles and Responsibilities of the Activation Group

Role	Responsibility
Postvention Protocol Coordinator	<ul style="list-style-type: none"> • Receive notification of a Suicide Incident from any Postvention Protocol Response Group member organisation, including police. • Gather information from a range of sources to ensure accuracy of information and the extent of the impact. • Receive or seek validation of a Suicide Incident from police. • Act as sector resource for police about postvention. • Lead LITE Activations when FULL or TARGETED Activations are not required, ensuring potential impacts are monitored and managed. • Convene TARGETED Activation of the Postvention Protocol Response Group when required, including determining appropriate stakeholder representation for a TARGETED Activation. • Convene a FULL Activation of the Postvention Protocol Response Group Activation members where required. • Evaluate the need for other service involvement in activations as appropriate. • Send details of Suicide Incidents the Activation Group via a password-protected template (<i>See Appendix 1</i>). • Follow up contact with relevant agencies involved in the Activation. • Support members as necessary/appropriate. • Reconvene meetings or correspond with members for debrief. If necessary, a third party will be invited to facilitate the debriefing session(s). • Maintain an action list and ensure tasks are completed. • Identify any gaps/areas for improvement or capability building. • Document and securely store the minutes of all meetings and details of Suicide Incident and Activation. • Liaise with other Postvention Protocol Coordinators if impacts are noted beyond the geographical boundary of this Activation group.
Activation Members	<ul style="list-style-type: none"> • Notify the Protocol Coordinator of a Suicide Incident. • Notify the Protocol Coordinator if there are staff changes and contact detail changes in your organisation. • In collaboration with the Protocol Coordinator make decisions to convene a FULL, TARGETED or LITE activation. • Attend initial FULL Activation meeting and relevant follow-up meetings. • Attend TARGETED Activation meetings where relevant. • If unable to attend FULL or TARGETED Activation meetings, ensure a delegate attends instead. • Decide when appropriate to deactivate. • Attend Advisory Group meetings.
Police	<ul style="list-style-type: none"> • Contact Coordinator with factual information (via text or email if after hours) or phone in business hours. • Confirm factual information to Coordinator when contacted about a Suicide Incident. • Identify at-risk individuals for referral and advise Coordinator. • Provide witness contact details if available.

7. Postvention Protocol Response – Advisory Group

7.1 Aim of the Advisory Group

The key purpose is to provide strategic direction, undertake broad data/trend analysis and discuss key issues.

The Advisory Group will meet *[insert frequency here]* with attention to:

- The broader context, developments in the region that may be affecting mental health and the incidence of suicide Data/Mapping Trends – analysis of activations (associated risk and protective factors) to:
 - contribute to understandings around existing or emerging trends in suicide risk,
 - enhancing prevention efforts and reducing the risk of further suicides
- Supporting and strengthening safe and responsible social media messaging
- Advocacy for the protocol across the lifespan where the impact on young people is deemed to be significant
- Support organisations and communities to increase their own postvention response capacity
- Support and integrate a ‘Lived Experience’ lens into all phases of the bereavement responses
- Developing culturally sensitive postvention pathways
- Strengthening local postvention pathways

7.2 Roles and Responsibilities of the Advisory Group

Role	Responsibility
Postvention Protocol Coordinator	<ul style="list-style-type: none"> • Ensure meetings are held at <i>[specified frequency, e.g., quarterly or biannually]</i>. • Provide overview of Activations and notification data. • Provide updates on relevant postvention information and resources.
Advisory Group Members	<ul style="list-style-type: none"> • Notify the Protocol Coordinator of a Suicide Incident. • Notify the Protocol Coordinator if there are staff changes and contact detail changes in your organisation. • Oversight of implementation of the Postvention Protocol Response Group Protocol. • Review the Protocol based on implementation, monitoring and evaluation feedback and make recommendations to Postvention Protocol Response Group Advisory group following suicide incident responses.

8. Confidentiality and Sharing of Information

8.1 Data Collection and Usage of Sensitive Information

According to the Office of the Victorian Information Commissioner Information Privacy Principles – Privacy Principle 10 “Sensitive Information”, the Jesuit Social Services Support After Suicide Response Coordinator will not use or disclose personal information about an individual for a purpose (the secondary purpose) other than the primary purpose of collection unless:

- i. it is impracticable for the organisation to seek the individual’s consent before the use or disclosure; and
- ii. in the case of disclosure – the organisation reasonably believes that the recipient of the information will not disclose the information; or
- iii. the organisation reasonably believes that the use or disclosure is necessary to lessen or prevent:
 - a) a serious threat to an individual’s life, health, safety or welfare; or
 - b) a serious threat to public health, public safety or public welfare

8.2 Storage of Information

The Coordinator will ensure that information collected around each individual Suicide Incident, is kept securely on the Jesuit Social Services storage system. This information will only be accessed by core specified staff. The information is not sent to other stakeholders.

If there are concerns about duty-of-care to others, limited information will be emailed to selected people using a password protected document. Where possible this information will be de-identified.

8.3 Data Analysis

The Coordinator will collect as many details as possible around each person suspected of dying by suicide, in order to analyse data. This analysis will inform the Postvention Protocol Response Group to allow for strategic planning, and the information will be shared with senior police staff. The analysis includes:

- Increase in suicide rates
- Possible contagions
- Prevention and advocacy strategies

According to the Office of the “Victorian Information Commissioner Information Privacy Principles – Privacy Principle 10 “Sensitive Information”, the Jesuit Social Services Coordinator may collect sensitive information about an individual if:

- the collection is necessary for research, or the compilation or analysis of statistics
- there is no reasonably practicable alternative to collecting the information for that purpose

Appendix 1: Notification Template

SUSPECTED SUICIDE/SUICIDE INCIDENT	
INITIAL NOTIFICATION & DETAILS	
Notification Details	
Date of Notification:	
Source of Notification:	
Protocol Group:	
Activation Type (Full / Targeted / Lite):	
Other Activation Groups Notified:	
Deceased Details	
Name:	
Date of Birth:	
Age:	
Gender:	
Residence LGA:	
Next of Kin:	
Family Messaging:	
Demographic Factors:	
Incident Details	
Method:	
Incident Type:	
Date of Incident:	
Witnesses:	
Incident LGA:	
Place of Incident:	
Impacted Groups	
Impacted Individuals:	
Impacted LGAs:	
Impacted Schools:	
Impacted Community Groups:	
Impacted Workplaces:	
Notes	
Actions	
Identified Risks	

Appendix 2: References

1. Everymind. (2025). Guidelines – mindframe. Mindframe <https://mindframe.org.au/guidelines>
2. Pitman, A. L., Osborn, D. P. J., Rantell, K., & King, M. B. (2016). Bereavement by suicide as a risk factor for suicide attempt: a cross-sectional national UK-wide study of 3432 young bereaved adults. *BMJ Open*, 6(1), e009948. <https://doi.org/10.1136/bmjopen-2015-009948>
3. McDonnell, S., Flynn, S., Shaw, J., Smith, S., McGale, B., & Hunt, I. M. (2022). Suicide bereavement in the UK: Descriptive findings from a national survey. *Suicide and Life-Threatening Behavior*, 52(5), 887–897. <https://doi.org/10.1111/sltb.12874>
4. Cerel, J., Roberts, T. A., & Nilsen, W. J. (2005). Peer suicidal behavior and adolescent risk behavior. *The Journal of Nervous and Mental Disease*, 193(4), 237–243. <https://doi.org/10.1097/01.nmd.0000158377.45920.0a>
5. Pitman, A., Putri, A. K., De Souza, T., Stevenson, F., King, M., Osborn, D., & Morant, N. (2018). The impact of suicide bereavement on educational and occupational functioning: a qualitative study of 460 bereaved adults. *International Journal of Environmental Research and Public Health*, 15(4), 643. <https://doi.org/10.3390/ijerph15040643>

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