Postvention Protocol Response Groups

Implementation Guide

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Research Team:
A/Prof Lennart Reifels (University of Melbourne, UoM), Dr Trisna Fraser (UoM), A/Prof Karl Andriessen (UoM).

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Eastern Melbourne PHN (EMPHN) acknowledges the Wurundjeri people and other people of the Kulin Nations on whose unceded lands our work in the community takes place. We pay our respect to Aboriginal and Torres Strait Islander cultures; and to Elders past and present. EMPHN is committed to the healing of Country, working towards equity in health outcomes, and the ongoing journey of reconciliation.

EMPHN values inclusion and diversity and is committed to providing safe, culturally appropriate, and inclusive services for all people, regardless of ethnicity, faith, disability, sexuality, gender identity or health status.

EMPHN acknowledges all who have a lived experience of suicide including people who have considered ending their life and those who have attempted to do so, people who have supported loved ones and those bereaved through suicide. We also acknowledge the contribution and the power of people with lived experience to inform, influence and enhance suicide prevention.

Contents

1. Introduction

A description of Postvention

Postvention refers to activities or interventions occurring after a death by suicide, to support those bereaved or affected (family, friends, professionals, peers, responders, community) to cope with stressors and manage the experience of loss and grief.[1] Postvention is considered a significant form of suicide prevention, as research suggests that suicide bereavement increases suicide risk, and that for every suicide death, there are approximately 135 people who are directly impacted by that death.[2]

Background

The first version of a Postvention Protocol Response Group (PPRG), as they are known in Victoria, Australia, was established in response to a youth suicide cluster in that State in 2012. A coronial inquiry commended this response, highlighting the critical role that local organisations played in both the identification of and response to suicide. It also recommended the further development of a suicide prevention and postvention response framework.

This early service system response formed the foundation of PPRGs, which have matured to be key enablers of a broader and more comprehensive postvention response to people impacted by suicide across metropolitan Melbourne and regional Victoria. Over the past 10-15 years, PPRGs (or otherwise named), have increasingly been developed across Australia.

What Postvention Protocol Response Groups are

Postvention Protocol Response Groups (PPRGs) facilitate coordinated and localised service system responses after a death (or suspected death) by suicide. Bringing together the relevant services and stakeholders within a locality, PPRGs operate within an agreed framework ('protocol') that authorises and guides shared inter-agency communication and collective action.

PPRGs enact their 'protocol' to mobilise and coordinate local service responses to provide timely and early intervention support to those impacted by a suicide. PPRGs also aim to address community-level distress, avoid duplication of effort amongst service providers and encourage safe reporting and communication related to a suicide.

Importantly, PPRGs also offer a strategic vantage point for prevention. Stakeholders on these groups can collectively identify emerging risk, directing resources to respond to such risk. As such, longer term aims of PPRGs include preventing ripple effects within communities (such as the social transmission of suicidal behaviours) and the identification of areas for locally targeted suicide prevention activity.

Why this Implementation Guide

To progress collective understanding and to support the many PPRGs which were at various stages of operation across Australia, a group of Victorian organisations with experience in the development and implementation of PPRGs led a national forum at the 2024 Suicide Prevention Australia (SPA) Conference. Participant insights from this 2024 workshop formed the foundation for a 2025 Delphi study which elicited consensus recommendations regarding effective establishment, implementation and deactivation of PPRGs. It also identified common challenges in localised coordination of postvention responses, such as:

- Suicide as a challenging topic both for those affected and responding
- Coordinating multi-sectoral agencies and stakeholders, with varying responsibilities
- Role clarity regarding responses and understanding of what to do following a suicide
- Potential duplication of postvention response efforts
- Clarity regarding requirements of privacy and confidentiality in handling and sharing sensitive information
- The complexity of influencing the spread of suicide information via social and mainstream media
- The variety of localised contexts and presenting community needs
- Limited availability of implementation evidence on comprehensive postvention responses

This Implementation Guide summarises learnings from the Delphi study and adds insights on addressing the challenges related to PPRGs.

The Delphi technique is a systematic structured research methodology designed to gather, refine, and achieve consensus on expert opinions regarding complex, uncertain, or forward-looking topics. It uses multiple rounds of questionnaires, interspersed with anonymised feedback.[3]

As such it includes examples of how to operationalise and translate the consensus recommendations into practice and aims to support decision-making related to PPRG implementation across varying stages: initiation and establishment; ongoing operation; review and refinement/adaptation, and deactivation.

According to the National Health and Medical Research Council (NHMRC) definition, research *translation is the process of moving research findings into practical applications in real world settings. Research translation ensures research findings are accessible and usable to practitioners, policymakers, and the public to inform decision-making and improve health outcomes.*

How this guide was developed

This Implementation Guide was developed through an iterative process and informed by:

A review of the scientific and grey literature on the topic, including peer-reviewed studies, existing postvention protocols, protocol pilot evaluations, and a discussion paper.

A Delphi expert consensus study (n=30) which produced 126 recommendations that formed the foundation for the development of this Implementation Guide.[4]

A Project Advisory Group (see acknowledgement) which provided vital guidance to inform the Delphi study and the design of the Implementation Guide.

Perspectives of people with a lived experience of suicide and suicide bereavement who formed part of the research team and the Project Advisory Group and comprised 77% of expert panel members.

1.1 How to use this guide

Target audience:

Service providers, local agencies, stakeholders and partner support services involved in organising and enacting localised, coordinated suicide postvention responses.

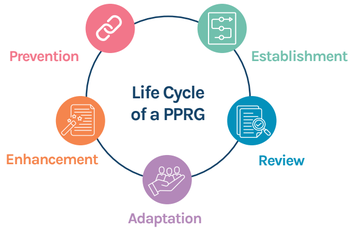
Assumptions:

A basic understanding of postvention and the potential impacts of suicide deaths within a community.

Main purposes:

To support local service systems to:

- **Establish** a new PPRG *(see sections 3 and 4)*
- **Review** an existing PPRG *(see sections 3 and 4)*
- **Adapt** a PPRG to specific population groups or settings *(see Appendix section 6)*
- **Enhance** PPRG sustainability *(see sections 4 and 5)*
- **Strengthen** PPRG preventative capacity *(see section 5)*



There are some generally recognised stages in the life cycle of a PPRG.

Within **'Establishment'**, certain basics regarding the group's general operation and functioning are determined.

Once operational, **'Review'** should occur at regular intervals, particularly following response Activations to optimise effectiveness of ensuing responses.

'Adaptation' of a PPRG to the needs of specific population groups or settings can be indicated both during the initial establishment phase and when considering newly emerging support needs in the region.

'Enhancement' can be indicated by the adoption of strategies that enhance the PPRG's sustainability.

'Prevention' and preventative capacity is a hallmark of PPRG maturity.

The guide is structured for ease of use:

- The pages on the left provide an overview of each section with diagrams to illustrate concepts.
- The pages on the right contain key recommendations identified in the Delphi study with expert guidance for implementation.

Please note that the recommendations have been grouped broadly into similar themes acknowledging there may be potential overlap between the recommendations and sections.

Where you see a QR code, it will take you to the website and provide additional resources.

Scan for testimony

Scan for documents

Scan for insights

If the QR code is next to a testimony, it will take you to testimonies from experts and those closely involved in PPRGs.

Where a QR code is next to a document, it will take you to a page where the document can be viewed and downloaded as well as other associated documents.

If the QR code sits next to an insight, it will take you to the full text version and other associated insights from the expert panel.

1.2 Use of this guide

Scope of application:

For use within Australian geographical locations which have been impacted by suicide and to support decision-making related to the implementation and operation of PPRGs.

What this guide is not

- A general postvention guideline or setting-specific postvention toolkit (e.g., for schools, universities, or workplaces).
- A locally operationalised postvention protocol.
- A how-to-guide for providing individual bereavement support.
- An evidence synthesis of effective postvention and bereavement support strategies.

Support for using this guide

This guide provides practical expert-based guidance that will enable local stakeholders to establish PPRGs and to make decisions related to coordinating effective postvention responses.

It may be particularly useful for those new to this area or wishing to deepen their understanding - as it condenses a wealth of experience from people across Australia who have been involved in establishing PPRGs and in organising postvention responses.

1.3 Overview of sections

The following sections provide practical implementation guidance to inform the establishment, ongoing operations, and long-term capacity of PPRGs.

Section 3 addresses establishment, including consideration of local needs and context, stakeholder engagement and governance.

Section 4 considers various aspects of PPRG operations, including practice principles, response Activation, key response elements, and deactivation, as well as external communication and data surveillance.

Section 5 outlines recommendations for optimising the preventative capacity and sustainability of PPRGs.

2. Terminology/Glossary

Clarification of key terms used in this guide:

Postvention
Activities or interventions occurring after a death by suicide, to support those bereaved or affected (family, friends, professionals, peers, responders, community) to cope with stressors and manage the experience of loss and grief.[1]

Postvention Protocol Response Groups
PPRGs, as they are known in Victoria, bring together relevant local services and stakeholders to facilitate a coordinated service system response following a suspected suicide. Similar initiatives throughout Australia are also referred to as Suicide Postvention Protocol, Suicide and Sudden Death Response Protocol, or Postvention Working Group. For consistency, the term PPRG is used throughout this guide.

Suicide Contagion
The potential transmission of suicidal behaviour through mechanisms such as social influence, affiliation, imitation, or exposure to suicide related information (e.g., via mainstream or social media).[5]

Local Hospital Network (LHN)
A Local Hospital Network (or Local Hospital District) is an organisation that provides public hospital services in accordance with the National Health Reform Agreement. An LHN can contain one or more hospitals, and is usually defined as a business group, geographical area or community. Every Australian public hospital is part of a LHN.

3. Establishing Postvention Protocol Response Groups

This section covers key recommendations to consider in the development of a Postvention Protocol Response Group.

It describes the context, stakeholders and governing principles that underscore the collective approach that PPRGs represent.

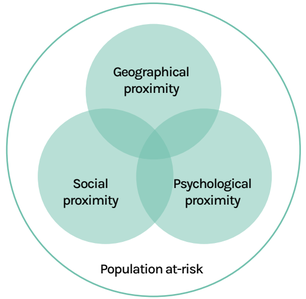
3.1 Understanding needs and context

Establishing an effective PPRG is informed by a thorough understanding of the local service system, the socio-demographics of the community and the geographical context. These understandings ensure the focus and scope of PPRGs are appropriately tailored.

This may include considering the breakdown of different cultural groups represented in the region, demographics related to age distribution and socioeconomic factors. In addition, it is important to map and understand the local service ecosystem, including grassroots and volunteer community services and how they interact with the mainstream health system.

It is also important to consider how community members are impacted in relation to their geographical, psychological and social proximity.

The circle of vulnerability model detailed below, provides insights into how proximity to a suicide can influence the degree and type of impact experienced by an individual or community.



Circles of Vulnerability model adapted from Rosenfeld, Caye, Ayalon & Lahad (2005); cited at Together To Live, Ontario Centre of Excellence for Child and Youth Mental Health

Geographical proximity

Refers to those who witnessed the death, were exposed to it or had contact with the person shortly before they died. Suicide contagion, also known as the 'social transmission of suicidal behaviours', can also occur via the internet, mobile phones and the mass media. Information shared online can substantially broaden the exposure and impact of the suicide. You might like to consider the #chatsafe guidelines when thinking about how to manage these platforms.

Psychological proximity

Refers to those who relate to the deceased through cultural connections, shared experiences, or perceive themselves to be similar to the deceased in some way.

Social proximity

Refers to the relationship someone had with the deceased, including family, friends, social circles and romantic partners. It is about how close someone feels to the deceased. Even if they do not appear to have had a relationship with the person who died, a young person's perception of closeness (for example, feeling close to the person because they travelled on the same bus together for years, even if they never spoke) has been found to significantly influence their level of risk.[6]

There are several key contextual factors to consider prior to establishing a Postvention Protocol Response Group.

These include:

- ✓ Clarifying the focus and scope of the Postvention Protocol Response Group (tailored to local context, issues and needs)
- ✓ Understanding common suicidality issues and support needs presenting in the region
- ✓ Understanding key considerations for communities affected by suicide (cultural or age-group dynamics, communication preferences, community leadership)

Whilst determining the geographical scope that the PPRG will cover is a core consideration, it is also important to understand the intersecting boundaries of the service systems in your region.

The catchment boundaries for a range of sectors are not always universally or neatly aligned and the larger the geographical coverage of your PPRG, the more likely there will be multiple representatives of the same service system and/or sectors.

For example, the catchment for the LHN might be the same as a PHN's catchment, however at this regional level, there is likely to be several school districts, multiple local government areas and a number of different police districts.

If PPRG coverage is required over a larger region, consider having a number of more localised protocol groups where each of the service system stakeholders are more likely to naturally collaborate with each other. Where more than one PPRG is being established, understand that each PPRG will have both similarities and differences. Some streamlining within a certain area is beneficial, but consideration must be given to the individual needs and wishes of the stakeholders.

"Being involved in the Protocol group has been really important, both through information I can provide and also in the enormous knowledge I gain about what is happening in our community and how we can contribute.
- headspace centre

Scan for testimony

3.2 Stakeholder relationships

A strength of PPRGs is that they bring parts of the service system together that would not ordinarily address a shared problem. Including grassroots community organisations, who are less frequently involved in mainstream mental health responses, can provide additional key insights. It is important to nuance the composition of the stakeholder group to local needs.

Engaging a range of stakeholders with various priorities and sector influences, involves balancing the differing perspectives to obtain a cohesive collaboration. Over the longer term, an agency's involvement will depend on them finding a defined role within the PPRG that aligns with their usual organisational purpose and activities.

Common key stakeholders involved in PPRGs, and the critical roles they can play in postvention responses, are outlined below. It is worth noting that while these stakeholders have proven to be valued partners in existing PPRGs, this list is certainly not exhaustive or prescriptive, and therefore key stakeholder types and roles may vary depending on the local context within which the PPRG is operating.

Key PPRG stakeholders and roles

Police
A first reference point to verify a suspected suicide. Frequently notify the coordinator of the PPRG of a suspected suicide. Have an important role in referring the bereaved to specialist support services.

Tertiary Mental Health Services (LHN)
Frequently play a key role in establishing service history of an individual who has died by suicide. Mobilise acute and community health teams for those who are impacted and help-seeking.

Department of Education
Vital role in providing schools with postvention support and resourcing to manage staff and student distress, including coordination with programs such as Be You.

Specialist Bereavement Services
Provide specialist support from a suicide prevention lens to individuals, families and communities. Commonly play a role in secondary consultation and de-briefing services to community organisations such as sporting clubs etc.

headspace
Local headspace services can provide understanding of service use of individuals who have died by suicide. They often provide prioritised support to young people and parents who have been impacted.

Local Government
Can provide knowledge of local sociodemographic and place-based data, greatly assisting targeted responses. Vital in reaching out to impacted grass roots organisations and those who use public spaces. Youth Services teams can be a great resource in providing the local voice of impacted young people.

Alcohol and Other Drug Services
Have strong local reach and can provide support for individuals not likely to seek support through clinical mental health services.

Ethnically Diverse Services
Provide support and insight on diverse understandings of grief and loss from various cultural lenses.

Aftercare Services
Are able to provide support for individuals who have ongoing vulnerability and risk identified through a postvention response.

Community Elders/Leaders
Where there is a suspected suicide in an ethnically diverse community, respected leaders are frequently invited to lead the response.

State Government
Can provide cross-government support, communication and coordination as well as an authorising environment.

Youth Residential Support Services
Including refuges, residential recovery services, homelessness services and child protection residential services.

3.2.1 Establishing a stakeholder group

It is important for the PPRGs to be a concerted collaboration between the stakeholder group. For the majority of those involved, suicide prevention is not their substantive role, so it is vital to develop a collective understanding through a measured process, providing all partners with a voice and establishing shared goals.

There are several recommendations to consider in developing your stakeholder group and effectively supporting their ongoing contribution, including:

- ✓ Developing strategic overview of relevant service system and support functions
- ✓ Identifying and engaging relevant agencies and key stakeholders
- ✓ Developing the working relationship, building collegial support and trust
- ✓ Educating and training partners for whom postvention may not be core business or those joining later

Having a range of stakeholders from different sectors on the PPRG contributes to a more comprehensive understanding of the impact of a suicide in a local context whilst also providing opportunities for stakeholders to develop their understandings of how they can best support their community. PPRGs in essence mobilise the service system to do what it does best from each unique sector vantage point.

Example 1
A member representative from local government may inform their cleaning contractors about the importance of being sensitive to the removal of messaging or items of personal significance to family and friends at memorial sites such as skateparks or other areas youth frequent.

Example 2
A clinical mental health member from a LHN can alert their relevant emergency departments and crisis teams of the suspected suicide, who may then lower the threshold for support to impacted young people who present in distress.

Examples like these reflect how PPRGs can mitigate unintended community harm and the potential escalation of risk.

3.2.2 Collegial support and self-care

Being involved in suicide postvention planning, Activations and more broadly supporting people bereaved by suicide, can be emotionally demanding. Collegial support may help in validating emotional reactions and normalising the challenges involved in this work.

Noting the importance of self-care within PPRG meetings can be helpful and important to the sustainability of the PPRG. Acknowledging the value of collegial support from within the group who have a shared understanding of the challenges of the work can be incredibly powerful both in the support of individual stakeholders and the overall trust and cohesion of the group.

Key wellbeing recommendations in establishing a Postvention Protocol Response Group include:

- ✓ Considering strategies for minimising burnout among stakeholders
- ✓ Ensuring group members are not unnecessarily exposed to method, and the privacy of the deceased and the family is respected
- ✓ Clarifying that the responsibility for wellbeing, supervision and training of people representing the organisations within the PPRG sits with those organisations, not the group convenor

> *"I am grateful and humbled to be a part of this group who offer compassionate collective care support and wisdom to communities affected by suicide so that they are not alone with their grief and distress. - a PPRG member*

Scan for testimony

3.3 Governance

Defining governance frameworks is central to the establishment of PPRGs, which represent a partnership between organisations. Responses involve a range of actions by various organisations from multiple lenses including clinical, community development, educational and emergency management. Developing a governance framework that considers all of these aspects is essential in providing stakeholders with clear expectations and shared goals.

Protocol documents formalising a steering committee with clearly defined roles, responsibilities, and levels of engagement, provides a foundation for coordinated action. The structure of the steering committee is a reflection of local conditions, including considerations such as the sector of the PPRG auspice agency (e.g., clinical or community settings), and the configuration of hospital or service networks in the region.

The core membership of PPRG steering committees typically comprises agencies and stakeholders with vital ongoing roles in addressing local risk and protective factors, while agencies with more specific expertise can be selectively involved to support the needs of unique population groups or settings. A dedicated coordinator role is advisable, as is appointing a group convenor from an organisation with appropriate information storage for clinical notes.

Establishing shared leadership and a dedicated coordinator to support the group

Coordination roles hold essential functions which include group administration, chairing of meetings and the collection and safe storage of data and information. Without an understanding of shared leadership and a dedicated coordination role, sustaining a PPRG over time becomes challenging.

Consideration should be given to:

- ✓ Determining the auspicing agency and sector
- ✓ Agreeing on aims and leadership
- ✓ Establishing a dedicated coordinator role
- ✓ Establishing a protocol steering group (clarifying roles, responsibilities and levels of engagement)
- ✓ Observing local conditions to determine the way the protocol steering group is structured (e.g., funding arrangement for different organisations, hospital networks in different areas)
- ✓ Appointing a group convenor from an organisation with appropriate information storage for clinical notes

Ongoing governance is supported by the development of a documented response protocol in collaboration with key stakeholders, as well as regular monitoring and review of the protocol to maintain its relevance and effectiveness over time.

Recommendations that support PPRG governance include:

- ✓ Establishing how and to what extent postvention protocol response groups will be resourced
- ✓ Development and documentation of response plan by key stakeholders
- ✓ Underpinning the roles and responsibilities of the protocol steering group with supporting documentation
- ✓ Planning for ongoing protocol monitoring and regular review
- ✓ Clarifying that the PPRG represents a partnership between organisations, not individual people

These recommendations guide the parameters of the groups' operation and create a framework where each agency involved is able to identify a role for themselves in contributing to a collective response.

Several existing response protocols developed by PPRGs can provide highly instructive templates to assist you in developing your own response protocol tailored to local community needs, circumstances, and service constellations in your region.[7,8]

There are also existing protocol documents that have been developed for some discrete settings such as schools, workplaces and sporting clubs. These can be drawn on to inform the development of similar documentation for developing response protocols specific to these settings.

Key supporting documents in the governance structure that all require stakeholder agreement include:

1. Protocol document
2. Terms of reference
3. Annual agreements to participate in the PPRG
4. Confidentiality (either stand-alone or as part of Protocol document)

Scan for insights

Consider more than one level in a governance structure e.g., an Advisory Group and an Activation Group - as this can reduce the number of people who are either exposed to distressing information or provided with confidential information.

Scan for documents

Example Protocol document

4.

Postvention Protocol Response Groups in Action

This section considers various aspects of PPRG operations, including practice principles, response Activations, key response elements, and deactivation, as well as external communication and sensitive information management.

Note that terms *postvention response* and *Activation* are used interchangeably in this section.

4.1 Practice principles

PPRGs provide a more systemic approach to reducing the distress and trauma experienced by communities impacted by suicide. They provide a platform for local stakeholders from different parts of the service system to facilitate a coordinated response.

Clarification and agreement of overarching practice principles that guide the general approach of a PPRG can help set broad parameters that ensure mutual understanding and concerted action. Key recommendations underpinning the work of existing PPRGs highlight the importance of a place-based approach, cross-sector collaboration and leveraging system capacity. Timely, coordinated and tailored responses, as well as confidentiality and responsible communication additionally support effective responses. Rather than simply assuming a commonsense or shared understanding, it is important that relevant practice principles are selected, clarified, understood, and endorsed by all parties involved in the PPRG.

PPRGs provide a coordinated and responsive mechanism to activate resources and support for communities impacted by suicide. They provide an early alert system which is able to identify impacted communities and individuals and prioritise referrals to appropriate support.

If the geographical coverage of the protocol group is too broad or too distant from the impacted community, the participating services are less likely to have localised connections and be well integrated:

- ✓ Consider **place-based approach** (i.e., embedded in local service systems and communities, and understanding of local contexts and socio-demographics)

Positioning the protocol group within an active and integrated service system is integral to seamless responses as it leverages existing relationships and optimises outcomes for communities. Connections are essential to supporting agile and timely coordination which addresses the impacts of suicide in a timely manner and in ways which meet the nuanced needs of the locality.

People with a lived or living experience of suicide bereavement are central to informing PPRG responses and bring essential insights:

- ✓ Centrality of community and lived experience (i.e., community and **lived experience expertise** is used to inform all stages of postvention protocol initiatives and responses from development to evaluation)

Care and consideration should be given to the ways that lived experience is integrated into the decision-making and operations of the PPRG. For example, it may be distressing for community members with lived experience to join a PPRG Activation Group, due to the nature of information shared. To integrate lived experience perspectives, PPRGs can consider organisational representation such as Roses in the Ocean or Jesuit Social Service Support After Suicide; or connection with local suicide prevention groups.

Operating collectively as a PPRG ensures coordination of effort, maximises the efficient use of resources and mobilises the service system to do what it does best from each unique sector vantage point.

Key elements to consider are:

- ✓ **Timely, coordinated, tailored response** (i.e., timely availability of post-suicide bereavement support, flexible and responsive to individual needs and dynamic grief experiences, coordinated response at community and systems level, streamlining access and referral pathways)
- ✓ **Cross-sector collaboration** (i.e., including for example, police, first responders, clinical mental health, community health, refugee health, local government, state government funded health and community services, specialist suicide bereavement services, youth mental health, multicultural youth, lived experience, and substance use support)
- ✓ **Leveraging system capacity** (i.e., engaging relevant existing institutions, groups and agencies including for example schools, sporting groups, community groups and services)

At a systems level, PPRGs bring key agencies together who would otherwise have potentially worked in isolation, risking both duplication and/or gaps in responses to communities impacted by a suicide. Regular strong communication between agencies ensures there is consistent and considered messaging to the community which provides reassurance and clarity rather than increasing community anxiety.

Key recommendations related to collective messaging include:

- ✓ **Confidentiality** (i.e., appropriate treatment of sensitive data)
- ✓ **Responsible communication** (i.e., encourage responsible, accurate and sensitive representation of mental illness and suicide)
- ✓ **Cultural safety** (i.e., provision of health and social support services in culturally appropriate and accessible ways)

A strategic goal of the protocol team is to determine when it is appropriate for support to be offered and the kind of support which would be of most value, based on real-time communication and understanding of community needs.

Cultural consideration
Where a suicide has occurred in a culturally diverse community, it is important to ensure that responses are nuanced to their specific needs. This includes adapting postvention strategies to align with how the community processes grief and loss and understands suicide.

For example, it may be appropriate to reach out to community elders, faith leaders and other influential figures to lead the response. In relation to collectivist cultures where there is a higher level of interdependence amongst community members there are additional considerations such as a recognition that the impact is not likely to be contained to one geographical area.

4.2 Elements of an Activation

There are levels of Activations that can be undertaken within a PPRG structure.

Some PPRGs have categorised their responses into Full or Light Activations.

A **Full Activation** is where all stakeholders come together and collectively convene a response.

A **Light Activation** may be decided as more appropriate, where the coordinator undertakes the required follow-up and liaison with stakeholders, without the involvement of the PPRG.

This is more common in circumstances where the incident is either not causing major distress or the impact is already being managed well and does not require additional support.

A group may also need to consider a targeted Activation, inviting only those stakeholders needing to be involved or with specific expertise for example after the suspected suicide of someone from the LGBTQIA+ community.

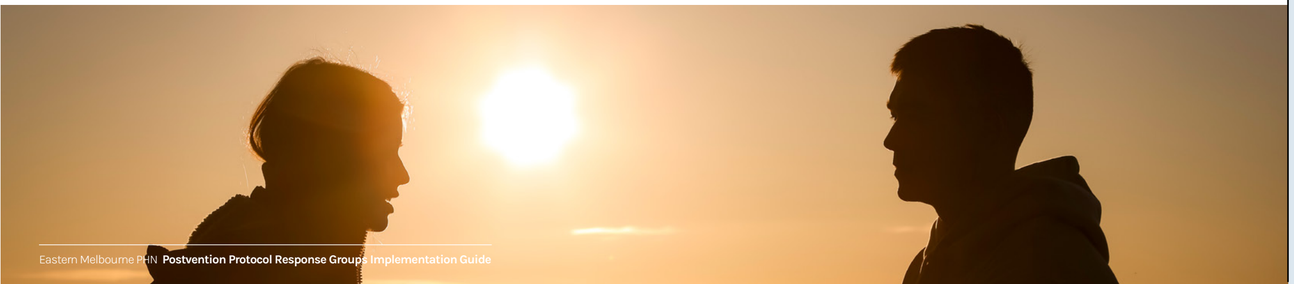
4.2.1 Identifying if postvention response Activation is appropriate

The notification of a death by suicide or suspected suicide through the police (or less commonly a coroner) commonly marks the initial decision point for a postvention response Activation.

There are several key factors to consider which indicate that a postvention response will be the appropriate course of action. These include:

Broad distress among extended family and friends	Limited existing service options	Wider media interest or social media attention	Critical incidents (other than suicide) heighten community distress
Multiple schools, workplaces and other social environments being affected	Priority groups being affected (such as LGBTQIA+, Aboriginal and Torres Strait Islander, or CALD communities)	Significant potential for community impact and concern (e.g., if the deceased is well known or the suicide was of a public nature)	Potential for suicide contagion or development of a suicide cluster (especially if the deceased and those affected are aged 10-25 years)

It is important to emphasise that no two postvention responses are ever the same, and as such, each community affected by suicide will require careful consideration to identify the nature and magnitude of impacts, the specific population groups and settings affected, and wider associated risks.



At the time the PPRG receives a notification of a suspected suicide, several other pieces of information are likely to also be received. These combined, will assist with informing whether an Activation is appropriate and include:

- ✓ Notification of a death by suicide
- ✓ People aged between 10-25 years are likely to experience substantial impact from the incident
- ✓ The deceased was aged 10-25 years
- ✓ Impact on priority groups (e.g., LGBTQIA+, Aboriginal and Torres Strait Islander, CALD communities) observed
- ✓ Critical incidents (other than suicide) which have the potential for high levels of community distress or where the affected community group is over-represented in suicide statistics with potential for suicide contagion
- ✓ Broad distress among extended family and friends

PPRGs should actively work with police as a key stakeholder. It can be useful for PPRGs to first engage with 'district' or 'inspectorate' level decision makers within police - seeking authorisation, endorsement and contact pathways. This can assist in addressing the challenges police members face in terms of shift-work and rotating staff rosters. Notifications of suicide deaths which arise from community or non-police stakeholders should always aim for verification by police.

If the individual who has died by suicide is a young person or a member of a population who are at disproportionate risk of suicide, it is highly likely that an Activation will be called given their elevated risk and the potential for contagion.

Additional factors related to the level of exposure a community has to the incident should be considered in determining if an Activation is appropriate.

These relate to the scale and scope of the Activation:

- ✓ Public nature of the critical incident
- ✓ Potential for media interest and/or death is receiving attention in the community including on social media
- ✓ Potential for significant community impact, community concern related to the suspected suicide, and/or where the individual that died by suicide is well known in the community
- ✓ Statistics indicate that a suicide cluster may be developing
- ✓ Evidence that multiple schools, workplaces and other social environments (e.g., clubs) are affected
- ✓ Limited service options (e.g., rural/ semi-rural communities)

In tightly connected communities with prior exposures to suicidal behaviours, such as some rural, regional or remote locations, critical incidents (such as car accidents or homicides) can re-trigger community distress and increase the risk of suicidal behaviours. PPRGs operating in localities where these risks are present may consider activating their protocols after a critical incident (non-suicide) as a preventative measure.

4.2.2 Key elements needed in a postvention response Activation

The composition of key elements involved in postvention responses should generally be guided by identified community needs, as well as the existing evidence and guidance on best practice in postvention.[1-9] It will also depend on what services are locally available, and which additional supports can be sourced externally.

When a postvention response is activated, the first step is to establish accurate information about the death and identify all those affected, including family members, friends, colleagues, neighbours, community members, and witnesses. Confirmation of the details related to the death, particularly in suspected suicides, should occur in coordination with police. (See section 4.4 information management.)

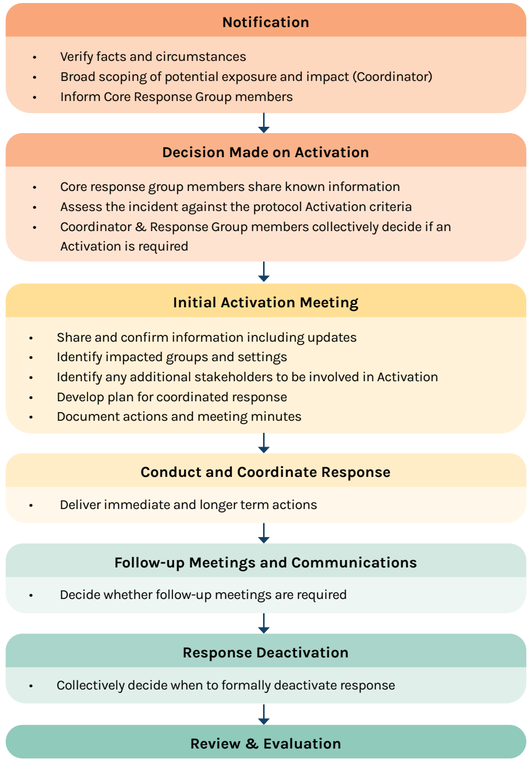
The initial Activation meeting tends to focus on determining immediate priorities, including gaining insights regarding family preferences for referring to the death of their loved one. It is also essential to provide support such as emotional first aid for first responders and ensure both immediate and extended family members are supported from the outset.

Targeted and tailored responses should then be developed for specific groups or institutions where the risk of suicide contagion or post-traumatic stress is elevated, such as schools, sports clubs, workplaces, and emergency services. Engagement with impacted community groups, local suicide prevention collaboratives, and frontline workforces is essential to identify needs and provide ongoing support.

Dedicated support sessions by qualified facilitators may be offered to affected workplaces or community organisations. All discussions, actions, and referrals should be carefully documented to ensure transparency and accountability throughout the response.

Effective postvention planning requires clear communication and coordination across the community. This involves how to engage with the public, notifying mental health and community health services about the potential for increased distress, and referring at-risk individuals and families for specialist bereavement support. Monitoring and strengthening safe and responsible social media reporting are also vital to reduce harm and prevent contagion.

The need to be flexible and nuance responses and to be agile in offering tailored support are core to PPRGs Activations.



The above diagram is an example of how to chronologically structure an Activation/response.

There are a number of phases common to a postvention response including confirmation by authorities of specific details related to the death, convening of the initial and subsequent Activation meetings (which involve coordinated and targeted responses to impacted communities) and a decision to deactivate the response.

Key elements needed in a postvention response Activation include:	✓ Targeted responses for priority groups	✓ Initial Activation meeting	✓ Establishing needs and engagement with workforces with higher risk of Post-Traumatic Stress Disorder (PTSD) and suicide (eg., first responders, inclusive of professionals and volunteers)
✓ Confirmation of details of suspected suicide with police	✓ Referral of at-risk individuals and families for specialised support	✓ Support for both immediate and extended family members	✓ Establishing needs and tailored response for institutions where suicide contagion and cluster can be at an elevated risk (e.g., schools, sports club, community groups, workplaces, inpatient facilities)
✓ Planning how to communicate and engage with community	✓ Monitoring and strengthening of safe and responsible social media reporting	✓ Establishing needs and engagement with frontline workers	✓ Establishing accurate information about the death and those affected (including families, friends, colleagues, neighbours, community members and witnesses)
✓ Following up actions from each step in the Activation	✓ Support sessions provided to workplaces or sporting clubs who are impacted by a recent loss	✓ Establishing family preferences for referring to the death of a family member	✓ Notifying mental health and community health services that they may see an increase in presentations from people in distress due to the death
✓ Provision of emotional first aid for affected first responders	✓ Documenting all discussions and referrals	✓ Establishing needs and engagement with impacted community groups	✓ Establishing needs and engagement with members of the local suicide prevention collaborative

4.2.3 Factors used to inform a decision to deactivate

A principle factor informing a decision to deactivate a postvention response is evidence that all known impacted people and communities have been offered adequate support and information. If the PPRG conducts a review of the initial response (with input from key stakeholders and community) and assesses that community risk has been mitigated, it can make a determination that the postvention response is deactivated.

When considering deactivating a response, the continuum of suicide 'survivorship' suggested by Cerel et al.[10] can aid decision-making through identification of 4 cohorts that have been impacted to differing degrees; those exposed, affected, short-term bereaved and long-term bereaved.

When stepping down a response, also consider the following questions:

- Has the initial response categorised those impacted with one of the four cohort groups?
- Has there been a targeted response to support each cohort?
- Is the PPRG satisfied that actions have alleviated the immediate risk for these groups?

Capacity building and recovery in a community that has been significantly impacted by a suicide can be a long-term process. Deactivating a postvention response is independent of resilience and capacity building activities from an ongoing prevention perspective.

Exposed
Everyone who knew or identified with the deceased

Affected
Those who are experiencing significant psychological stress

Short-term bereaved
Everyone who has grief related reactions

Long-term bereaved
Those who face extensive grief reactions over a longer period

The decision to stand down an Activation is primarily informed by a collective understanding that community risk has been significantly reduced. Factors used to inform a decision to deactivate include:

- ✓ Activation group has assessed that community risk has been mitigated
- ✓ All known impacted people and communities have received support and information
- ✓ Relevant resources/toolkits have been distributed
- ✓ Review has been undertaken – including input from key stakeholders and community – and recommendations made to protocol advisory group following response
- ✓ Capacity has been built in the community

Indications that risk has been mitigated can include that there has been no new knowledge received of additional areas of community impact. In addition, scoping of known impacted groups and/or individuals confirms that support has been offered, resources distributed and all actions identified by the response group have been undertaken.

A comprehensive review of the response by the Activation team is important to decide whether to close the response. It is also essential to scope feedback from the community to determine whether there is a sense of reduced anxiety and reassurance that those impacted are receiving adequate support. Other factors which can contribute to the decision to deactivate include where media attention has abated.

Further factors indicating that deactivation is appropriate are signs that distress has decreased and communities are feeling resourced and confident that they themselves have the capacity to respond or reach out to relevant services if needed. A PPRG can always make a decision to re-activate if new and relevant information is discovered that indicates the situation is not contained.

4.3 Managing external communication

To coordinate an effective postvention response there are several key factors to consider with regard to external communications. These include pre-emptively managing social media, implementing a communications plan within the community, engaging with media outlets and monitoring public health messaging.

There are many Australian resources that have already been developed to support safe and effective communication related to suicide. Mindframe for example has a comprehensive folio which can be freely accessed.[11] It is useful for PPRGs to review existing tools and resources, as many can be adapted to suit the needs of differing locations.

Targeted social media campaigns can be developed to encourage help-seeking and reinforce pathways to support, alongside collaboration with the e-Commissioner to address and remove social media content that may cause harm.

PPRG communication with the community after a suicide can significantly shape how they navigate grief, loss and help-seeking. Proactive engagement with media outlets to support responsible reporting, together with continual monitoring of public health messaging to ensure it remains safe and accurate, forms the foundation of a coordinated and protective communication approach.

Key steps include:

- ✓ Monitoring and strengthening of safe and responsible public health messaging
- ✓ Engagement with media outlets to ensure responsible reporting
- ✓ Targeted social media campaign to encourage help-seeking
- ✓ Collaboration with the e-Commissioner to remove social media posts of concern

More recently, an on-line initiative known as #ChatSafe has been developed and refined to provide sophisticated geotagged social media messaging. This can be targeted specifically to areas where a suicide has taken place and nuanced to address the support needs of youth, parents and the community more generally. This Australian initiative has been recognised as best practice both here and internationally.[12] It includes guidelines and comprehensive resources on how to talk safely about suicide and self-harm online.

Developing a relationship with media outlets can help to influence safe communication and reporting related to suicide in the area covered by the PPRG. This relationship generally flows both ways, with the PPRG also being responsive to requests arising from the media outlet.

Some media outlets have editorial policies that support safe communication and reporting related to suicide. These outlets may be more responsive to outreach from PPRGs. It should be noted that media outlets may choose to interact with a PPRG, but ultimately the PPRG has no editorial control over what a media outlet decides to publish.

The development of a communications plan outlining how the PPRG engages with the broader community can support the dissemination of information to organisations and community groups such as sporting and recreation clubs.

Consider the following recommendations when implementing a communications plan:

- ✓ Communication plans for how to engage with the community
- ✓ Information sessions for communities, organisations, sporting and recreation clubs to address stigma and use of responsible language

Where a school community has been impacted by the death of a student, multiple offers of support and resources from various organisations, whilst well intentioned, can add to confusion. This can overwhelm those in decision-making roles who are likely already experiencing heightened anxiety and distress. The PPRG communications plan should consider how to communicate as a collective with impacted settings such as schools.

Scan for insights

Social media campaigns can be aided by the use of location or 'geotagging' in the campaign strategy. This is particularly useful for PPRGs in rural and regional areas.

4.4 Information management

The establishment of PPRGs aligns with a key recommendation of the Royal Commission into Victoria's Mental Health System (RCVMHS). The recommendation called for the development of **"suicide prevention and response local alert systems (to) be established across Victoria (that) bring local stakeholders together to use real-time data to trigger and develop a tailored, comprehensive service response."**[13]

PPRGs are strategically positioned to map contributing risk and protective factors associated with suicide at a place-based level. This locally derived information can strengthen the capacity of communities and the service sector to pre-empt pockets of emerging risk and ideally direct resources more rapidly to reduce such risk.

Robust information management requires:

- Determining who has access to specific types of information
- Establishing trusted, verifiable information sources
- Identifying the level of information required to guide an appropriate and timely response
- Establishing information sharing protocols between institutions and agencies

Information management relates to safely and sensitively collecting and handling details of suspected suicides, whilst data surveillance refers to using that information in a systematic way to identify trends and emerging risk.

Understanding the minimum information required to provide targeted postvention support to a community is important. The following are initial considerations:

- ✓ Determining what level of information is necessary to inform an appropriate response
- ✓ Establishing trusted and verifiable sources of information
- ✓ Social media monitoring, particularly for relational/ non place-based communities

Responsible management of information is integral to a PPRG's operation. The following recommendations outline areas of consideration:

- ✓ Establishing parameters for responsible sharing of necessary data among participating agencies
- ✓ Establishing information sharing protocols between institutions and agencies
- ✓ Adherence to relevant information privacy legislation and principles
- ✓ Secure storage and limited access to sensitive data
- ✓ Where there are concerns about duty of care to others, limited information (deidentified or password protected) is shared with appropriate parties
- ✓ Identifying who is privy to what information

Real-time communication with affected family and friends provides insight into the timing and nature of support needs and understandings of the broader context and related needs. This information is valuable to informing data sharing as necessary.

A place-based approach to information management is particularly valuable when supporting communities from diverse ethnic backgrounds. Current national data sets provide limited information about ethnicity and cultural determinants, with existing data sets primarily capturing factors such as country of birth.

This does not take into account the ethnicity and cultural backgrounds of young people who were born in Australia who may be strongly embedded in and influenced by community cultural and social dynamics, not-withstanding the diversity and intersectionality which exists within all population groups.

Engagement, particularly with those from refugee and people seeking asylum backgrounds is key to accessing more granular data to complement potential gaps in population level data. It is not uncommon for there to be heightened stigma and a subsequent reticence to disclose suicidality in some communities, which may necessitate addressing issues of risk with sensitivity to cultural understandings.

Scan for insights

It can be useful to develop a written agreement outlining responsibilities related to confidentiality and privacy - and to have a version available for an invited 'guest' to agree to before participation.

Data surveillance is enhanced by integration between local datasets (such as real-time gathering of data on the frequency and rate of suicide in local communities), and state or national metadata (such as jurisdictional level suicide registers and information held by the Australian Institute of Health and Welfare). Such integration facilitates identification of emerging vulnerabilities and possible contagions, but also protective factors to inform prevention advocacy, as detailed in the following recommendations:

- ✓ Integration between local data and metadata from state and national registers and projects (e.g., suicide registers, Commonwealth Australian Institute of Health and Welfare data surveillance) to identify emerging vulnerability
- ✓ Analysis of Activations and associated risk and protective factors
- ✓ Analysis of increase in suicides and possible contagions
- ✓ Analysis of prevention advocacy and strategies
- ✓ Sharing of relevant analysis with senior police staff
- ✓ Using real-time communication with affected family and friends to ascertain the timing and nature of support
- ✓ Real-time gathering of data on the frequency and rate of suicide in local communities

5.
Preventative Capacity and Sustainability

This section outlines recommendations for optimising the preventative capacity and sustainability of PPRGs.

5.1 Preventative capacity

PPRGs provide an early intervention response to address the impact of suicide by mobilising the local service system. They take a more systemic approach to reducing the distress and trauma experienced by communities and offer a platform for local stakeholders from different parts of the service system to facilitate a coordinated response.

Postvention activities are clearly preventative in that they focus on reducing the distress and trauma of those exposed to suicide. In addition, services involved in postvention work acquire greater suicide literacy and knowledge of local risk and protective factors. This increased understanding can strengthen preventative activities.

Shifting activity from bereavement support immediately post a suicide, to activities focussed on community recovery and resilience, facilitates the move from postvention to prevention.

A further extension of a PPRG's preventative capacity is shifting the emphasis from postvention response work only, to include proactive risk surveillance. This requires a degree of organisational maturity in establishing a mechanism that involves the ongoing collection, monitoring, and analysis of timely data from trusted sources (see section 4.4.). It supports early detection and identification of emerging themes, as well as anticipating dates of significance.

Over time, PPRGs can surface trends and more deeply understand the nuances of their local areas. This can have direct benefits for targeted suicide prevention activity and capacity building.

Postvention activities unfold their full preventative potential when they inform broader prevention activities. PPRGs are well placed to strengthen local postvention pathways, ensuring their integration with the broader mainstream service system.

Preventative capacity of regional postvention protocol response groups is enhanced by:

- ✓ Postvention activities informing and activating prevention activities
- ✓ Postvention and prevention teams working in tandem with discrete roles and responsibilities
- ✓ Strengthening of local postvention pathways and their integration with the broader mainstream service system
- ✓ Local postvention activities leveraging and facilitating more widespread suicide prevention awareness activities
- ✓ Partnership with local government, Men's Sheds, Action teams etc
- ✓ The protocol group bringing together organisations and agencies to facilitate referrals and information sharing about services

Working closely with community stakeholders, PPRGs can develop strategies for hardly-reached populations, ensuring cultural safety in postvention activities, and reducing stigma with community organisations as entry points for suicide prevention.

This can include other key support structures such as places of faith, culturally specific sporting clubs and community hubs known as safe gathering places.

PPRGs can take a preventative stance through reassuring communities that support is available, identifying varying levels of community need and corresponding support options, actively facilitating service referral and information sharing:

- ✓ Development of strategies for hard-to-reach populations
- ✓ Engagement of community leaders with lived experience
- ✓ Ensuring cultural safety through involvement of cultural groups and observation of culturally important times and events in postvention activities
- ✓ Identification of the degree of emotional impact on different parts of the community and appropriate corresponding services (e.g., bereavement, community groups, trauma support)

PPRGs are well positioned to monitor and map contributing risk and protective factors over time at a place-based level. In effect they can play a surveillance role where existing cross sector collaboration of PPRG stakeholders can be mobilised to collectively identify emerging risk across the region. This facilitates the capacity to respond to and direct resources to address vulnerability in a more timely manner.

In addition, given that the stakeholder group comprises a range of sector representatives (including from Mental Health, Alcohol and other Drugs, Clinical services, Youth services etc), it ensures that responses can be nuanced and targeted according to the specific needs of community, drawing on the collective resources the group holds.

The following recommendations are focused on **prevention activities:**

- ✓ Proactively monitoring key community vulnerabilities and protective factors
- ✓ A proactive and preventative stance – reminding communities that support is available
- ✓ Promotion of mental wellness and problem-solving strategies through institutions and services
- ✓ The use of community organisations as an entry point for suicide prevention to help address the stigma associated with seeking help
- ✓ Advocating for support across the lifespan where the impact of the incident on young people is deemed substantial
- ✓ Capacity building (e.g., provision of training to organisations, schools, sporting and recreation clubs, faith and community leaders, first responders)
- ✓ Provision of support to first responders, including optional long-term support, determined by impact
- ✓ Provision of support to organisations to develop internal postvention plans and response capacity
- ✓ Implementation of programs in schools to address non-suicidal self-harm
- ✓ Planning for recovery and return to long-term wellbeing and optimal functioning within schools and workplaces in consultation and collaboration with stakeholders
- ✓ Identifying needs for suicide prevention and postvention education and training

PPRGs provide training, support and capacity building to key stakeholders, including services, first responders, workplaces, schools, sporting and recreation clubs, and support local agencies in developing internal postvention plans and response capacity.

They can play a proactive role in monitoring community vulnerabilities and protective factors, identifying education and training opportunities to address support needs.

5.2 Sustainability

There are several strategies that PPRGs can adopt to ensure that their operations remain sustainable and effective in the long-term. These include the creation of a dedicated postvention protocol coordination role to provide systemic oversight, administration and operational support.

Research and evaluation are also essential to establish the feasibility, fidelity, and effectiveness of postvention responses (ensuring that responses are viable, carried out as planned, and meet local needs), whilst enabling ongoing learning, critical enhancement and future adaptation.

And of particular note, the capacity building that PPRGs provide to support local groups to undertake suicide prevention activities underpins a sustainable approach to postvention that both leverages and builds system capacity, broadening the preventative impact of the response.

The following recommendations focus on systems levers that can support sustainability of Postvention Protocol Response Groups including:

- ✓ An integrated service system
- ✓ Integrating postvention protocols as a key component in broader suicide prevention strategies and response systems
- ✓ Creating a dedicated postvention protocol coordination role to provide systemic oversight, clerical and operational support
- ✓ Longer term funding models

One of the most significant enablers in fostering strong sustainable collaboration within a localised service system is access to a dedicated paid coordination role. Sustainability is greatly enhanced by a substantive funded position which provides essential backbone support and systemic oversight to coordinate and align collaborative efforts across the system and at the community level. There is intensive activity during responses which focuses on establishing accurate information related to the suspected suicide, ascertaining the extent of community impact, regular liaison with protocol group members and mobilising responses.

Capacity to undertake all of these activities is greatly enhanced if there is a paid coordination role, and the conditions reflected in the following set of recommendations are present:

- ✓ Support to local groups to undertake local suicide prevention activities
- ✓ Establishing networks, connections and relationships in communities (e.g., support of activities such as “Kitchen table conversations”, community communication campaigns)
- ✓ Training provided on uniform risk assessment tools to be used across sectors
- ✓ Funding models that reduce competitiveness and increase collaboration

As PPRGs continue to be rolled-out across the nation, evidence their value and move to becoming a key component of the suicide prevention eco-system, there are steps that will enhance their sustainability.

The following recommendations are integral to the continuous improvement and integrating PPRGs in the service system:

- ✓ Facilitating collaboration and learning between different protocols as a community of practice
- ✓ Research and evaluation to assess feasibility of protocol
- ✓ Research and evaluation to assess effectiveness of protocol
- ✓ Research and evaluation to assess fidelity/integrity align protocol implementation (that it was carried out as planned)

When members of a PPRG develop a deep level of trust and connection over time, this culture enhances sustainability. It becomes evident when members of a PPRG support each other in responding to what can be highly distressing situations and share a collective motivation to meet the needs of individuals and communities impacted by suicide.

> “
> ***Working collaboratively together in this group has proven what can be achieved in regard to community safety and wellbeing when dedicated services rally together to achieve a common goal…it has been a privilege to engage in this work with the group.***
> ***- Stakeholder***

Scan for testimony

6. Appendix

6.1 Considerations for specific contexts and populations

The Delphi study items were broad ranging and not specific to any settings. The expert panel participating were from across Australia and included participants from high density urban areas, peri-urban areas, rural settings and remote communities.

An additional six items met the threshold for inclusion as recommendations to consider, explicitly for PPRGs in rural settings, these are discussed as follows.

6.1.1 Contextual considerations in rural areas

There are a number of key considerations for PPRGs in regional and rural settings. While these considerations are particularly important in rural settings, many are more broadly applicable and reflect the general guidance for PPRGs previously provided:

- ✓ **Structured processes:** Consider implementing more structured coordination processes to overcome potential insularity in rural service provision. For example, when a community becomes aware of a suicide, one of the most immediate actions is to clarify roles and communication protocols to coordinate service provision across agencies.
- ✓ **Stakeholder capacity building:** Focus on integrating and building capacity among local agencies and stakeholders not typically involved in postvention. The PPRG may provide training on suicide bereavement support to local agencies, sports clubs, churches and community groups.
- ✓ **Online resource dissemination:** Consider the dissemination of online support resources, especially in areas with limited access to in-person services. To address limited local service access, the PPRG may create and disseminate online resources including bereavement support information, help-seeking guidance, and self-care strategies tailored for rural community members.
- ✓ **Coordinated support access:** Plan for coordinated access to both local community supports and broader services. The PPRG may coordinate access to additional clinical supports by arranging for urban-based counsellors to provide outreach services in the community on a rotating basis.
- ✓ **Youth suicide clusters:** Be aware that increased remoteness is linked with elevated suicide rates[14] and the death of a young person can increase risk for other young people exposed to suicide. Plan targeted interventions to address risk of suicide clusters among rural youth. For example, the PPRG may work closely with local schools to identify at-risk students and provide targeted interventions and monitoring.
- ✓ **Cross-community coordination:** Be prepared to coordinate with neighbouring regions if the impact extends beyond the immediate community. If it becomes clear that the suspected suicide has impacted neighbouring towns, it is important that the PPRG coordinate with mental health services and schools in adjacent rural communities to ensure consistent messaging and support.

Identifying and responding to the social transmission of suicidal behaviours (suicide clusters)

Social transmission of suicidal behaviours can be more common in rural and regional communities due to the density of connection, social networks and the increased prevalence of the social and demographic drivers of suicidality. These risks increase in rural and regional communities which have historic exposures to suicide deaths. PPRGs in rural and regional areas should plan for how they will identify, verify and respond to the social transmission of suicidal behaviours. Planning should consider the role of police and state coroners courts and access to evidence-based frameworks and external resources.

Support considerations for PPRG members in rural and regional communities

Activating postvention responses in rural and regional communities can take a particular toll on PPRG members. The density of connection in smaller communities increases the likelihood that PPRG members may know the person who has died by suicide. Members of rural and regional PPRGs are also more likely to experience the emotions of their community as it responds to a death and to be approached by community members who are distressed. Debriefing and supports for PPRG members in rural and regional communities should be planned from the outset and enacted as a regular part of PPRG operation.

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