headspace
National Youth Mental Health Foundation

responding to suicide: a toolkit to support Australian universities

second edition

acknowledgements

Acknowledgement of Country

headspace National acknowledges Aboriginal and Torres Strait Islander peoples as Australia's First People and Traditional Custodians. We value their cultures, identities and continuing connection to Country, waters, kin, and community. We pay our respects to Elders past and present and are committed to making a positive contribution to the wellbeing of Aboriginal and Torres Strait Islander people, by providing services that are welcoming, safe, culturally appropriate, and inclusive.

Acknowledgement of lived experience

We acknowledge the lives lost to suicide and recognise those who have survived suicide attempts, and those who struggle today or in the past with thoughts of suicide, mental health issues and crisis situations.

We acknowledge all those who have felt the deep impact of suicide, including those who love, care and support people experiencing suicidality, and those experiencing the pain of bereavement through suicide.

We respect collaboration with people who have a lived or living experience of suicide and mental health issues and value their contribution to the work we do.

headspace Schools & Communities

The evidence, frameworks and content for this guide have been curated and compiled by the headspace University Support Program team with insights and feedback from higher education sector stakeholders.

Authors: headspace would like to acknowledge the following authors who have made significant contributions to this guide: Katie Bishop and Aislinn Whittenbury.

Acknowledgements of content contribution

headspace National would like to acknowledge the ongoing collaboration with Universities Australia, whose shared commitment to supporting the higher education sector has been integral to supporting Australian universities to plan for, respond to, and recover from the impact of suicide.

We would also like to acknowledge and thank the following contributors:

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contents

glossary of terms

Cultural safety
Cultural safety refers to the practice of enhancing individual and collective cultural identities while promoting the wellbeing of individuals, families, and communities. It emphasises creating an environment where clients feel respected and safe, with their cultural values considered. Unlike cultural competence, which focuses on practitioners' skills, cultural safety is an outcome experienced by clients, necessitating critical reflexivity among practitioners to avoid behaviours that may compromise client safety and access to health care.[1]

Exposure
In the context of suicide postvention, exposure refers to having knowledge or awareness that a death has occurred.

Family
For the purposes of this document, family is used broadly to people who are biologically, emotionally, culturally or legally related to a person. This is purposefully inclusive of extended, adoptive, and found families.

Glamourising or romanticising
Ways of communicating about suicide that can increase risk by presenting an idealised or overly sympathetic depiction of the death or the deceased.

Hindsight bias
The tendency to overestimate the predictability of an outcome after the outcome is known.[2]

Intersectionality
Intersectionality is a theoretical framework that helps us understand how an individual's identity and social factors interconnect and influence their unique and complex life experiences, particularly their experiences of disadvantage, discrimination, and privilege. Examples of social characteristics and social factors include age, gender, race, religion, sexuality, ability, socioeconomic status and whether a person is from a rural, regional, or metro area. An intersectional perspective allows us to deconstruct systems of power, to see the totality of an individual and discourages us from recognising a person's identity and social factors as discrete or separable concepts.[3;4]

Multicultural
A broad spectrum of cultural identities, including first, second, and third+ generation migrants from non-English speaking countries, people of colour, culturally and racially marginalised communities, refugees and asylum seekers and people identifying with culturally and linguistically diverse backgrounds. It is important to acknowledge that these definitions are non-exhaustive, recognising the intricacies of cultures, languages, ethnicities, religions, and identities.

Postvention
Actions undertaken following a suicide or suicide attempt with the aim of reducing the risk of further harm. Postvention activities aim to assist the bereaved, share hope- and help-seeking messages, reduce risk and distress, and provide prevention for the future.[5]

Postvention planning
Considered planning to address the factors that may increase or decrease suicide risk in individuals and communities using current evidence, public health approaches, treatment approaches, and community capacity-building to prevent suicide and suicide attempts.

Self harm
Any behaviour that involves deliberate injury to oneself. Self harm may be an attempt at suicide, although it is not necessarily so. It is usually a response to distress. Self harm is not a mental illness; it is a behaviour or symptom.

Sensationalising
In the context of suicide postvention, ways of communicating about suicide that exaggerate or dramatise the death or the deceased. Sensationalising depictions heighten emotional responses and can increase distress.

glossary of terms

Social and emotional wellbeing
A holistic health discourse that reflects Aboriginal and Torres Strait Islander wisdom and knowledge about health, which recognises cultural, political, social and historical factors to wellbeing. Can encompass Aboriginal and Torres Strait Islander connection to land, sea, culture, spirituality, family and community.[1]

Social contagion
See '*Suicide transmission*'.

Stigmatising
In the context of suicide postvention, communication or behaviour that villainise or degrade the death or the deceased and contribute to risk by making it harder for others in the community to speak openly about their own experiences or distress.

Suicidal behaviour
Acts such as suicide and attempted suicide. This also includes suicide related communications such as verbal or nonverbal statements expressing suicidal intent.

Suicidal ideation
The presence of any thoughts, plans, images, imaginings or preoccupations a person may have about ending their own life. Suicidal thoughts can range from a vague thought about 'not wanting to be around' to very specific thoughts and plans to die by suicide. These thoughts may or may not lead to a suicide attempt.

Suicide
Death determined by the coroner as a result of self-inflicted harm where the intention was to die.[6]

Suicide attempt
Self-inflicted harm where death does not occur but the intention of the person was to die.[7]

Suicide cluster
Suicide transmission can lead to a suicide cluster, where a number of connected suicides occur following an initial death.

Suicide contagion
See '*Suicide transmission*'.

Suicide response team
A core group of five to six university staff, with other staff added on a case-by-case basis at the SRT's discretion, whose remit is to manage the university's response to a death by suicide.

Suicide transmission
The phenomenon whereby exposure to (or knowledge of) suicide or a suicidal act within a school, community or geographical area increases risk of suicide for other people in this area, particularly people who believe themselves to be closely connected with the deceased.[7]

Thoughts of suicide
See '*Suicidal ideation*'.

about the headspace University Support Program

The headspace University Support Program is a government-funded initiative that provides fully funded, expert support to Australian universities in their suicide prevention and postvention efforts. The program offers flexible, evidence-informed services tailored to the needs of each institution.

> "headspace University Support Program walks alongside universities to build safer, more supportive environments offering expert, evidence-informed support at no cost to institutions."

What we offer

The program includes:

- **interactive workshops** for university staff on suicide prevention and postvention
- **bespoke and in-person training**, tailored to specific faculties or initiatives
- **postvention response and recovery support** following a suspected suicide
- **policy and framework consultation** to strengthen mental health strategies
- **executive briefings** to support leadership engagement and planning.

Universities can access individual services or engage with the full suite as part of a broader, integrated approach.

Why it matters

University communities face unique mental health challenges. The headspace University Support Program helps staff feel more confident, better equipped to plan for, respond to and recover from the impact of suicide ultimately fostering safer, more supportive campuses.

To learn more or access support, contact the University Support Program team at universitysupport@headspace.org.au

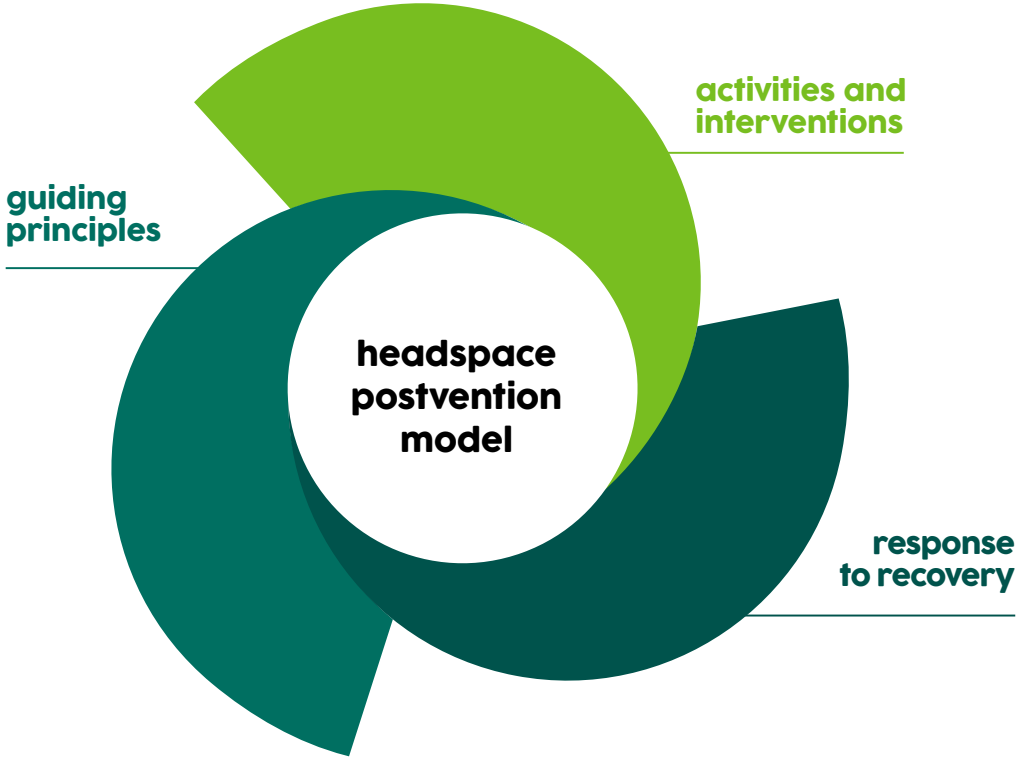
introduction

Death by suicide is always a profound and devastating loss. Its impact can create ripples of distress and risk that could touch any corner of the community. Universities have a responsibility to respond with evidence-based approaches to support their communities when it does occur.

Any university may find themselves responding to the suicide of a member of their community at any time. It is often difficult to navigate the practical and emotional complexities that come along with responding to suicide sensitively and effectively. In response to this challenge, this resource and the University Support Program at headspace National aim to equip university staff across Australia to plan for, respond to and recover from suicide impact in line with best practice postvention recommendations.

postvention

Postvention refers to actions undertaken following a suicide with the aim of reducing the risk of further harm. Postvention activities aim to assist the bereaved, share hope- and help-seeking messages, reduce risk and distress, and provide prevention for the future.[5] While suicide bereavement support is one form of postvention, this resource takes a systems focus to supporting university communities in the aftermath of a suicide.



how to use this resource

This generalist resource can be used in conjunction with our other resources to support university staff in Australia to plan for, respond to and recover from the impacts of suicide in the university community.

This document is intended to be used as a guide, to be read in its entirety.

You and your team may use this resource:

- as a supplement to your own critical incident plan, providing further depth of information while in response
- to provide education to relevant staff on the principles of postvention – the University Support Program facilitates workshops based on this resource.

An introduction to some principles of suicide can never replace formal training. We strongly endorse further study and training with accredited and evidence-based suicide assessment and reduction programs.

When to use this resource

This resource aims to support universities at any stage; not only when immediately responding to a suicide or suspected suicide. This includes when the university is planning for, responding to or recovering from an impact of suicide.

However, we encourage you to pause and ensure that the death has been confirmed, before taking further action to enact a suicide response. A suspected suicide refers to an incident where an external stakeholder (for example, police) or family member have reported that a university community member has died by suicide. In the absence of having confirmation that a suicide death has occurred, this resource can support the university's SRT to identify actions that can be taken to respond to conversations regarding suicide, as well as increased suicidal distress, as evidenced by increasing presentations to the university's mental health and wellbeing support.

The information in this resource is relevant even if the death is not yet a confirmed suicide. In Australia, only a coroner has the legal authority to determine if a death was suicide. Intent cannot always be determined, and the death may be classified as accidental or undetermined, for example. The length of time this takes varies widely depending on the complexity of the case; it could be several months to over one year. Importantly, the perception that a death is a suicide can significantly influence the safety and well-being of individuals and communities, potentially more so than deaths from other causes. Therefore, belief that a death was suicide can elevate the risk to community safety due to the potential for suicide contagion. This highlights the critical need for responsible communication, timely mental health interventions, and community support to mitigate these risks.

The information in this resource relates to suicide and not suicide attempts or crisis intervention. Exposure to suicide attempts is associated with a different pattern of risk when compared with exposure to suicide deaths. This demonstrates the need for differentiation between those interventions developed to respond to the potential adverse effects following exposure to suicide versus suicide attempt. The information in this resource pertains to suicide death only.

This resource is not

- a clinical document for use with individual mental health interventions
- a practice manual for undertaking a suicide risk assessment and formulating a support plan to respond to an individual's suicidal ideation and/or behaviour and subsequent distress
- a resource to assist universities to respond to self-harm incidents (including suicide attempts).

If you have concerns about the immediate safety of a student or staff member, call 000 for support.

If you are currently supporting someone in suicidal distress, please follow your university's internal support processes.

Refer to the **directory of support** in this document for a list of national supports and helplines.

To review service offerings available via the University Support Program visit the website here or via the QR code.

emotional safety

The topic of suicide may bring up a range of emotions. It is important to take care of yourself as you engage with the content of this resource.

If you are reading this resource and have been impacted by a suicide, it is important to take your time to consider your role in a response and how you can look after yourself.

If you feel you are unable to proceed with having an active role in the process, opting out of the coordination of the university's suicide response is essential to maintain your own wellbeing.

If you are leading the university's suicide response it is important that you frequently provide the message to the team that opting out of playing a role in the response is okay, and that mental health and wellbeing support is available to staff.

It can be helpful to ensure that staff are aware of how to access the university's employee assistance program (EAP), and that details about how to access this support is provided to staff.

As you work through the steps aimed at restoring safety, check-in with yourself, connect with your colleagues, and access the supports available internally within your university and externally within your personal network.

Modelling good self-care and help-seeking are equally important as demonstrating effective leadership following incidents of this nature.

In addition to your university's EAP service, Lifeline is a free, confidential and 24/7 support service: **13 11 14**.

supporting diverse populations

Cultural safety must underlie all postvention activities. If the deceased individual identified as First Nations, or was from a multicultural background, cultural considerations and protocols must be observed.

It is possible that students or staff who identified as part of a diverse community may not necessarily have included this information in their enrolment. Cultural, spiritual or religious beliefs may have an impact on conversations about suicide. In some communities, this may become a barrier to understanding and accessing supports and prevent help-seeking. In others, these beliefs provide a significant protective factor, contributing to resilience and connection. There is immense value in drawing on the knowledge of cultural experts, such as community Elders, Leaders and other members of communities with whom the deceased identifies. To facilitate a culturally informed postvention response, it is necessary to adopt a co-design approach that prioritises cultural values and practices.

The following activities can help facilitate a culturally sensitive postvention response and should be included in postvention planning documentation:

- Consider communicating with relevant cultural experts and inviting their membership in the SRT, for example, the university's own First Nations Centre, or similar.
- Gather and provide information on culturally specific support services to multicultural families and First Nations families.
- Where the bereaved do not speak English as their primary language, engage a specialised mental health interpreter.
- Ensure that set places for reflection on site are culturally informed, such as calm spaces, prayer rooms, cultural gathering spaces or gardens.
- Engage with the communities with which the deceased individual identified (including university specific communities/clubs/groups).
- Ensure help-seeking pathways and support are inclusive of the communities/diverse populations of the bereaved.

LGBTIQA+ Postvention

To support the lives of LGBTIQA+ people impacted by suicide, it is essential to take an approach which centres the needs and voices of the community. If the deceased person was LGBTIQA+, or was connected to the LGBTIQA+ community, the university will need to ensure their approach is affirming and provides opportunities for safe support and connection for bereaved members of the LGBTIQA+ community.

As is true for First Nations, multicultural, and other diverse people, it is possible that LGBTIQA+ students or staff may not have included this part of their identity in formal documents or procedures. There are a range of reasons why a person may choose not to formally identify as LGBTIQA+ while still being connected to and embedded within their community. Coordinated and consistent approaches are required, as well as collaboration with dedicated LGBTIQA+ organisations, advocates, and community members.

The following activities can help ensure postvention planning is inclusive of LGBTIQA+ people and communities:

- Consider communicating with relevant LGBTIQA+ community leaders and inviting their membership in the SRT, for example, the university's Rainbow Alliance, Equity and Inclusion team, or similar.
- Gather and provide information on LGBTIQA+ specific support services.
- Ensure that set places for reflection on site are LGBTIQA+ inclusive, for example, considering gender neutral spaces and visual acknowledgements of inclusivity.
- Engage with the communities with which the deceased individual identified (including university specific communities/clubs/groups).
- Ensure help-seeking pathways and support are inclusive of the communities/diverse populations of the bereaved.

section 1
background

Suicide is a significant concern in Australian university communities.

While precise rates are undetermined, research indicates approximately one third of Australian university students experience suicidal thoughts and ideation.[9] Universities must be prepared for the need to respond to the suspected suicide of a student or staff member.

University communities face unique challenges when responding to suicide.[10]

Suicide exposure in university settings is typically more widespread and impactful than in the general population. This is, in part, due to interconnected communities and systems, e.g., academic departments, student services and support, administration and leadership, the broader student community, and external stakeholders and partners.[11] While interconnectedness can be a protective factor, it can also heighten exposure and impact in a community. There are many reasons why universities must enact a specialised response to suicide, including:

Heightened vulnerability

- There is a high proportion of young adults in most universities. This is a critical developmental stage regarding suicide risk.[12] and particularly suicide transmission risk, where exposure can influence vulnerable individuals.[13]
- Many students and staff may already be experiencing mental health challenges or other stressors (e.g. financial pressures, high workloads, competing priorities). There is evidence that Australian university students experience higher levels of distress than their age-matched peers not attending university.[14]
- For many students this may be their first experience with peer death and therefore a new and particularly challenging experience.[15]

Complexity in structures and systems

- There is a complex interplay between personal and professional relationships within and between universities.
- Universities are often large, siloed communities with multiple communication pathways.
- Different populations (staff, students, broader community) require different support approaches. Take student study mode alone; Some universities have distance students, students off campus, some are small and others large, some live on campus, in the community, are on placement, on exchange overseas – this factor alone demonstrates the huge variability in approach. There is no one size fits all approach.

a nuanced response to postvention

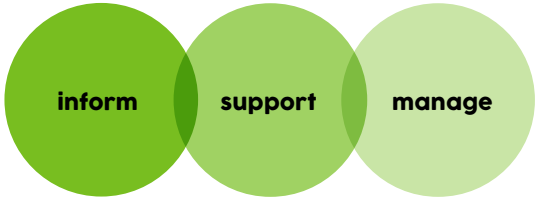
Importantly, no two suicides – or institutional responses – are identical. The complex nature of suicide, combined with unique characteristics of the university and its community's needs, means there is no universal approach to postvention.

The headspace University Support Program is underpinned by a model of suicide postvention that incorporates evidence and experiential learning derived from over 12 years supporting schools, universities and local communities in Australia to respond and recover from the impacts of suicide.

guiding principles

- complexity
- exposure
- impact
- safety
- self-care
- planning

activities and interventions



response to recovery

a nuanced response to postvention

guiding principles

These principles provide universities with a strategic framework for decision making during challenging times. Each principle helps institutions navigate complex decisions. These guiding principles all relate in some way to one another. As you are navigating the response, keep these guiding principles in mind:

complexity
How does recognising and acknowledging the complexity of suicide help inform our decision making in response?

exposure
Who has been touched by this event, and how might that circle expand?

impact
How is the community experiencing and processing this loss?

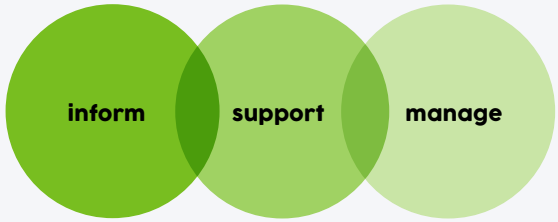
safety
How can we protect and support our university during this time?

self-care
How can we maintain our own wellbeing as part of our care for others and community?

planning
How effectively does our postvention plan support the needs of those exposed to the event.

activities and interventions

At its core, effective postvention activities will include:



Informing the community with clarity and care

Supporting those impacted, both students and staff

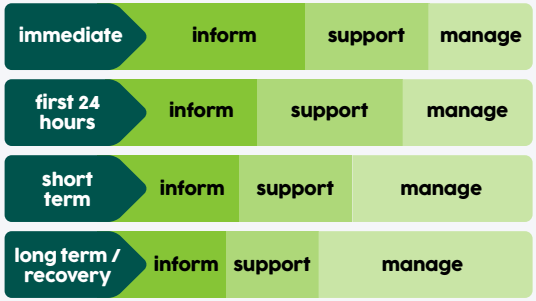
Managing the institutional response thoughtfully

These activities will change and shift over time. The response is not limited to the first 24 hours, and postvention activities can and often do continue for several days, weeks, and even years.

These activities should be flexible and can be adapted according to core principles.

response to recovery phases

An effective postvention response is not limited to the first 24 hours, and the balance of activity will shift and change over time. Some activities (such as those related to duty of care or confirming the facts of an incident) will need to occur immediately, while others (such as those related to reviewing the response or planning for key dates) will be more appropriate at a later time. In this resource, key considerations and actions have been grouped into four phases:



The remainder of Section 2 introduces the guiding principles of postvention. If you are in response, we recommend that you routinely pause to reflect on the questions above.

a nuanced response to postvention

guiding principles

These principles provide universities with a strategic framework for decision making during challenging times. Each principle helps institutions navigate complex decisions. These guiding principles all relate in some way to one another.

As you are navigating the response, keep these guiding principles in mind.

complexity

How does recognising and acknowledging the complexity of suicide help inform our decision making in response?

exposure

Who has been touched by this event, and how might that circle expand?

impact

How is the community experiencing and processing this loss?

safety

How can we protect and support our university during this time?

self-care

How can we maintain our own wellbeing as part of our care for others and community?

planning

How effectively does our postvention plan support the needs of those exposed to the event.

guiding principle 1
complexity

How does recognising and acknowledging the complexity of suicide help inform our decision making in a response?

Suicide is complex. This means the circumstances that lead an individual to contemplate suicide will be multifaceted and unique.

It is common for people, including university students and staff, to feel a need to understand the reasons that lead to the deceased ending their own life. It is also common for these people to feel a sense of responsibility over the death, as though they could have changed the outcome in some way.

Hindsight bias is the tendency for people to overestimate their ability to have predicted something that was unpredictable. In the postvention context, it is important to remind ourselves and others that no matter what the circumstance, we did the best we could with the information that was available. Keeping the principle of complexity in mind, there is no one situation, event, or factor that is at fault.

Risk factors for suicide

Suicide is rarely the result of a single factor or event. Although one event may appear to have triggered the suicide, it's unlikely to be this alone.

While most people cope with stressful or traumatic events in their lives without experiencing thoughts of suicide, some people will be at increased risk following these events. Understanding the interplay of context, risk and protective factors can indicate what might help to support a person at risk.

Risk and protective factors exist across all layers of a person's experience, and all people will experience different combinations of factors at an individual, interpersonal, community, and societal level. Because no two people have the same experience, the same factors could be protective for one person and increase risk for another.

Some populations within the community are over-represented in suicide rates. It is important to be aware that it is not anything inherent about being a part of these population groups that increases risk, but rather that there may be shared experiences, expectations, or pressures which result in an increase in their risk. It is important to consider intersectionality when identifying risk and protective factors that might be at play in each context, as there are often factors which are overlooked.

It is often harder to spot the risk factors and warning signs for people who are studying or working remotely, and this can make it harder to identify and support those who may be at risk. A history of suicide attempts and the presence of mental health issues are the strongest risk factors for suicide, but it's important to identify dynamic risks in the context of a presentation to understand the current risk state of the person.

Experiencing risk factors does not necessarily mean a person has had – or will ever have – suicidal thoughts or feelings. Likewise, the presence of protective factors in a person's life does not automatically protect them from harm or 'cancel out' their experience of risk factors. Understanding the risk factors a person experiences can help identify those at risk of suicide, and having an understanding of their protective factors can help identify appropriate sources of support.

Some people will develop suicidal thoughts or feelings without having a history of any risk factors. It is important to avoid relying solely on risk factors as a strategy for identifying people in need of support.

Key considerations for complexity

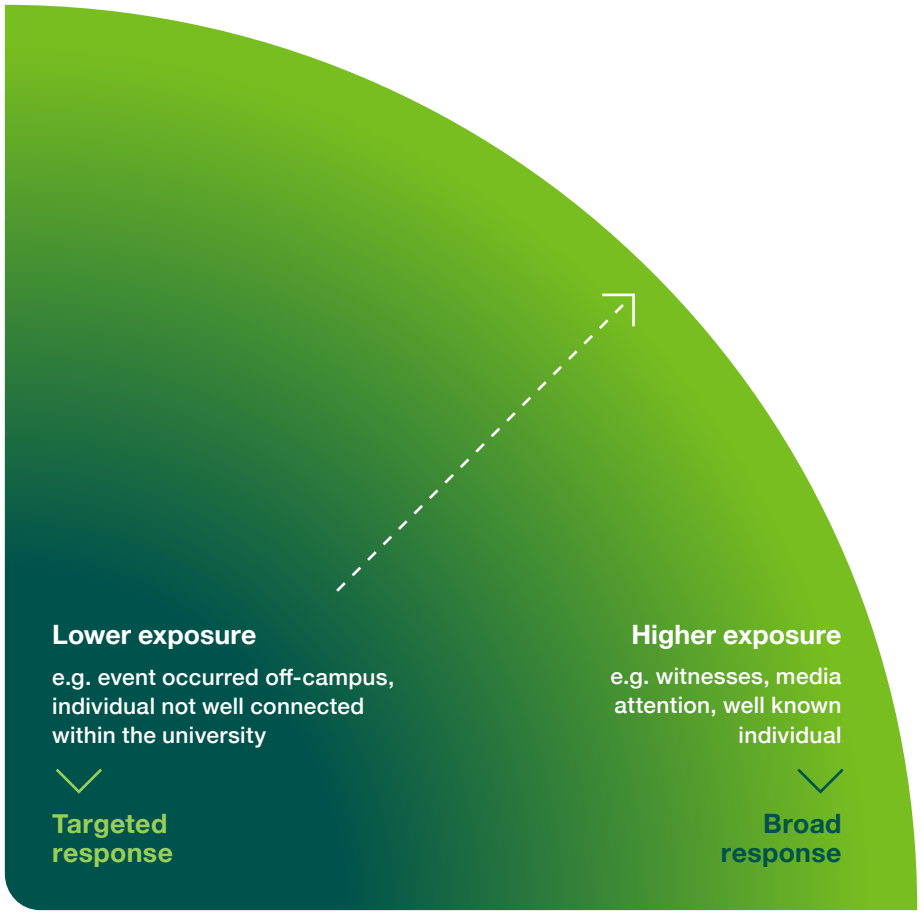
- ☐ Recognise intersecting vulnerabilities and protective factors in the population
- ☐ Avoid commenting on the causes of suicide and especially any single-cause narratives e.g., "They ended their life because x" – See page 35 for more information about how to inform your community safely
- ☐ Consider the impacts of cultural, social and institutional contexts over time
- ☐ Identify and consider potential complexities in the institutional response – e.g., conflicting priorities.

guiding principle 2
exposure

Who has been touched by this event, and how might that circle expand?

Exposure refers to any individual who has an awareness of or connection to a suicide. This can include those who lose an acquaintance in their university, workplace, or other social circle (e.g., social media). It also encompasses those who did not know the deceased personally but knew about the death through reports of others or media reports (e.g., the suicide of a celebrity) and those who personally witnessed the death of a stranger. Estimates suggest that around 135 people are exposed to each suicide.[16] Wherever there is exposure, there could be impact. Understanding who has been exposed to the event can help determine who may need certain postvention interventions like communication or support.

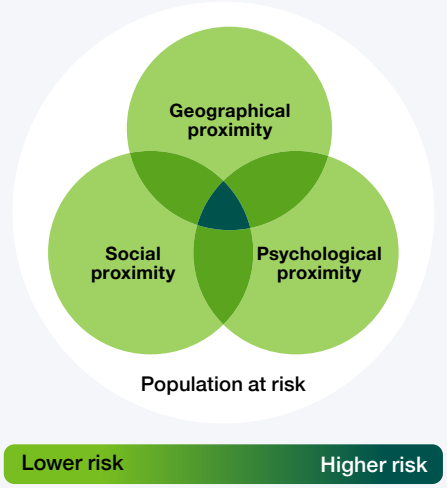
The level of exposure and impact from a critical incident will fundamentally modify the nature of the institution's response. Where exposure is expected to be low, a university might choose to prioritise avoiding unnecessarily exposing people to suicide by providing targeted and individual support to students and staff who are already aware of the death. Where exposure is (or is likely to become) more widespread, a university may instead choose to prioritise ensuring that any impacted person is aware of supports available by undertaking a broader process of communication and making supports available to all members of the community. Some of the information provided in this guide will be more or less relevant, depending on the scale of response that is chosen.



guiding principle 2
exposure

Who is at risk?

Those most at risk of suicide transmission are those geographically, psychologically or socially close to the deceased. Where people are connected to the deceased in multiple ways, risk can increase. People already experiencing risk factors are also at increased risk of suicide transmission.



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Geographical proximity

Physical closeness to the death

This includes those who have knowledge of the details of location, method, and time of the death. Includes any witnesses and first responders, but may also include people who gain knowledge of these details through other means (e.g. seeing emergency services vehicles, online exposure).

Social proximity

Social closeness to the deceased

This includes anyone with an interpersonal relationship with the deceased (e.g. family, friends, romantic partners, online friends). It is important to note that interpersonal relationships are not always positive, and that this circle also includes people who may have had an antagonistic relationship with the deceased.

Psychological proximity

Self-perceived closeness to the deceased

This includes anyone who identifies a connection to an element of the deceased's identity, experience or story. Psychological proximity has a significant role in the impact of celebrity deaths, as well as the deaths of people from tight-knit communities, or communities with a shared experience of discrimination. Single cause narratives (e.g. bullying as the sole cause for a particular death) can increase the risk associated with psychological proximity.

Key considerations for exposure

- [ ] Map both direct and indirect exposure networks

  It is impossible to map the exposure wholly but consider different types of connections throughout the university, e.g., academic, social, residential groups
- [ ] Account for social media and informal communication channels
- [ ] Monitor for possible expanding circles of exposure/impact as time moves forward
- [ ] Identify vulnerable subgroups who may need targeted support proactively
- [ ] Try to avoid unnecessary exposure

  If additional information is shared that indicates exposure is higher than initially thought, it is always possible to move from a more targeted response to something broader.

guiding principle 3
impact

How is the university community processing and experiencing this loss?

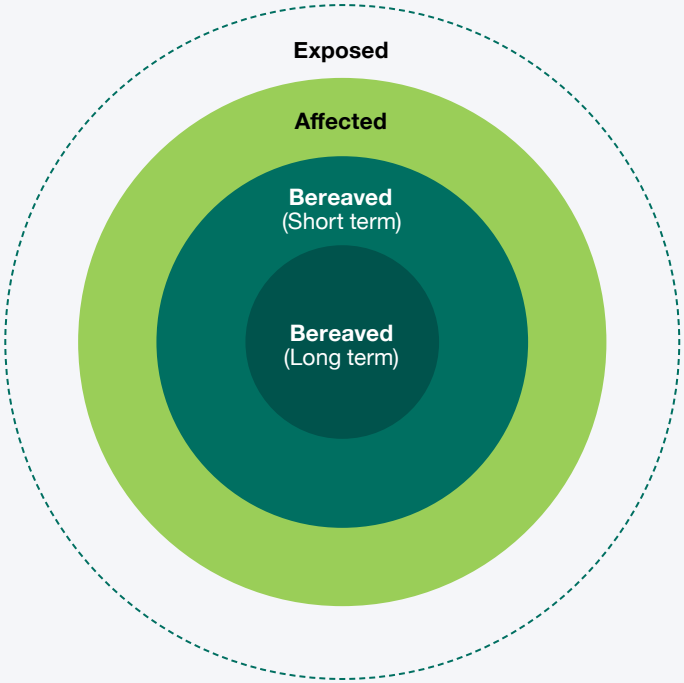
The impact of suicide will be different for everyone, and the nature of the impact can change over time. The impact of suicide is often consistent with other forms of sudden loss and includes experiences like:

- grief
- shock
- denial
- sadness
- confusion.[18]

However, suicide bereavement is commonly complicated by additional experiences of anger, complex grief or trauma, hindsight bias, or feelings of abandonment.[19] Moreover, university students bereaved by suicide experience more intense grief reactions compared with those bereaved by other means such as natural causes or accidents.[20] This demonstrates the need for differentiation between responding to suicide impact and impact from other critical incidents.

Not all those who are exposed to a suicide will be impacted by it. Some people will have an emotional response to hearing about the death without experiencing a grief process. Those people are considered to be suicide affected and will usually return to their typical routines and functioning without needing additional supports. People who had an interpersonal connection to the deceased and experience a grief process are considered suicide bereaved. The majority of people who are suicide bereaved will gradually adapt to the loss and be able to return to their typical routines and functioning over time with appropriate supports. Others may have a prolonged experience of grief that continues to impact their wellbeing and ability to engage with work, study, and social relationships for an extended period of time.

While those who experience that prolonged bereavement are likely to be a small proportion of those who were exposed to the death, it is important to consider them when responding. Good postvention practices and effective referral pathways may be a factor in helping to limit the number of people who experience a prolonged bereavement.



guiding principle 3
impact

Suicide transmission

While the vast majority of people grieving someone lost to suicide will not become suicidal themselves, there can be elevated risk of suicidal thoughts and behaviours in a small number of those impacted. This is a phenomenon called suicide transmission, sometimes also referred to as suicide contagion or social transmission of suicidal behaviour; where there are suicides linked by time, location or social proximity. This risk is particularly pronounced among those:

- With high psychological proximity to the deceased (e.g., close relationships, shared environments). Read more about psychological proximity on page 17.
- Experiencing existing risk factors for suicidality themselves, such as mental health challenges, prior suicide attempts, or social isolation.
- Who are young people, due to their neurological development and social structures.

Key considerations for impact

- [ ] Consider holistic options for support – e.g., specialist services, social support, support rooms
- [ ] Continue to monitor impact as time progresses and plan proactively for future times where impact could increase again (See **Section 3 response to recovery** for more information about supporting your community in Recovery)
- [ ] Listen for signs of how the community is processing and experiencing this loss and consider how the university can provide support.

guiding principle 4
safety

How can we protect and support our community through this time?

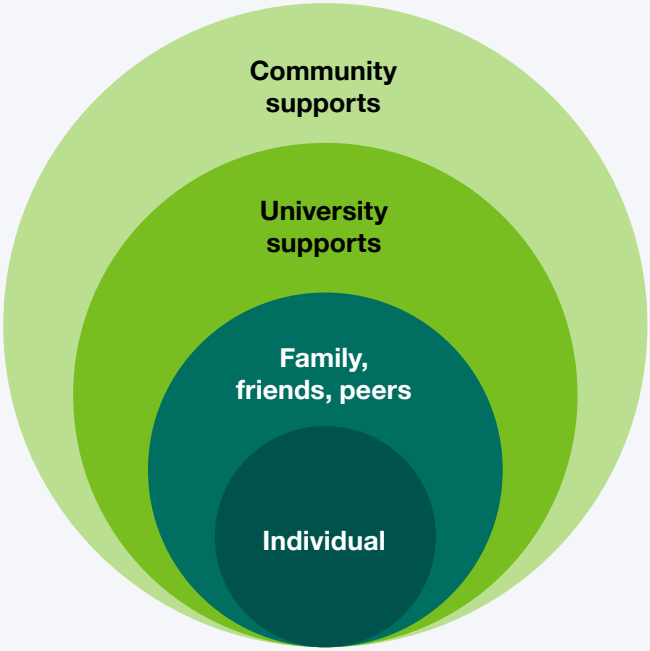
Every action taken in the aftermath of a suicide must be anchored in safety. A response anchored in safety considers the evolving needs of individuals and communities, as well as the timing and availability of supports.

Facilitate access to holistic supports

Encourage and enable individuals to connect with appropriate resources. Effective safety initiatives recognise the importance of addressing well-being on multiple levels, including individual, social, cultural, and broader community perspectives. These holistic approaches ensure that supports are accessible and relevant to diverse needs.

The socioecological model included here references several layers of potential supports that may be more or less relevant to each person depending on their needs, personality, and cultural context. It is important that universities consider their role in helping to connect students and staff to relevant and safe supports. Consider the ways safety can be supported by individuals (e.g. access to self-help resources), peers and social connections (e.g. information about what to notice in a peer who may need support), the university (e.g. counselling services, supportive spaces, safe communications), and the broader community (e.g. mental health and community services, religious or cultural supports).

The socioecological model of holistic supports



guiding principle 4
safety

Provide consistent supports

For many university students, there is a degree of distance from support – be that by geographical distance, poor mental health literacy, unawareness or distrust in supports available etc. University staff and students have reported that the way support efforts could be enhanced following suicide bereavement would be to offer support proactively and consistently over time, especially practical support. University staff further described a lack of institutional support offered or available where managers were insensitive to their needs.[21]

Key considerations for safety

- ☐ Build the confidence and capacity of staff to better manage the mental health and wellbeing of their students and educators. Resources like Real Talk: A Conversational Approach to Supporting Staff and Students at University offer valuable tools for engaging in these discussions effectively.
- ☐ Use Safe and Supportive Language: Remember that words carry weight, particularly when discussing sensitive topics like suicide. Adhering to guidelines such as those outlined by Mindframe can mitigate risks and enhance understanding. The way individuals make meaning from the death significantly impacts their response[22] and the way that suicide is spoken about can impact their likelihood to seek help or support. Adhere to best practices for safe communication to ensure messages are constructive and do not inadvertently cause harm.
- ☐ Acknowledge that different community members will need different types of support – think holistically, and offer a mix of individual and collective approaches.
- ☐ Always involve relevant cultural and religious leaders and other key people in safety planning.
- ☐ Plan ahead for periods of heightened distress. These often occur in the immediate aftermath, at the three-month mark, and around the first anniversary of the loss. Regular assessments of the effectiveness and accessibility of support systems are essential, as needs shift over time with exposure, impact, and progression. For more information about recovery planning, see page 46-48.
- ☐ Everyone has a role to play in promoting safety. Suicide prevention and postvention are collective efforts. Specific roles and duties may vary, but the whole of university has a responsibility to contribute to a culture of care, support, and safety.

six ways university staff can help support recovery after suicide

1. self-care

2. giving grieving people what they need

3. fostering community and connection

4. promoting hope and help-seeking

5. speaking about suicide safely

6. upskilling

guiding principle 5
self-care

How can we maintain our own wellbeing as part of our care for others and community?

Self-care is not a luxury but a necessity, particularly for individuals involved in postvention and crisis response. It is a critical component of good mental health and a reminder of how we can maintain control over our wellbeing.

Self-care is just as important for those involved in the institutional response as anyone else. Prioritising our own mental health and wellbeing needs is critical if we are to appropriately support those around us. Self-care is all about recognising what you need in order to function at your best. This means having self awareness of what will work for you and support your needs.

Self-care will look different for everybody, and can be addressed across multiple life domains, including social, spiritual, emotional or psychological, professional and physical.

Types of self-care can include:

social
- Coffee with friends
- Nurture supportive relationships
- Prioritise social events

spiritual
- Reflective practices
- Meditation
- Visit to church, mosque, temple
- Connections to Country

physical
- Morning walk, run, gym class
- Good sleep & food
- Yoga, meditation
- Take lunch breaks
- Fresh air / nature

emotional / psychological
- Gratitude diary
- Read a book for pleasure
- Hobbies / listening to music
- Being informed
- Ask for help / accept help

professional
- Boundaries around work hours
- Emails off personal phone
- Regular Zoom breaks
- Take sick leave when needed
- Peer supports

community
- Participate in community circles or gatherings
- Connect with community through food
- Engage with cultural leaders

Key considerations for promoting selfcare

- ☐ **Regular reminders of self-care:** Integrating self-care discussions into routine activities can normalise and encourage these practices. For example, at the end of an emotionally intense meeting, team members might be invited to share one-self-care activity they plan to engage that evening. By discussing self-care strategies openly and often, we normalise the need to engage in them.
- ☐ **Opt-out provisions for staff:** Ensure that staff have the option not to participate in postvention activities if they are impacted in any way that is harmful to them at any point. This includes a need to consult with key groups (e.g. the university's Indigenous Student Centre) regarding appropriateness of communications and self-care offerings.
- ☐ **It is well known that mental health practitioners experience distress and grief in response to their patients suffering,**[21] this is no different in university settings.
- ☐ Modelling positive self-care and help-seeking is an opportunity to model desirable and protective behavior for those exposed to a suicide.

guiding principle 6
planning

How effectively does our postvention plan support the needs of those impacted by or involved in the response to suicide?

Just as you have a fire emergency plan, there should also be a plan in place for responding to suicide. The sudden and devastating nature of such a loss can leave institutions grappling with complex questions about how to respond effectively and compassionately.

Responding to suicide can be overwhelming and can sometimes elicit heightened emotional responses. During times of high stress, it becomes difficult to make complex decisions. Having a plan, policy or procedure in place can help avoid distress and risk.

"To take good care of ourselves, our colleagues, and suicide loss survivors, incorporating proactive planning, consistent open dialogue, empathic support, and outreach after a loss is essential" [23]

It is recommended that universities:

- maintain an up-to-date plan for responding to suicide
- have clear actions and delegates for immediate response protocols
- have clear actions and delegates for short to longer term response protocols
- consider options for continuing care or recovery strategies
- regularly review and update postvention plans with each impact
- consider the role of all university staff in supporting recovery
- include the needs of specific populations within the university (for example, International Students, First Nations students and staff, LGBTIQA+ students and staff), and collaborate with relevant university staff as well as community elders and leaders.

In planning, as with all phases of postvention, it is important to consider the needs of diverse groups within your university community You should aim to draw on the knowledge of experts and include the voices of many members of the university communities in postvention plans. Decisions regarding postvention should not be reached without appropriate consultation with the relevant impacted community, group, culture or religion.

guiding principle 6
planning

Consider scalability

While a whole of university approach to postvention planning is the gold standard, some parts of a university may have specific needs (e.g. residential colleges, specific faculties, student support services, etc.). Consider whether a nuanced plan should be developed for your faculty, department or work area. If a specific postvention plan feels ambitious, consider developing a procedure or guideline for your team/area to support your role in a wider response.

Tip
In the aftermath of critical incidents, it is common for people to feel an urge to contribute or offer support. This rise in prosocial behaviour during crises is often well intentioned, though can inadvertently lead to confusion. Including purposeful tasks to channel this energy can provide clarity, structure, and an outlet for those who are requesting it. This could include activities like serving tea and coffee in the support room, for example.

Build the capacity of the university to respond

To enable the university to act quickly and effectively when there is a death by suicide or suicide attempt, it is important to build the capacity of staff and students to respond appropriately and sensitively.

Universities can consider the following actions to improve the institution's capacity and capability:

- establish clear pathways of where someone can raise concerns about a staff or student's welfare or wellbeing
- strengthen protocols for responding and managing information
- commit to continual improvement through critical incident reviews
- ensure institutional policies and procedures for emergency responses and critical incidents can be readily accessed and information on these is included in staff training
- provide practical training to build the skills of staff and students – within their roles – to assist others in distress or at risk of harm/ suicide
- provide gate-keeper training for staff and students in key roles
- provide specialised training for SRT and sub-SRT members
- provide opportunities for drills and practice for the SRT teams
- engage in suicide prevention community activities, such as R U OK? Day
- provide information about the university's suicide prevention and postvention strategies on the university's website.

Key considerations for postvention planning

There are many postvention activities that can take place even if a university has not been recently impacted by suicide. In fact, it is preferable for activities of planning to occur prior to impact.

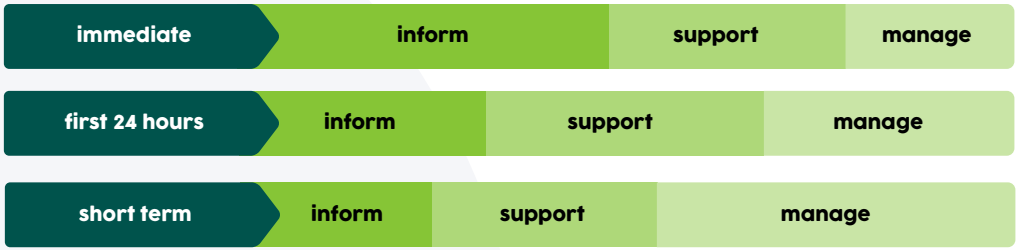
- [ ] Establish or develop a postvention plan
- [ ] Train relevant staff in postvention
- [ ] Build mental health literacy in the community to build their confidence and capacity to provide appropriate support
- [ ] Review existing plans annually or following impact.

section 2
responding to suicide

In this section, we share common actions or considerations for suicide response teams in responding to a suicide in their community. This information is general in nature and will never wholly address the nuances of the specific context.

For each phase, we will provide a brief description, a general action checklist and key considerations.

This should not replace your own university's postvention plan, policy or procedure.



Who should be involved in the university's response to suicide?

Responding to suicide should not rest with one individual to lead. Instead, there should be a dedicated team with a clear plan. We recommend each university establish a Suicide Response Team (SRT) whose remit is to manage the university's response to a death by suicide.

Suicide Response Team members should:

- have training in suicide awareness and suicide response planning
- follow institutional emergency/critical incident procedures to ensure they are working effectively under pressure
- be incorporated into the university's Critical Incident or Emergency Response Management Framework.

The SRT should comprise a core group of university staff, with other staff included on a case-by-case basis at the SRT's discretion.

The following core membership of an SRT is suggested:

- a senior leader or senior manager that has formal authority to speak on behalf of the university (Chair of SRT).
- a senior staff member with responsibility for student welfare, such as a Student Services Director.
- a mental health practitioner.
- a senior staff member from security services.
- a senior staff member from communications (both internal-facing and external-facing communications).
- a senior staff member from human resources.

Depending on the circumstances, additional SRT members can be drawn from:

- relevant school or faculty (for example, Head of School)
- international student services
- your university's First Nations centre
- equity and Inclusion teams within the university
- general counsel
- property and facilities
- relevant cultural experts
- residential accommodation services
- the relevant residential college (ideally, the Master or Dean).

In all circumstances, it is essential that the university seek appropriate consultation regarding the needs of First Nations staff and students, International Students, LGBTIQA+ staff and students and other diverse groups within the community.

the immediate response

immediate | inform | support | manage

The immediate response is activated immediately following notification of a suspected suicide death.

Before initiating a suicide response, take a moment to confirm that the death has been verified. If confirmation is not available, this resource can still guide the university's SRT in addressing discussions about suicide and managing heightened suicidal distress, as indicated by an increase in presentations to the university's mental health and wellbeing services.

Action checklist

- [ ] Undertake immediate risk management and address any duty of care concerns
- [ ] Follow all existing university critical incident response protocols
- [ ] Identify and provide immediate support for any witnesses
- [ ] Convene the SRT and confirm membership, including consideration of cultural or contextual needs
- [ ] Confirm accuracy of information with emergency services or emergency contact
- [ ] Confirm consent and language with bereaved family
- [ ] Notify the university's Student Services and human resources as relevant
- [ ] Notify the relevant embassy if the deceased is an international student
- [ ] Notify the Indigenous Student Centre if the deceased is a First Nations person
- [ ] Notify the Equity and Inclusion team if the deceased is identified as a member of the LGBTIQA+ community.

the immediate response

If a suicide occurs on site

The Chair of the SRT should convene the SRT and confirm the roles and responsibilities of members for this case.

The following are immediate tasks of the SRT:

- [ ] Assess immediate risk, safety and provide first aid (where required) if the suicide has occurred on site. Contain the site and safety of all.
- [ ] Call emergency services (000 in Australia)
- [ ] Isolate the site of the suicide by using screens or blocking off areas. Do everything possible to protect others from viewing the site without disturbing the area. Staff and students should be discouraged from taking photos or videos of the site.
- [ ] Do not remove or disturb items from the site until police have concluded their work and have advised that the area is no longer a secured area
- [ ] Set aside a room away from the site of the suicide to receive and provide comfort to witnesses and other impacted people
- [ ] Identify witnesses and move them to safe locations. They must be supported and supervised until police have taken statements or advised about other actions.
- [ ] Ensure the person who reported the suicide to the SRT and witnesses have access to support
- [ ] Notify the university's senior executive/ leadership team
- [ ] Notify the university's General Counsel of the suicide
- [ ] Notify the university's student services, human resource unit and/or employee assistance program as relevant
- [ ] Notify the relevant embassy if the person is an international student.

When a death has occurred on site, universities need to be mindful of how they liaise with the person's emergency contact. It may not be the university's role to notify the family of the death, and the university should be led by emergency services when considering the appropriate time for their initial contact with the bereaved family. In all cases, initial liaison with the person's emergency contact will be highly distressing to them and they need to be treated with extreme sensitivity.

If a death occurs off site and is not yet confirmed as a suicide

Universities may be notified of a death of a staff or student at a location off campus. The university's first step in responding is to confirm the facts of what has occurred. A nominated member of the SRT should contact relevant emergency services to confirm whether the death has been verified as a suicide.

If a death off site is confirmed as a suicide

If the person's emergency contact or their family confirms the death as a suicide, the Chair of the SRT should convene the SRT and confirm the roles and responsibilities associated with this case.

The following are the immediate tasks of the SRT:

- [ ] Identify witnesses that are members of the university community. Provide them with support
- [ ] Set aside a room at the university to receive and provide comfort to witnesses and other impacted people
- [ ] Notify the university's senior executive/ leadership team
- [ ] Notify the university's General Counsel.
- [ ] Notify the university's student services, human resource unit and/or employee assistance program as relevant
- [ ] Notify the relevant embassy if the person is an international student.

the immediate response

Contact with the bereaved family

Liaising with a family bereaved by suicide requires sensitivity and compassion, and it can be very difficult. The family may be in a state of shock, disbelief, anger, despair or a range of other emotions. Be mindful that they will be grieving.

Contact with the family should be the responsibility of one SRT member only and will depend on the context of the case. Liaison should be undertaken with some knowledge of grief reactions – including the complex nature of grief following suicide – and sensitivity to the grief the family will be experiencing.

Who should contact the bereaved family and why?

It is important to consider who is best placed to liaise with the family during this time. This will often be a member of the SRT, but in certain circumstances could be another member of staff (e.g. a cultural or religious leader). Things to consider include:

- the relationship this person has with the family
- cultural appropriateness and safety for the staff member and family
- the degree to which they are impacted by the death
- how comfortable they are to undertake this role
- consular considerations if the student is an international student.

An ideal family liaison shares relevant information in an empathetic and sensitive way and can hold space for grief reactions and strong emotions.

Developing and maintaining a line of contact and support with the bereaved family helps to ensure the university's response is appropriate to the person's context. If this relationship is developed well, it can also allow the university to influence the family's decisions around language and memorialisation by sharing information about safer options. Over the course of the response, the university will also likely need to work with the bereaved family around practical considerations such as returning any personal belongings or arranging for posthumous graduation where appropriate.

It can seem appropriate for the member of the SRT with the closest relationship to the bereaved family to take on the role of family liaison. In practice, however, this person may be dealing with their own experiences of impact and distress making them less appropriate to take on the role.

the immediate response

Considerations for the initial conversation with the bereaved family or representative

Early liaison with the family is important but families will respond in different ways to contact by the university. If the family member is too distressed to talk, try to make a time to call within the next two days. Alternatively, if it is proving difficult to speak directly with the immediate family, ask if there is an extended family member or close family friend you can talk to.

The university should always be mindful of unique cultural meanings of suicide and local healing practices for the family, community, and cultural groups that have experienced or been impacted by the loss.

Where the person who died is Indigenous or from a multicultural background, the SRT should seek advice from relevant experts – including from the university's own Indigenous centre (or similar) – on cultural considerations before talking to the bereaved family. It may also be helpful for the university to engage a specialised mental health interpreter.

Offer the condolences of the university

Be respectful, polite and genuine. It's okay to offer your own personal condolences in addition to those of the university as a whole. Follow any instructions that have been provided by emergency services and be mindful of any cultural considerations that have been identified. It may be helpful to write some dot points to refer back to but try to avoid sounding too scripted.

Introduce yourself and your role

Let them know that you will be the person liaising with them during this time. Acknowledge that it might be very hard for them to talk to you. Sensitively advise that it would help the university's ability to support people in the university community if you could discuss a few things with them.

Offer support from the university

Ensure you have confirmed any supports that are available prior to speaking with the bereaved family. It is important that the university is able to follow through on any supports offered. Guided by university policy, the specific circumstances, and consideration of the cultural context, it may be appropriate to offer:

- your time, either now or in the future to provide social support appropriate to your role and training (e.g. a sympathetic ear, planned times to check-in over the coming days/weeks)
- sources of tangible support (e.g. food hamper)
- sources of financial support (e.g. fee deferral, local charities)
- information about local and national bereavement supports (e.g. grief and loss services, StandBy (only if suicide has been confirmed and the term suicide is used), Thirrili)
- information about local and national mental health supports for them and other members of their family (e.g. headspace, lifeline, 13 Yarn, Qlife)
- information about culturally specific supports where relevant.

Seek consent to inform the university community of the death

Let them know that the university has a duty of care to acknowledge that a death has occurred and provide support to those who are impacted, but that you will not name their family member if they do not give their consent.

If the family asks for advice, it is appropriate to talk about the impact of misinformation and the importance of other people knowing as part of supporting grief.

Some ways you could talk about the importance of informing the community include[24]:

- "With your permission, sharing some information about (name)'s death could help us manage any rumours or misinformation that come up."
- "In the absence of official information, it's possible that people may engage in speculation or make guesses about what has happened. These guesses can be unhelpful and often end up leading to more distress than the truth would cause."
- "Informing the community will help us to identify those who have been affected and connect them with supports."

the immediate response

Seek permission to refer to the death as a suicide

Ask how they would like the person's death to be communicated to the university and what language to use. If they do not want the death to be referred to as a suicide, this needs to be respected. If they ask for advice, discuss the damaging impact of misinformation and the importance of being able to talk to people about suicide and its causes to help keep people safe.

If relevant, it is appropriate to inform them sensitively that there is already information being exchanged between people about the cause of death being suicide. The family may change their perspective once it is gently explained that in this situation, open communication can help to keep other people safe.

Sometimes, a family might request that the university use language that could increase risk. If you are concerned about the language being requested it is okay to sensitively suggest alternative options.

Some ways you could talk about language include:

- "How would you like me to communicate (name)'s death to the university community?"
- "If you're open to it, using the word suicide (or suspected suicide, as appropriate) can be something that supports safety. Clear communication can help manage misinformation and encourage people to connect with supports."
- "I understand that you're not feeling comfortable with the word suicide right now. I need to let you know that we are aware of some speculation in the community about the cause of death. We recognise that this perception that a suicide has occurred can carry additional risk for others. If we were able to address that speculation more openly, we may be better able to help people connect with supports if they're feeling vulnerable."
- "I'm not sure the university will be able to use (suggested risky language), how would you feel about using language like… (offer examples of safe language)?"

Communicating about suicide[25]

Issue	Problematic	Preferred
Presenting suicide as a desired outcome	✗ 'successful suicide' ✗ 'unsuccessful suicide'	✓ 'died by suicide' ✓ 'took their own life'
Associating suicide with crime or sin	✗ 'commuted suicide' ✗ 'commit suicide'	✓ 'took their own life' ✓ 'suicide death'
Sensationalising suicide	✗ 'suicide epidemic'	✓ 'increasing rates' ✓ 'higher rates'
Language glamorising a suicide attempt	✗ 'failed suicide' ✗ 'suicide bid'	✓ 'suicide attempt' ✓ 'non-fatal attempt'
Gratuitous use of the term 'suicide'	✗ 'political suicide' ✗ 'suicide mission'	✓ refrain from using the term suicide out of context

case study
what if you can't use the word 'suicide'?

Contact with the bereaved family confirms that they are adamant the university not refer to their loved one's death as a suicide. Following a lengthy period of discussion, the family contact agrees that the university can refer to their loved one's 'sudden death'. The university's SRT has made the decision that a broad response is needed as the deceased person was a prominent member of the university community across a number of student clubs and faculty associations. Communications are sent out using the agreed language and directing anyone with concerns to reach out to the nominated SRT member.

The next day, the SRT receives multiple contacts from members of the university community enquiring about the death and asking if it was suicide. The SRT responds to these enquiries, letting people know that the family has chosen to keep the details of this person's death private, and that the university is respecting these wishes.

It becomes apparent over time that the bereaved family have been referring to the death as a suicide openly on social media, and some members of the family have also spoken on a local community radio program about the death as a suicide.

Some members of the university community express that they feel like the university has hidden information from them, and that seeing different information from different sources has increased their distress.

The SRT continues to connect with the bereaved family, but there is no change in their wishes regarding official university communications.

Supporting your community when you can't use the word 'suicide'[26]

Sometimes a bereaved family will be very clear that they do not want the university to use the word 'suicide' when referring to their loved one's death. This needs to be respected but can lead to difficulties as the university works to support their community.

It's not uncommon for people to want to know more information about a death, and families might be communicating about the death in different ways with different groups. For example, a family may feel comfortable using the word suicide on their own social media pages, but request that the university use the phrase 'sudden death'. This can lead to confusion and hurt feelings if people feel like the university is withholding information unnecessarily.

Sometimes, people will hold a belief that a death was a suicide regardless of what information is shared by the university or the bereaved family. It is important to address rumours and speculation where possible. It can be helpful to remind people that the family has chosen to keep the details of the death private and that the university will respect their wishes.

Sometimes a more detailed response may be required, especially if the person is distressed and seeking answers. In these cases, you could talk about suicide in general and move the conversation away from specific details. Instead, focus on how the person is feeling or coping.

Some ways to address speculation and rumours include:

- "We've heard people wondering about whether (name) took their own life. Their family have chosen to keep how they died private and the university will be respecting their wishes regarding this. We ask you to respect their wishes, too. If you have any concerns you would like to discuss, please reach out to the student support team."
- "I understand that you want to make sense of how (name) died, and it's normal to want to know and understand, but the university has been asked by (name)'s family to keep that information private. It's OK to be upset now, and I want to help you as best I can. Can I help you to connect with the student support team/a counselling service/your GP."

This opens the door to discuss mental health issues, grief reactions and help-seeking. These conversations will help to reduce stigma and encourage people to seek support for themselves or a peer while respecting the family's decision.

Remember

Discussing suicide in general terms is perfectly appropriate and does not breach confidentiality. While universities need to avoid confirming whether a particular person took their own life, they're free to conduct general conversations about suicide. This is especially important if there's speculation in the community.

the immediate response

Provide information about local supports for the family

This should include information about available grief counselling, support groups and mental health services. Information on culturally specific support services should be provided to families where relevant. Access this information prior to the contact with the family.

Request permission to contact them again

Let the family know that it would be helpful if the university could maintain contact with the family as required and seek permission to do this. Explain the possible reasons for contact may include providing information about response plans and activities, as well as providing information about memorials and important events.

If possible, make a time to contact the family again over the next few days. Let them know there will be other things you will want to ask them about, including supports for friends and family members attending the university, funeral arrangements, and media contact. It is okay to discuss these things in the initial conversation if the family wishes to do so.

Be aware that this is a lot of information for the bereaved family to take in under very distressing circumstances. Advise that you will send the information discussed in an email for them to refer to later if required.

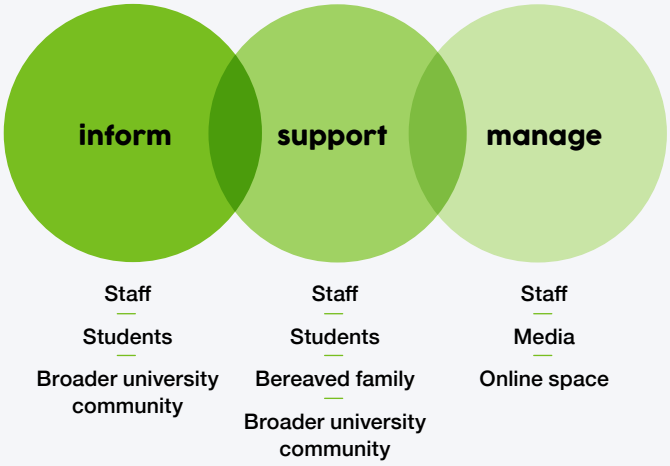
the first 24 Hours

first 24 hours | inform | support | manage

The first 24 hours following notification of a suicide require thoughtful consideration of activities of informing, supporting and managing. As with all the information in this resource, these actions are general in nature and will change depending on the context of your situation.

Remember to use this information as a supplement to your existing postvention policy and with the support of the University Support Program: Universitysupport@headspace.org.au

The first 24 hours will comprise three core postvention activities:



Action checklist

- [ ] Partner with relevant university departments (e.g. First Nations Centre, International Student Services, Equity and Inclusion) to ensure appropriateness of communications
- [ ] Inform all relevant staff of the death and SRT plan, with consideration for staff who known close associations of the deceased – For more information about exposure, see page 16-17.
- [ ] Provide staff with copies of the information that will be shared with students and the broader community
- [ ] Inform known close friends of the deceased separately
- [ ] Inform students using the agreed script
- [ ] Provide relevant and appropriate information to the broader community
- [ ] Identify and plan support for staff and students who may be vulnerable or at risk
- [ ] Consider the need for a staff information session
- [ ] Set up a support room on campus for students
- [ ] Promote help-seeking messages for staff and students, including mental health supports
- [ ] Establish a line of communication and support with the bereaved family
- [ ] Gather and protect the deceased person's belongings
- [ ] Monitor SRT wellbeing and encourage appropriate adjustments where needed
- [ ] Consider and respond to media requests as appropriate
- [ ] Respond to any emerging social media concerns.

the first 24 Hours

Convene the SRT

Once a death has been confirmed, and if there is a possibility for this death to be perceived as a suicide, the Chair should convene the SRT if it has not yet met.

The SRT should follow any advice from the police/coroner or the wishes of the family about the language used in communications.

Topics for discussion at the initial meeting of the SRT

- The SRT should be briefed on the suicide, including facts provided from the bereaved family and sources of other verified information. This may include information from the police.
- Determine if additional information is required and if a sub-group of staff is needed to support the SRT. This may include discussion of who is best placed to advise the SRT on cultural considerations.
- Confirm how queries or questions will be handled and establish a process for approval of communication to the broader university community.
- Responsibilities to assign at the initial meeting of the SRT:
  - liaising with family (if this hasn't occurred already)
  - identifying vulnerable or at-risk students and staff
  - preparing and disseminating scripts for informing staff and students
  - liaising with external services/ organisations/embassies (where relevant)
  - liaising with police (where relevant)
  - managing incoming and outgoing information, including media
  - managing social media
  - documentation of the SRT's actions.

Plan and manage communications

In determining who in the university community needs to be informed of the death, universities need to be mindful of minimising unnecessary exposure and protecting the privacy of the person who died.

All communications with the university community and the public about the death should be agreed by all members of the SRT.

Advice from clinicians on messaging must be followed.

Communications should reflect the institution's media guidelines and must reflect Mindframe's national guidelines on reporting on suicide.

Where there is a police investigation, universities should observe information sharing guidelines.

Cultural considerations must guide the university's communications.

Informing Students

The SRT should provide relevant university staff with a script to follow for informing other staff and students. This ensures accurate and consistent messaging. Scripts should include information on how to offer support, how to manage a discussion about death and suicide, signs to look for, information on grief, and sources of support they can access for themselves. Providing information to people helps counter the rumours and misinformation that inevitably arise in a crisis.

Additional considerations:

- It is critical that messages are delivered in a way that ensures the suicide is not glamourised. This will help to minimise the risk of transmission.
- Staff and students need to look out for each other at times such as these. Ensure the script promotes this.
- Informing all relevant people helps protect the safety of the university community because it:
  - limits misinformation and distress
  - reduces the number of enquiries
  - encourages actions and attitudes that complement the university's response plan
  - promotes communication with the university about wellbeing concerns and gives the community confidence in the university's capacity to return to a normal routine.

Examples of scripts are provided in **Section 4: scripts and templates**.

the first 24 Hours

Guidelines for all communications

- Never provide information about the method of suicide.
- Provide details of relevant support services.
- Provide information about the SRT, their role in co-ordinating the university's response, who the members of the SRT are, and who will be the university's spokesperson (the Chair of the SRT).
- Always use appropriate and agreed language. If a death is not confirmed as suicide or the family has asked that the term suicide not be used, then refer to it as a death or unexpected death at this stage.
- Ask that all further information and questions be directed to the SRT via a nominated contact person.
- Clearly state that the safety and wellbeing of the community is the university's priority.
- Inform close friends of the deceased first and personally. If the person is a student, work with relevant academic, professional, and residential college staff to determine their close friends.
- Inform relevant university staff, such as the student's lecturers and tutors, or if the person is a staff member, their colleagues.

Communication tip:
Avoid 'explaining' the suicide

It is unlikely that one's decision to end their own life was because of any single cause, event or factor. Suicidality is influenced by complex interactions between many different factors (e.g., biological, psychological, social) that change over time.[27] While there can be precipitating circumstances, the principle of complexity reminds us that each person has their own unique risk and protective factors that contribute to their wellbeing. What may be risk factors for some, could be protective for others. The causes and conditions that lead someone to contemplate suicide are highly personal and unique to them. Both internal and external facing communication about the suicide should avoid adopting a narrative regarding the 'reason why'.

When a suicide occurs during study break

Universities need to consider tailoring their communications to reflect staff and student presence on campus. Key activities of informing, supporting and managing still apply, but may look different based on timing within the academic year. Universities can consider establishing a physical and/or online space where it is safe to attend, grieve and seek help.

If informing, supporting, and managing is delayed due to a semester break, other recovery milestones may also be delayed, and this will need to be considered as the university moves towards recovery.

Communicating early

Universities need to consider the need and benefits of early communication with the university community, whether targeted or broad. Informing the broader community may be appropriate if the suicide occurred in a public place or on campus. If early communication is deemed necessary, it is important to outline the following:

- what the university **knows**
- what the university is *doing*
- what the university wants its community to do.

Example early communication statements:

- "**There has been a death on campus. It is clear there is no risk or threat to anyone else on campus.** *The university is working with emergency services to understand what happened. Classes have been cancelled* and we are asking staff and students to stay away from the area while authorities manage the situation."
- "**There has been a death on campus.** *The university is supporting those people affected,* including witnesses, friends and family. **There is no risk to anyone else.** The campus is open and classes are continuing. We recommend going about your normal business. Contact the university if you need support."

Develop and disseminate scripts to relevant university staff.

the first 24 Hours

Support students and staff

Identify a clear support strategy for affected students and staff of the university, whether they are on campus, off campus or online. This support strategy should be developed in partnership with the university's student services team, human resources unit or employee assistance program provider as appropriate. The support strategy will need to be tailored to suit the context of the suicide (for example, the location of the death, and the level of exposure) and should be developed with consideration of the cultural context of impacted staff and students, in consultation with relevant community leaders.

At an institution-wide level, increase general messaging about support services available to students and staff. Encourage messages of checking in with each other and state that further information will be provided via the SRT.

Setting up a support room

Identify a building or campus of the university that will be open and available for people to use to express their grief. This should not be the site where the suicide occurred, and it is ideal for this to be a separate location to any existing wellbeing spaces. Provide mental health professionals or other appropriately trained pastoral supports.

Consider providing food and drinks for those attending the physical space. Be clear about when this space will be open and available for people. It is appropriate for this space to be available for a limited time, and it is important that this is communicated clearly to those using the space.

Consideration should also be given to how to establish an appropriate grieving site or space online and what support can be provided in this context. Online sites or forums must be actively and frequently monitored and moderated.

Whether online or in person, the appropriate length of time for these spaces to be available will depend on the context and needs of the community. It may be appropriate to keep the space available for the first week, or until a funeral has occurred. After this time, staff and students should be directed to more formal supports (e.g. EAP, counselling services, GP referral).

Support for vulnerable or at-risk staff and students

Identify staff and students who may be at risk and work with university support services to plan for their needs. Identified staff and students should be assisted to connect with appropriate supports (e.g. EAP, counselling services, GP referral).

If there are significant concerns about individual safety, those individuals should be supported to access a suicide risk assessment. Suicide risk assessments should only be conducted by an appropriately trained and qualified mental health professional.

Support the bereaved family

Provide the bereaved family with information about who the university has informed, what steps have been taken, and what space has been made available for people to express their grief.

Communicate with the bereaved family (as requested) regarding the university's next steps.

the first 24 Hours

Funeral and memorials

Ascertain plans for the funeral and the family's wishes regarding attendance by university staff and students. If there are no plans yet, enquire about getting the information at a later time.

A university may want to hold a memorial for the person that died. The SRT's liaison should use their judgement and discretion as to when may be the most appropriate time to discuss this with the bereaved family. Consider asking the family whether they would like to be involved in the planning and whether they would like to attend.

It is very important that the university is consistent in its approach to funerals and memorials. By maintaining a consistent response to all deaths, regardless of cause, we can avoid inadvertently stigmatising or glamourising suicide. For more information about safe and appropriate memorials, see page 47.

Spontaneous memorials

Sometimes close associations of the deceased person will leave flowers, notes, or other items at a location associated with them or their death. This can be difficult for universities to manage while balancing the need to avoid contributing to the stigmatisation or glamourisation of suicide. These spontaneous memorials can also cause additional exposure if they are in a location with a lot of traffic. Where possible, work with the people involved in creating the spontaneous memorial to identify a safe place to collect these items. If appropriate, these items may be passed on to the bereaved family at a future time.

It is important to be mindful of the possibility for concerning or inappropriate messages to be left at memorial locations. All messages should be screened before being shared with the bereaved family, and it is important to follow-up any messages that may indicate risk (e.g. language like "you're so brave", "I'll see you soon" may be indicative of an increased risk of suicide).

Discuss and arrange for the support of friends or family members who attend the university.

Provide information about potential media contact, who the university's spokesperson is, and how the university will respond to the media.

the first 24 Hours

Manage media

The SRT should give one member of the SRT the role of media liaison person. This will help universities to give consistent and accurate messages to the media. Ideally, the communications member of the SRT should be the media liaison person. If the SRT communications member is not the university's media liaison, the nominated media liaison should be added as a member of the sub-SRT with close supervision from the SRT's communications and clinical members.

Ensure that media requests are facilitated by the communications SRT member through to the Chair of the SRT.

Responses to media need to be agreed by all members of the SRT. Responses should follow the advice of clinicians, reflect institutional media guidelines and meet Mindframe's national guidelines for reporting on suicide.

In messages to media, focus on providing information on the university's support strategies; how the university is responding using evidence; and reiterate that the primary concern is the wellbeing of the community.

Manage social media

Universities are deeply embedded in their communities, and the aftermath of a suicide is likely to be far-reaching. Students or staff of the university may post about the suicide on social media platforms. Posts can include rumours, information on impromptu gatherings or memorials, messages that suggest the suicide was a positive outcome for the person, photos of where the suicide occurred, or comments that indicate a person may themselves be at risk (such as "I am going to join you soon" or "I can't take life without you").

If the university becomes aware of concerning posts, the SRT should work with the university's social media manager and support services to respond. This may include the triage of wellbeing and welfare checks.

The university may also report concerning or offensive material to the social media platform, keeping in mind that removal of such posts can take some time.

Commenting about the death on the university's social media channels is not recommended.

If students or staff post images or messages or discuss the death on social media, seek advice from the SRT's mental health professional on how to respond. Let the university community know that speculation or unhelpful messages may cause further distress. Orygen's #chatsafe guidelines may be helpful in this context.

Establish good documentation

All the actions of the SRT should be clearly documented from the outset by a designated team member and provided to relevant parts of the university, including General Counsel. This will help the university provide the details of its actions to the police or coroner if needed. Documentation also assists the process of critical incident review in the coming months. This can assist in improving the university's approach to future unpredictable events.

the short-term response (around 1 week to 3 months)

short term response | inform | support | manage

The short-term response is typically activated sometime within the first week to three months following the death. There is no universally appropriate timeframe for many of the activities in this phase.

Action checklist

- [ ] Restore the university to typical routines
- [ ] Prepare for any university involvement with the funeral
- [ ] Continue to partner with relevant university departments (e.g. First Nations Centre, International Student Services, Equity and Inclusion) regarding the appropriateness of offered supports
- [ ] Identify and provide support for staff or students that show signs of ongoing distress
- [ ] Consider the need for information sessions for staff and students to restore safety and enhance wellbeing, including on how people might experience grief and loss
- [ ] Develop a recovery plan for the foreseeable future
- [ ] Conduct a critical incident review.

the short-term response

Provide mental health support for staff and students

In the first month, the SRT, managers and supervisors of staff and other relevant university representatives should continue to look for obvious signs of distress and respond to them in a sensitive and coordinated manner. This should ideally be done in partnership with university and/or publicly available support services.

Having the immediate support of mental health professionals is invaluable to assist a university to manage its response and responsibilities. The mental health professional that is part of the SRT can help facilitate access to, and provide information about, services that are available within the university and in the community. This will also assist the referral process for any staff and students who are in need of additional counselling.

Mental health professionals from within the university and/or external agencies play a key role in the following areas:

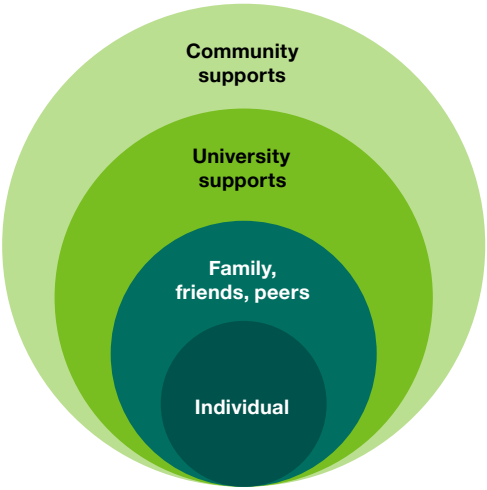
- providing the immediate support and counselling needs of affected staff, students, families and the broader university community, inclusive of the need to provide culturally safe and appropriate supports to First Nations and multicultural staff and students
- identifying people who may be particularly vulnerable and need extra support or monitoring
- providing information sessions as required for the university, with consideration of the needs of particular cohorts (e.g. translated resources, collaboration with community leaders, culturally appropriate modes of delivery, inclusive of LGBTIQA+ community)
- planning the management of significant occasions such as funerals or anniversaries
- liaising with hospital personnel and the media where relevant.

It is important that the university consider support options across multiple levels and modes of delivery. As highlighted in the image right, consider supports available at the individual level, supports available within interpersonal relationships with peers, friends, and family, supports provided by the university, and supports available in the broader community. People can feel supported in different ways, so it is important that a range of formal, informal, individual, and collective support options are offered.

The SRT should regularly monitor the wellbeing of university staff, including those in senior leadership positions who may be assisting the SRT. Encourage staff to put their own wellbeing first and to ask for respite, support or a change in role if they need it. Supporting the mental health of staff will assist the university to return to regular classes and activities and to help make the community feel cared for and well-supported.

University staff may experience their own feelings of guilt and grief about the suicide. Regular meetings and opportunities for them to debrief are important. Consider referring them to university and/or publicly available support services if needed but remember that an informal check in can also help staff feel supported.

The university can help manage the extra workload placed on staff at this time by accessing internal and external counselling support services for advice on general and specific cases. Identify a university representative to brief personnel from such services clearly and simply on the situation and responses to this point.



the short-term response

Continue to liaise with the bereaved family

It is important to remember that the bereaved family is likely to experience a range of emotions and there may be variation in the accessibility of the family and their capacity and willingness to communicate with the university. Subject to the wishes of the family, it may be possible to continue to liaise with an extended family member during this difficult time. This may also limit the number of times the family has to relay distressing information.

Continue to manage media enquiries and support media to report appropriately

As noted earlier, all contact with the media should be via the nominated liaison person (or delegate, where appropriate). All statements made about the death should contain accurate information and be agreed to by the SRT and the bereaved family before being released.

Where a suicide occurs off site and the death would not be known to the university or the broader community, a media liaison may not be required. A critical task of the media liaison is to support media outlets to report on suicide in the most appropriate manner. This can reduce the risk of further harm and suicide transmission.

Universities should encourage media to refer to the Mindframe national guidelines for reporting on content about suicide and self-harm.

Continue to monitor social media

Universities need to remain vigilant in monitoring social media. Concerning images or messages posted by students or staff – whether on the university's formal social media platforms or on external social media – should be discussed by the SRT to determine how the university can respond. This may include welfare checks.

Universities should not engage in online discussions about the death. Instead, maintain a focus on reporting unsafe or inappropriate content to the platform, and following up directly with individuals that may be at risk of harm. Universities can seek support from the eSafety Commissioner when dealing with distressing online content.

Maintain or return to regular university classes and activities

Maintain normal classes and activities as much as possible and as is appropriate.

If the university has paused classes or activities, it is important to return to a routine as soon as is appropriate to assist the recovery of all affected members in the university community. Doing so does not mean that vigilance and awareness of people's wellbeing is lessened. Explain to staff and students that returning to regular university life is a helpful healing and protective strategy and is not about forgetting or rushing the process of grief.

The use of the support room/space should reduce as time passes. The SRT should, at its discretion, decide when it is closed and normal use of the space can resume. It is important that the university community is given notice of when the support room will be closed.

Monitor the wellbeing of staff and students for a number of months. It may be necessary to monitor for a longer period for some individuals.

Monitor the site of the suicide

Police may still have the site of the suicide cordoned off or with reduced access. Do not interfere with the site until the police have advised it is no longer a secured area.

If appropriate and necessary, the university may wish to continue to restrict access to the site. It is not uncommon for people to leave a tribute at the site, such as flowers, gifts, cards or messages. Universities should monitor these sites for messages that are inappropriate (hostile or inflammatory) or indicate someone may be at risk.

For more advice on spontaneous memorials, see page 37.

the short-term response

Plan the university's involvement in the funeral

After discussions with the family, including about their privacy, it is important to consider and plan how university staff and students may be involved with the funeral.

Universities may appear to be an obvious setting for a funeral or memorial service because of their role and connection within the community and their ability to accommodate a large crowd. Memorials involving large numbers of students and staff are not recommended as it is difficult to provide an appropriate level of care and support if there are many people.

If the university would like to hold a memorial on campus, the SRT should carefully consider the impact of these events on regular university processes and approaches. It is important that the regular university schedule be maintained for those staff and students who do not wish to attend. The SRT should also discuss this with the bereaved family and ask whether they would like to be involved or attend.

Universities need to be mindful that using a space at the university for a funeral service or memorial can inextricably connect that space to the death, making it difficult for those affected to return there for regular functions or to engage in the university in the future.

It may be better to separate spaces for longer-term grief to minimise the distress of individuals involved.

Conduct a critical incident review

The purpose of a review is to evaluate the processes and procedures undertaken by the SRT and the university. It is important to perform a critical incident review so that ideas on how to improve the university's emergency response or practices can be shared, considered and incorporated into future planning and preparation for unpredictable events.

Universities will have their own critical incident review process, which should be followed.

Prior to the critical incident review, it is helpful for SRT members to consider a number of issues and whether these could be improved:

- communications – within the university, with relevant parts of the university community and with media
- SRT personnel – the adequacy of training and support
- risk management – minimising risks of exposure and contagion, increasing education and awareness of what staff and students can do when they have concerns about a person's safety
- support provision – the capacity and expertise of university teams to support affected people
- external parties – the facilitation of information and expertise with external agencies
- information management and reporting – timeliness of information flows and accurate identification of those in the university that need to be informed.

A critical incident review is not intended to be an emotional debrief for the SRT to unpack their experience of the response. If an emotional debrief is required, consider engaging your university's Employee Assistance Provider for support.

section 3

moving from response to recovery

long term response | inform | support | manage

Over the first few weeks and months following a death, there is likely to be a gradual return to a more typical routine as the community begins to move towards a recovery phase. It is important that the university continues to be aware of ongoing needs, as well as some key recovery milestones.

If we consider a university community that is not currently impacted by suicide, it is likely that there will be a majority of people who have quite low needs for support, a moderate number who can benefit from internal services (e.g. campus wellbeing services, academic consideration), and a smaller number who are experiencing a higher level of risk and vulnerability. Immediately following a suicide impact, and at some key dates throughout the recovery period, some people will experience an increase in need, risk, and vulnerability. This change may appear to 'even out' the proportions of people experiencing lower, moderate, and higher levels of need, risk, and vulnerability, as shown here:

Increasing need, risk, and vulnerability within a University Community

Typical distribution in universities not currently impacted by suicide

a return to this distribution indicates that the community is beginning to move into a recovery phase

Typical distribution in immediate response

a return to this distribution is likely around the 3- and 12-month points, as well as around other significant dates

Action checklist

- [ ] Continue to communicate with staff about key issues
- [ ] Continue to support the community
- [ ] Plan for key dates
- [ ] Implement recommendations from the Critical Incident Review
- [ ] Review the University's postvention plan
- [ ] Consider the need for further staff training.

moving from response to recovery

Communication

Regular communication with relevant university staff and students continues to be important as the community moves into recovery. Information about key dates, media coverage or any other forms of potential stress will continue to help protect the wellbeing of the university community and reinforce a consistent and supportive approach from the SRT.

Ongoing care of the community

It is important that staff continue to be encouraged to watch for signs of ongoing distress and risk. While many staff and students experiencing increased risk and vulnerability will have been identified and connected to appropriate supports early in the response, there is always a possibility that people may not have been identified or may have had other experiences over the course of the response that have increased their distress over time.

Once identified, these people should be connected to ongoing support and monitoring from the university's support services in partnership with mental health professionals (internal or external to the university).

Specific attention should be given to those staff and students who have disengaged from working, teaching or learning at the university, as well as those who are exhibiting changed behaviours and habits. This is especially important when people's support networks may change through periods such as exam times and semester breaks.

Real Talk: a conversational approach to supporting mental health and wellbeing in Australian universities provides university staff with a framework to support them as they have conversations about mental health and wellbeing. University staff are encouraged to **notice** signs of distress, **inquire** sensitively about their concerns, and **provide** support appropriate to their role.

Sometimes close friends of a deceased person can put pressure on each other by insisting on a particular way of remembering their friend, and they forget that people manage grief in different ways. University leaders and staff members from the university's support services can help these friends by reinforcing (at appropriate times) that there is no 'right way' to remember or grieve the loss of a friend and they must be kind to each other and respect their differences. It may also be appropriate to share some information with close friends about the different ways people may feel close to someone, and that sometimes people who do not have a close relationship to the deceased person may still be very affected by their death.

Planning for key dates

As with deaths from any cause, there are certain dates and milestones that can take friends and family members back to their original levels of distress and grief. Being aware of and prepared for these times is a significant long-term postvention responsibility.

It is recommended that recovery planning occurs once the university has returned to normal routines and is able to begin looking to their future recovery process.

This may be approximately 4 weeks from the university's initial response or longer. Some universities may choose to complete recovery planning sooner. We recommend that universities consider the possible impacts on their SRT and the emotional reactions they may have if this is conducted sooner.

All members of the SRT should participate unless they choose to opt-out for wellbeing reasons.

An example recovery plan template is included in **Section 4: scripts and templates** of this resource.

moving from response to recovery

Key dates/events to plan ahead for

While every response and every university's recovery pathway is different, there are certain dates and events that are likely to be relevant. When planning for recovery, universities should consider the following (in addition to any other dates or events identified as relevant to the specific circumstances of the response):

3-month mark following the response

This is likely to be a time of increased risk, vulnerability, and help-seeking for all responses. At the 3-month mark, many external support services may be ending. At the same time, bereaved people may begin to feel as though the broader community has 'moved on' or 'forgotten' about their loss. Universities should aim to proactively check-in with anyone previously identified as vulnerable or at-risk (students and staff) around this time, as well as sharing help-seeking messaging.

12-month mark following the response

This is likely to be a time of increased risk, vulnerability, and help-seeking for all responses. Staff and students are likely to be brought back to their initial experiences of grief at this time. It is likely that impacted staff and students may want to plan a memorial around this time, and there may also be an increased demand for wellbeing support services. Universities are encouraged to plan for this date well in advance.

Critical Incident Review

If this has not already been conducted, it is important to plan an appropriate time for the university to undertake a review of the response. As noted earlier, this review is intended to focus on the operational steps undertaken in response to the death, rather than being an emotional debrief.

Review or development of University's Postvention Plan

If the university used an existing postvention plan to support this response, it is important to review it for any necessary changes based on the SRT's experiences of the response. If the university did not have an existing postvention plan, developing one based on what was needed in the response will be supportive if the university needs to respond to another death in the future. As with the Critical Incident Review, it is important to be aware of the potential impacts of this process on the SRT, and to be aware of the possibility of hindsight bias.

Birthdays

These are likely to be difficult times for those close to the person who has died. Universities should be encouraged to proactively check-in with family and close friends around this time.

Graduation

If the death was of a student in their final year, the university should plan for how they will be acknowledged at graduation, if at all. Universities should be guided by existing policies around post-humous graduations, as well as the wishes of the bereaved family. Universities should also consider the need to provide additional supports for vulnerable students and staff, as milestone events like graduations can lead people to think about those who should be a part of the event but are not. It is also important that the focus of the event as a celebration of the achievements of those graduating is maintained.

moving from response to recovery

Key dates/events to plan ahead for

While every response and every university's recovery pathway is different, there are certain dates and events that are likely to be relevant. When planning for recovery, universities should consider the following (in addition to any other dates or events identified as relevant to the specific circumstances of the response):

Placement

Professional placement is associated with an increase in stress for many students. Universities are encouraged to connect with any impacted students who will be participating in professional placement to help them identify and plan support pathways for this time.

Orientation

Orientation can be a major milestone in the academic year where impacted people might experience a sense of loss or sadness associated with a person who should be here who isn't. Orientation can pose additional challenges for residential colleges as this is typically a time when room allocations and wellbeing scaffolding is occurring for the year. There may also be considerations around exposure for new students coming in to the community.

Holiday breaks

Holiday breaks, particularly those at the end of a semester, can take people away from their usual routines and sources of support. Universities are encouraged to share help-seeking messaging ahead of all holiday breaks. Many major cultural and religious holidays have a strong focus on family and community, and these times may be difficult times for those close to the person who has died. Universities should proactively check-in with family and close friends around these times.

moving from response to recovery

Memorials

A university may want to have a memorial for someone who has died. This might occur soon after the death, or around a key date such as a 12-month point or birthday. Being compassionate while maintaining normal classes and activities can be a tricky balancing act. In the case of suicide, the university needs to consider how to memorialise the person appropriately without increasing the risk of suicide transmission among other people.

It is very important that the university treats all deaths in the same way. Having one approach for memorialising a person who died of cancer or in a car accident and a different approach for a person who died by suicide risks stigmatising or glamourising the death and may affect the bereaved family and friends.

Wherever possible, universities should talk with the person's family and friends to work out a meaningful and safe way of acknowledging the loss. It may be appropriate to gently direct family and friends towards safer or more appropriate memorials that manage the risk of further exposure and distress.

These occasions are best handled in small groups where people can be cared for and monitored, and in locations where it is possible for other students and staff to not be involved unless they wish to be. It is always advised to have memorials that are time specific (e.g. a one-off award or scholarship) as opposed to an ongoing expectation of annual memorials or awards named after the deceased.

Permanent memorials

Some universities may want to establish a permanent memorial, or this may be suggested by staff, family, or friends. This could be a physical item such as a tree, bench or plaque or something commemorative, such as a scholarship. **Permanent memorials may prove to be upsetting reminders to people and their meaning may be lost over time.** Permanent memorials can also risk future exposure to the suicide, as people who would otherwise have no connection to the death may ask questions about who this person was and why they were memorialised in this way.

It is important to be aware that establishing a permanent memorial for one person (such as a tree or plaque) can create a precedent for others. This can become quite difficult to sustain over time.

It is important to channel the energy and passion of people affiliated with the university (and the greater community) in a positive direction. It can be helpful for the university to be proactive. By being prepared with safer or more appropriate alternatives to possible requests, the university will be better able to work together with the bereaved family and close friends of the deceased.

Resisting or prohibiting memorialisation is problematic, as it may be perceived as stigmatising. It can also generate intense negative reactions, which can make an already difficult situation even worse. Universities need to balance the need to acknowledge the loss with protecting the safety and wellbeing of their communities.

Posthumous awards and graduations

If there is a tradition of creating a tribute to deceased members of the university who would have either achieved an award or graduated from the university, then people who have died by suicide should also be included. For example, the university may want to include a brief statement acknowledging and naming the person who has died and invite someone from the bereaved family to receive the award.

Universities should plan to provide additional supports to impacted staff and students around graduation ceremonies if needed.

It is important that the main focus of the graduation ceremony remains on the achievements of those people who are graduating.

moving from response to recovery

Implementation of recommendations from Critical Incident Review

Universities should begin to plan and implement any recommendations that were agreed to as part of the critical incident review. Implementing the results of the review helps students and staff appreciate the positive work the university has undertaken.

People's desire to see something positive emerge from a tragedy like suicide is very strong. The results and recommendations of the critical incident review can help the university to achieve some sense of moving forward.

As noted earlier in this guide, there is a wealth of mental health expertise within universities. Institutions should draw on this expertise to guide continual improvements in how the university responds to a death by suicide.

Building the University's capacity to respond

To enable the university to act quickly and effectively when there is a death by suicide or suicide attempt, it is important to build the capacity of staff and students to respond appropriately and sensitively.

Universities can consider the following actions to improve the institution's capacity and capability:

- establish clear pathways of where someone can raise concerns about a staff or student's welfare or wellbeing
- strengthen protocols for responding and managing information
- commit to continual improvement through critical incident reviews
- ensure institutional policies and procedures for emergency responses and critical incidents can be readily accessed and information on these is included in staff training
- provide practical training to build the skills of staff and students – within their roles – to assist others in distress or at risk of harm/suicide
- provide gate-keeper training for staff and students in key roles
- provide specialised training for SRT and sub-SRT members
- provide opportunities for drills and practice for the SRT teams
- engage in suicide prevention community activities, such as R U OK? Day
- provide information about the university's suicide prevention and postvention strategies on the university's website.

section 4

scripts & templates

Example script for notifying people known to the deceased

Today/yesterday the university was given the very sad news that [Name of person] *died/died* by **suicide.** This will be a very difficult time for [Name]'s family, close friends, faculty members and students, and for all of us who knew them. For a while, it might be difficult for some of you to think about anything else.

Only use the term suicide if agreed to by the bereaved family.

For this reason, a support room has been set up in [insert name of space] for anyone who wants to go there. This room will be available over the next few days. Someone will be available in the room at all times for you to talk with if you want to. Otherwise it is a quiet place to sit and reflect.

[Universities can also refer to an online space if one has been established.]

The university has established a team of people to help guide us through this difficult time and more information will follow from that **group of people.**

Name the suicide response team if the bereaved family has agreed the death can be named a suicide.

[If appropriate, provide links to the university's suicide prevention strategy, mental health strategy or relevant document.]

This is a time to be especially sensitive to each other's feelings and to look out for each other. Let a member of your team, your manager or supervisor, human resources, or the university's student counselling service know if you or your friends are worried about anyone or anything.

[Insert details of the university's support services and pathways for raising concern about someone's wellbeing or welfare.]

Example template for notifying people in the general university community

Dear [insert name],

Today/yesterday the university was given the very sad news that on [insert date] one of our *staff/students* [insert name] *died/died* by **suicide.** All of us are thinking of their family and friends.

Only use the term suicide if agreed to by the bereaved family.

Members of our university, particularly [insert name]'s friends and colleagues, may find this news very difficult to understand and accept. Other people – not just close friends – are also likely to be upset, perhaps because it reminds them of another challenging event in their own life. Because of this, a support space has been set up in [insert name of space] for anybody who would like to go there over the next few days. Someone will be available in the room at all times for you to talk with if you want to.

[Universities can also refer to an online space if one has been established.]

[If appropriate, provide links to the university's suicide prevention strategy, mental health strategy or relevant document.]

Please be sensitive to people's feelings about this death and look out for each other.

If you are worried about anyone or anything, please reach out to [name of nominated SRT member] on [SRT Contact details].

You may also want to be in contact with [Insert details of the university's support services and pathways for raising concern about someone's wellbeing or welfare].

We have also attached a list of national helplines to this *letter/email*.

Take care,
[insert name]

scripts & templates

Example script for responding to enquiries if the University is still confirming details

I can confirm that the university has received some concerning information. At this point in time, we do not have a lot of information.

Once we receive confirmation of any relevant details the university will pass on this information as appropriate.

Due to considerations of confidentiality, I am unable to comment any further.

I can appreciate that anything that you may have heard could be very upsetting for you and your family.

If you are in need of support or advice regarding what you have heard, I have some phone numbers here that you may wish to call:

- Lifeline Australia – 13 11 14, available 24/7
- Medicare Mental Health – 1800 595 212, available Monday to Friday 8:30am-5:00pm, or online: medicarementalhealth.gov.au
- *[internal university supports as relevant]*
- or you may wish to contact your GP.

Example script for responding to enquiries when the death has been confirmed and consent given to name as suicide

I can confirm that the university has been informed of a suicide of a [student/staff member]. Our university Suicide Response Team is in the process of sharing relevant information by *email/letter* to all students.

Due to confidentiality considerations, I am unable to comment any further.

[Name of nominated SRT member] is handling any enquiries regarding this matter. I can take a message or try putting you through if you have any concerns.

I can appreciate that this news may be very upsetting for you and your family.

If you are in need of support or advice regarding this matter, I have some phone numbers here that you may wish to call:

- Lifeline Australia – 13 11 14, available 24/7
- Medicare Mental Health – 1800 595 212, available Monday to Friday 8:30am-5:00pm, or online: medicarementalhealth.gov.au
- *[internal university supports as relevant]*
- or you may wish to contact your GP.

recovery plan template

Recovery Plan: University name

Created date: 00/00/2025

Key contacts

International Student Services	*Name*	Contact details
University Executive	*Name*	Contact details
First Nations Centre	*Name*	Contact details
Equity and Inclusion Team	*Name*	Contact details
Local headspace centre *12-25 y.o.*	*headspace [centre name]*	Contact details
Mental Health Triage	*Name*	Contact details
StandBy Support After Suicide	*1300 727 247*	1300 727 247
Thirrili	*First Nations*	1800 805 801
Other – Pleae add	*Name*	Contact details

first quarter following Response

Key activities	Approx. date	Key people
Vulnerable/at-risk students connected with appropriate mental health and academic supports.	00/00/0000	Name
Continue to check-in with students identified as vulnerable/at-risk.	00/00/0000	Name
Continue to check-in with staff identified as vulnerable/at-risk.	00/00/0000	Name
Continue awareness of social media: • encourage “see something, say something” attitudes. • consider moderation/turning off comments on university social media pages.	00/00/0000	Name
Remember that a return to normal and typical routines is protective for most people.	00/00/0000	Name

NOTE: *All staff are responsible for continuing to monitor the wellbeing of students, themselves and colleagues and report changes to ‘base-line behaviour’ or concerning observations to an appropriate leadership team member. Key activities are provided as an example, you can add additional activities as relevant.*

recovery plan template

Recovery Plan: University name

Created date: 00/00/2025

second quarter following response

key activities	Approx. date	Key people
3-month mark: Promote help-seeking messages: • promote Employee Assistance Program (EA) for staff • general help-seeking messages for students/families. Be mindful of the possibility of an increase in vulnerability and need around the 3-month mark.	00/00/0000	Name
Consider developing or reviewing the university's postvention plan.	00/00/0000	Name
Consider conducting a Critical Incident Review: • operational review of actions taken in immediate and short term response • opportunity to refine processes, acknowledge work done, and identify possible areas of risk. ***NOTE:*** *the Critical Incident Review is not intended to be an emotional debrief.*	00/00/0000	Name

NOTE: *All staff are responsible for continuing to monitor the wellbeing of students, themselves and colleagues and report changes 'base-line behaviour' or concerning observations to an appropriate leadership team member.*

third quarter following response

Key activities	Approx. date	Key people
6-month mark: Promote help-seeking messages: • promote Employee Assistance Program (EAP) for staff • general help-seeking messages for students/families.	00/00/0000	Name
Consider offering upskilling for staff in mental health literacy and having supportive conversations (e.g. USP Real Talk).	00/00/0000	Name

NOTE: *All staff are responsible for continuing to monitor the wellbeing of students, themselves and colleagues and report changes 'base-line behaviour' or concerning observations to an appropriate leadership team member.*

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recovery plan template

Recovery Plan: University name

Created date:
00/00/2025

fourth quarter following response

Key activities	Approx. date	Key people
12-month mark: Significant recovery milestone requiring detailed planning • people may re-experience the same emotions as when they first heard of the death • promote help-seeking messages • promote Employee Assistance Program (EAP) for staff • general help-seeking messages for students/families. Be mindful of the likelihood of an increase in vulnerability and need.	00/00/0000	Name

NOTE: *All staff are responsible for continuing to monitor the wellbeing of students, themselves and colleagues and report changes 'base-line behaviour' or concerning observations to an appropriate leadership team member.*

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Postvention Planning Guide

immediate tasks for the SRT

Initial briefing of the SRT	Person(s) responsible
Provide information on the death, including facts received from first responders (police/coroner) and information received from the family (if appropriate).	Name(s)
Confirm membership of the SRT and the appropriate modifications required.	Name(s)
Develop a communication plan – how will queries or questions be handled, establish a process for approval of communication to the broader university community.	Name(s)
Share details regarding the communications plan.	Name(s)
Engage the support of headspace University Support Program: universitysupport@headspace.org.au.	Name(s)

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Identify roles responsible for the following	Person(s) responsible
Consider the most appropriate person to liaise with the bereaved family and contact the bereaved family to offer condolences and support.	Name(s)
Identify witnesses who are members of the university community and provide them with relevant support.	Name(s)
Notify the university's Student Services and human resources as relevant.	Name(s)
Notify the relevant embassy if the deceased is an international student.	Name(s)
Document the SRT's actions.	Name(s)

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Postvention Planning Guide

first 24 hours

Inform

Staff	Person(s) responsible
Convene the SRT – use existing platforms for bringing staff together and sharing important and time sensitive information.	Name(s)
Inform all staff as soon as possible and communicate the plan that the SRT are enacting with relevant details.	Name(s)
Inform staff of their option to not be involved if their own wellbeing is at risk.	Name(s)
Inform staff of support they can access from the university (for example, EAP).	Name(s)
Inform staff of how students will be notified of the death, including the script for staff to use when communicating news to small groups.	Name(s)

Students	Person(s) responsible
Inform close friends of the deceased.	Name(s)
Inform students using the agreed script in small groups, with consideration of: small lab groups, tutorials, study groups.	Name(s)

Community	Person(s) responsible
Inform the community via a letter/email providing immediate and accurate information about the university's response to the suicide (the response will vary depending on the nature of the suicide and follow the university's media guidelines). ***NOTE:*** *all communication with the university community and public needs to be agreed by all members of the SRT and follow the university's media guidelines.*	Name(s)
If the person who passed was First Nations, partner with the university Indigenous Student Centre or equivalent, to coordinate communication to the First Nations community – appropriate contact people/channels of communication and observance of customs and protocol (such as withholding name and image of the person who has died).	Name(s)
If the person who passed was part of the LGBTIQA+ community, partner with the university Equity and Inclusion team and/or relevant LGBTIQA+ organisation – appropriate contact people/ channels of communication and consideration of specific risks and needs of this community.	Name(s)

Postvention Planning Guide

first 24 hours

Support

Staff	Person(s) responsible
Identify and plan support for staff who might be at risk.	Name(s)
Encourage staff to access the university's employee assistance program (EAP).	Name(s)
Provide staff with detailed information about the university's response and communication plan being shared with students and the university community.	Name(s)
Check in with staff at the beginning/ end of each day for wellbeing, and provide consistent messaging of help-seeking.	Name(s)
Consider whether an information session for staff is required.	Name(s)

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Students	Person(s) responsible
Set up a support room on campus for students to access support.	Name(s)
Provide appropriate supports to impacted students, working in partnership with relevant community mental health services.	Name(s)

Bereaved family	Person(s) responsible
Establish a line of communication with the bereaved family (if appropriate).	Name(s)
Gather and protect the students' belongings to give to the bereaved family following confirmation the belongings are not required for an investigation.	Name(s)

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Postvention Planning Guide

first 24 hours

Manage

Staff	Person(s) responsible
Engage in daily debriefs.	Name(s)
Identify and action appropriate self-care strategies for members of the SRT.	Name(s)
Watch for signs of vicarious trauma.	Name(s)
Make space to take a break from the response if required.	Name(s)

Media	Person(s) responsible
The university will determine whether a media response is required. Any response to media will be consistent with the university's policies and procedures for engaging with the media.	Name(s)
Responses to media should be consistent with the university's media guidelines and be informed by national guidelines for safe reporting of suicide (Mindframe). All media should promote help-seeking messages.	Name(s)

Social media	Person(s) responsible
Consider the impact of social media. **NOTE:** commenting on the death via the university's social media channels is not recommended.	Name(s)
Where a response is required, SRT should work collaboratively with the university's social media team to respond accordingly. This may include providing help seeking messages and supports available internally to the university. It may also include monitoring of social media pages and individuals as appropriate, and ensuring students are aware of supports available.	Name(s)
Consider intervening if the use of social media is escalating distress among the community. Consider the following resources to guide your university's response by using consistent language that is safe and promotes help-seeking: • Our words matter: Guidelines for language use by Mindframe. • #chatsafe®: a young person's guide to communicating safely online about suicide and self-harm by Orygen.	Name(s)

Postvention Planning Guide

short-term response

Ongoing care of the community	Person(s) responsible
In the first month, the SRT, managers, supervisors of staff and other relevant university representatives should continue to look for signs of distress and respond to them appropriately and respectfully. It is essential that supports offered are culturally responsive. This should be done in partnership with the university and community mental health services and supports, and in consultation with relevant multicultural organisations and community and religious leaders.	Name(s)

First Nations perspectives	Person(s) responsible
For First Nations people, the university's First Nations Centre should be involved in planning and coordinating ongoing care, including involvement with Aboriginal-Community Controlled Health Organisations (ACCHO's), Elders, healers and healing practices. First Nations communities will have varying cultural responses to the passing of a community member; the process of grieving is referred to as 'sorry business' and it is necessary to involve First Nations expertise in ongoing care to ensure the time and resources required to support sorry business and support staff is aligned to local sorry business practices and culturally safe.	Name(s)

LGBTIQA+ perspectives	Person(s) responsible
With regard to the LGBTIQA+ community, the university Equity and Inclusion team and/or relevant LGBTIQA+ organisation should be involved in planning and coordinating ongoing care.	Name(s)

Information sessions	Person(s) responsible
Offering opportunities for staff and students to attend an information session may be an effective strategy to alleviate some distress and answer questions regarding how to appropriately support those bereaved by suicide. The need to offer an information session will vary depending on the nature of the suicide, size and location of the university and its community. Universities can draw on the knowledge and expertise of relevant external agencies, and sessions should be evidence-informed with careful consideration of timing. Topics for consideration: • grief and loss • self-care for staff • supporting those bereaved by suicide • engaging in safe and appropriate conversations about mental health and wellbeing.	Name(s)

Critical incident review	Person(s) responsible
Depending on the nature of the suicide, exposure, and support required by those impacted, the timing of when you conduct a critical incident review will vary.	Name(s)

Postvention Planning Guide

longer-term response: moving from responding to recovery

Task	Person(s) responsible
Communication Providing regular communication to relevant university staff is as important in the longer-term response as it is in the early stages. Topics for consideration: • upcoming anniversaries or other important dates • media coverage and/or consistent messaging to media inquiries • ongoing support services available to students and staff • review of university policies and procedures of the response and areas for improvement • a path forward for the university regarding mental health and wellbeing initiatives.	Name(s)
Ongoing care of the community Members of the university's health, safety and wellbeing teams should continue to look for signs of distress and respond to them appropriately and sensitively. This should be done in partnership with universities and community mental health services and supports.	Name(s)

Task	Person(s) responsible
Planning for important anniversaries The anniversary of the death, birthdays or other important dates for the deceased can be occasions where those bereaved experience levels of distress similar to when they first learnt of the death. These occasions are best handled in small groups where individuals can be appropriately supported, with the bereaved family's knowledge/consent. It is important for the university to consider how they have remembered people who have died in the past, as having a consistent approach reduces the stigma associated with suicide. It is recommended that memorials are time specific (a one-off award or scholarship) as opposed to ongoing expectations of annual recognition.	Name(s)
Posthumous awards and graduations This might require consideration in the immediate or short-term phase depending on the time of year and proximity to graduation for the deceased.	Name(s)

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Postvention Planning Guide

longer-term response: moving from responding to recovery

Task	Person(s) responsible
Critical incident review and implementation of recommendations The purpose of a critical incident review is to evaluate the processes and procedures undertaken by the SRT and the university. The review process is an important opportunity to consider the shared learning and improvements that will strengthen the university's response to a suicide in the future. Areas for consideration: • communication procedure • SRT – membership, adequacy of training and support, and risk management – exposure • mapping of those impacted and availability of support • support services – capacity and availability of university teams to support those impacted by suicide • partnerships with external services – information sharing • secondary consultations and access to support • information management – data reporting, information sharing and records of ongoing support.	Name(s)
Building the capacity of the university to respond A timely and coordinated response to suicide requires careful planning and consideration of the decision-making that will be required. Building the capacity of staff and students to respond appropriately and sensitively is an essential component of how a university can effectively respond to a suicide.	Name(s)

Task	Person(s) responsible
Building the capacity of the university to respond (cont.) Strategies to build capacity: • Establishing clear referral pathways within the university for someone to raise concerns about a student's mental health and wellbeing. • Strengthen protocols for responding to and managing information regarding risk (mental health and wellbeing, including suicidal ideation and behaviours). • University policies and procedures for responding to critical incidents are reviewed following a death by suicide. Suicide and suicide attempt records are updated and available to relevant staff. • Training is available to all staff to enhance mental health literacy to engage in conversations about mental health and wellbeing, inclusive of culturally responsive training for when staff are working with First Nations and multicultural communities, and inclusive practice training for working with the LGBTIQA+ community. • Postvention response training is available to staff in the SRT to strengthen knowledge and confidence in their role and the tasks required to effectively coordinate a suicide response. • Embed suicide postvention response processes within a university wide mental health and wellbeing framework and communicate this accordingly. • Engage in mental health awareness campaigns to promote general help-seeking among university students and staff.	Name(s)

Postvention Planning Guide

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getting support

If you or someone you know is going through a tough time, support is available from headspace and other national services.

Lifeline
24/7 crisis support and suicide prevention services

13 11 14

lifeline.org.au

Beyond Blue
24/7 mental health support services

1300 22 4636

beyondblue.org.au

headspace
online support and counselling for young people aged 12 to 25

1800 650 890
(3pm-10pm daily)

headspace.org.au/eheadspace

Kids Helpline
24/7 counselling service for young people aged 5-25 and their supports

1800 55 1800

kidshelpline.com.au

Suicide Call Back
24/7 crisis support & counselling for people affected by suicide

1300 659 467

suicidecallbackservice.org.au

1800 RESPECT
24/7 support for sexual assault, domestic and family violence

1800 737 732

1800respect.org.au

YarnSafe
Support & Resources for Aboriginal & Torres Strait Islander People

Call 13 YARN
(13 92 76)

13yarn.org.au

QLife
LGBTQI+ peer support & referral

1800 184 527
(3pm-midnight daily)

Qlife.org.au
(online chat 3pm-12am daily)

Mensline
24/7 counselling service for men

1300 78 99 78

mensline.org.au

eSafety Commissioner
Support & Reporting of online bullying and abuse

eSafety.gov.au

headspace National Youth Mental Health Foundation is funded by the Australian Government

headspace
National Youth Mental Health Foundation

section 5

directory of supports

headspace National Youth Mental Health Foundation

1800 650 890

headspace.org.au

Information and resources for young people, family and friends. Available 3pm – 10pm daily. For webchat visit headspace.org.au/online-and-phone-support/connect-with-us

ReachOut Australia

au.reachout.com

Online mental health service for young people and their families, including free text-based chats with peer workers via au.reachout.com/peerchat

Lifeline

13 11 14

lifeline.org.au

Crisis support, available 24 hours a day, 7 days a week.

Beyond Blue

1300 22 4636

beyondblue.org.au

Information and referral for depression and anxiety. Available 24 hours a day, 7 days a week.

Suicide Call Back Service

1300 659 467

suicidecallbackservice.org.au

Nationwide service for people aged 18+ affected by suicide via phone online and video counselling.

MensLine Australia

1300 78 99 78

mensline.org.au

Phone and online counselling for Australian men. Available 24 hours a day, 7 days a week.

13YARN

13YARN or **13 92 76**

13yarn.org.au

Support for Aboriginal and Torres Strait Islander People.

QLife

1800 184 527

qlife.org.au

Phone counselling for LGBTQI+. Available 3pm -midnight 7 days a week. For webchat visit qlife.org.au/resources/chat

eSafety Commissioner

esafety.gov.au

For reporting of online bullying and abuse.

Head to Health

1800 595 212

headtohealth.gov.au

Help to find the right Australian digital mental health and wellbeing resources for yourself or for someone you care about. Available Monday to Friday 8:30am – 5:00pm.

1800RESPECT

1800 737 732

1800respect.org.au

Sexual assault, domestic and family violence counselling. Available 24 hours a day, 7 days a week.

Embrace Multicultural Mental Health

embracementalhealth.org.au

Supports and services for culturally & linguistically diverse Australians, refugees and migrants.

Butterfly Foundation

1800 33 4673

butterfly.org.au

Support with eating disorders and body image issues. Available 8am-midnight, 7 days a week. For webchat visit butterfly.org.au/get-support/chat-online

Translating and Interpreting Service (TIS) National

131 450

(for immediate phone interpreting, available 24/7)

tisnational.gov.au

provides access to phone and on-site interpreting services in over 150 languages.

StandBy – Support After Suicide

1300 727 247

standbysupport.com.au

Support for anyone who has been bereaved or impacted by suicide. Available 24 hours a day, 7 days a week.

Thirrili

1800 805 801

thirrili.com.au

24 hours, 7 days a week, Australia-wide. Working with families and communities after suicide.

our supports

This page contains avenues for support for students and staff in our University.

university supports

Support name

Contact details,
opening hours,
aceess information

Support name

Contact details,
opening hours,
aceess information

Support name

Contact details,
opening hours,
aceess information

Support name

Contact details,
opening hours,
aceess information

local and national supports

Support name

Contact details,
opening hours,
aceess information

Support name

Contact details,
opening hours,
aceess information

Support name

Contact details,
opening hours,
aceess information

Support name

Contact details,
opening hours,
aceess information

notes

Clues: Wellbeing centre at the university, financial assistance, food assistance, social clubs, study support details.

section 6
references

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disclaimer

This document has been prepared as a generalist resource for universities which can be used in conjunction with other resources to support university staff in Australia to plan for, respond to and recover from the impacts of suicide in the university community. It is not intended for use by any person who is not a university. Before using this document, you should read it in full, consider its effect and determine whether it is appropriate for your needs.

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headspace would like to acknowledge Aboriginal and Torres Strait Islander peoples as Australia's First People and Traditional Custodians. We value their cultures, identities, and continuing connection to country, waters, kin and community. We pay our respects to Elders past and present and are committed to making a positive contribution to the wellbeing of Aboriginal and Torres Strait Islander young people, by providing services that are welcoming, safe, culturally appropriate and inclusive.

headspace is committed to embracing diversity and eliminating all forms of discrimination in the provision of health services. headspace welcomes all people irrespective of ethnicity, lifestyle choice, faith, sexual orientation and gender identity.

headspace services operate across Australia, in metro, regional and rural areas, supporting young Australians and their families to be mentally healthy and engaged in their communities.

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