



Submission for Productivity Commission Mental Health Inquiry

Topic: The needs of people bereaved by suicide

People bereaved by suicide in Australia have already experienced the catastrophic failure of health and mental health services in their lives, yet continue to face extreme, invisible barriers in accessing services that meet their needs in the immediate aftermath of death and in the medium and long term.

Suicide and suicide bereavement overlap with mental ill-health but are not mental disorders and should not be responded to in the same way. The research on enduring emotional distress arising from suicide is well-established (Maple, Plummer, Edwards, & Minichiello, 2007; Survivors of Suicide Loss Task Force, 2015).

The need of suicide bereaved people for effective help, support and information is not being met. In one Australian study, less than half of the participants who identified a need for help actually received it. Over half of those who did receive help described it as unsatisfactory (Wilson & Clark, 2005).

Grief Journeys' concerns about existing suicide bereavement services

1. Dedicated suicide bereavement services often exclude people newly bereaved by suicide from accessing ongoing support groups because they are "too distressed" without offering alternatives.

2. Professional practices in suicide bereavement are exclusionary and unwelcoming. For example, being required to attend face to face screening interviews prior to being allowed access to support groups, even when this involves travel, and delivery of support groups inside business hours. Lack of individual services is also discriminatory and unhelpful.

People with lived experience of suicide and experience in supporting people should be consulted in planning, developing, implementing and evaluating services.

A wide range of services need to be considered, including therapeutic services; support with grief rituals, memorialising and visits to the place where suicide occurred; advocacy;

financial support with relocating when suicide occurs in the home; legal assistance and support with coronial enquiries and inquests. Services need to be tailored to the cultural needs of local communities.

3. Combining suicide prevention and suicide bereavement in one service (for example, Suicide Call Back Service which provides services to “suicide-affected” people) is common, however the paradigm clash is not considered. Very different models, philosophical approaches and professional skills are needed to work with suicidal people and suicide bereaved people. People bereaved by suicide often do not feel comfortable in taking up space in a service also providing crisis support to suicidal people.

4. Services are currently very unevenly and unfairly distributed across states and territories, and between urban, regional, rural and remote areas, and are negligible compared to services available to people bereaved by homicide (see Appendix one).

5. Health professionals are inadequately trained in grief and loss and in providing support to suicide bereaved people. Service responses are also influenced by stigma and discrimination.

Service models should be based on Attachment theory rather than dominant mental health models such as Cognitive Behavioural Therapy. Newly bereaved people have received inappropriate psychological treatment that conflates normal grieving with negative cognitions.

How do suicide bereaved people find services?

Suicide bereaved people most often look for support online and on platforms such as Facebook. This may open up access to international groups such as Alliance of Hope for suicide loss survivors which has 21,000 supporters, as well as Australian organisations such as Lifeline and community groups such as Australian Suicide Loss – supporting each other (80 members) and Shining Hope WA Inc. (400 members). The research shows that suicide bereaved people who take self-responsibility for their healing and feel in charge of their own grief journey have better outcomes (de Willoughby, 2013/14).

Lifeline provides an online resource: [Towards good practice: Standards and guidelines for suicide bereavement groups](#), however this is a 2009 resource that was not produced through consultation with suicide bereavement groups and services, and has considerable gaps, such as not considering online support groups.

How does suicide bereavement differ from other forms of bereavement?

People bereaved by suicide face unique questions and worries in their grief journey:

- What caused them to suicide?
- Why did they choose that particular method?
- Did they suffer?
- How long did it take them to die?
- Am I/are we responsible?

- Could I/we have prevented the death?
- What if I/we had not ...?
- Where are they now?
- Why didn't they leave a note?
- What does this loss mean for me/others?

People bereaved by suicide undergo unique experiences:

- The place of suicide becomes a crime scene and property is seized by police
- Suicide in the home may mean family members need to move out of the home temporarily or permanently
- People experience shame, self-blame and community/religious stigma about suicide
- There are different impacts of the suicide on family members according to their developmental stage and resources
- There are traumatic impacts on those who found the body and some bereaved people incur physical injuries trying to save their loved one
- Bereaved people believe that the death could have been prevented
- Some aspects about the death or reasons for the death are never known
- There may be disillusionment with health services that treated the person who died that may lead to neglect of bereaved people's own health
- The means of death may be concealed from the community, which contributes to family myths forming and delays in grieving
- People go through long term coronial inquiries and/or inquests with coroner's reports in the public domain
- There is societal taboo and media guidelines about openly discussing suicide, its causes and the experience of bereavement, which leaves bereaved people without a forum or social models for grieving and recovering

Recommended actions

Short term

- Remove barriers to service access within existing suicide bereavement services as a condition of funding.
 - For example, services to provide open-ended crisis support groups as well as ongoing support groups.
- Require organisations receiving funding for suicide bereavement to consult with diverse groups with lived experience of suicide about the services they need and hours of delivery, and reshape services on the basis of such consultations.
- More clearly delineate the types and models of services available for people bereaved by suicide in combined suicide prevention and suicide bereavement organisations.

Medium term

- Australia-wide funding for suicide bereaved people with the aim of ensuring equal access to services in urban, regional, rural and remote areas in all states and territories and for diverse groups.
- Education programs and accreditation standards for a wide range of professions (health, allied health, counselling, psychotherapy, police and first responders) to include:
 - Theoretical understandings of grief and loss, normal grieving pathways, cultural differences in expression of grief and traumatic grief;
 - Understanding of the lived experience of suicide bereavement for diverse groups; and
 - Appropriate attachment-based models for intervening with suicide bereaved people and their evidence base.

Long term

- Parity between services available for homicide and suicide bereaved people across all areas of Australia.

References

- deWilloughby, M. (2013/14). The power of bereavement support groups. *Bereavement Practice for Clinicians and Service Providers*, Summer, pp. 1-2. Australian Centre for Grief and Bereavement. Retrieved from <https://www.grief.org.au/uploads/uploads/Bereavement-Practice-Summer-2013-14.pdf>
- Maple, M., Plummer, D., Edwards, H., & Minichiello, V. (2007). The effects of preparedness for suicide following the death of a young adult child. *Suicide and Life-threatening Behavior*, 37(2), 127-134.
- Queensland Mental Health Commission. (2019). *Promoting lived experience discussion paper*. Retrieved from https://www.qmhc.qld.gov.au/sites/default/files/wp-content/uploads/2017/02/Promoting-Lived-Experience-Perspective_Discussion-paper.pdf
- Survivors of Suicide Loss Task Force. (2015). *Responding to grief, trauma and distress after a suicide: U.S. National Guidelines*. Retrieved from <http://actionallianceforsuicideprevention.org/sites/actionallianceforsuicideprevention.org/files/NationalGuidelines.pdf>
- Wilson, A., & Clark, S. (2005). *South Australian suicide postvention project: Report to Mental Health Services, Department of Health*. Department of General Practice, University of Adelaide. Retrieved from <https://digital.library.adelaide.edu.au/dspace/handle/2440/24871>

Appendix one: Victim of Violent Crime Support Services by State and Territory

Services	NSW	VIC	SA	QLD	WA	Tasmania	NT
Counselling	Y		Y		Y		
Financial Assistance/Compensation	Y	Y	Y	Y	Y	Y	Y
Court Support			Y	Y	Y	Y	Y
Legal Aid					Y		
Recognition payment	Y				Y		
Accommodation Support					Y		
Mediation					Y		
Safe at Home Program							Y
Justice Journey App	Y						

Note: Where counselling and other services are not listed, they are sometimes included under financial compensation.

Appendix two: Background on [Grief Journeys Ltd](#)

We are a not for profit company providing strengths-based services at low or no cost for people bereaved by suicide. We do not pathologise or judge the people we work with, as we all share similar losses.

The lived experience approach in the human services is a human rights movement (QLD Mental Health Commission, 2019). Our workshop participants and clients benefit from our lived experience by feeling understood and hopeful about their own grief journey.

We provide:

- Workshops for participants at any stage following suicide loss, using expressive arts to facilitate grieving
 - Glebe, Liverpool and Wollongong NSW, Melbourne VIC, and Bunbury WA
- Therapy sessions for suicide bereaved people in Glebe, Wollongong and online
- Advocacy and participation in consultations to improve access to suicide bereavement services and support the rights of people who have been bereaved by suicide
- Social media and website disseminating strengths-based information on suicide loss
- Contribute to public debate on suicide and suicide prevention from the perspective of people who are suicide bereaved
- Face to face and online professional development for practitioners in a strengths-based approach to working with suicide bereavement
- Conference presentations and workshops on using creative therapies in suicide bereavement counselling and therapy
- Liaison with and support for other strengths-based support services for people bereaved by suicide
- Revision and delivery of Australian Centre for Grief and Bereavement professional development training on Working with Suicide Bereavement in WA and NSW