



South Canterbury
District Health Board

Enhancing the health & independence of the people of South Canterbury.

South Canterbury District Health Board Suicide Postvention Plan 2015-2017

*‘Responding to suicide in South
Canterbury: A multiagency approach’*

Approved by Ministry of Health 5 June 2015

Introduction

This document sets out a pathway to plan a response in the community following a suspected suicide in South Canterbury. It is designed as a guide for agencies to follow to provide a coordinated approach in supporting families, friends and the community after a suicide has occurred.

This document sits under the work stream of the South Canterbury Suicide Prevention Action Plan 2013-2016¹, which aligns to the New Zealand Suicide Prevention Strategy (2006-2016)² and focuses on:

- Reducing the rate of suicide and suicidal behaviour
- Promoting mental health and wellbeing, and reducing mental health problems
- Improving the care of people who are experiencing mental disorders associated with suicidal behaviours
- Improving the care of people who make non-fatal suicide attempts
- Supporting families/whānau, friends and others affected by suicide or suicide attempt.

Why is a community response to suicide needed?

When a suicide occurs it can have a distressing impact upon those directly bereaved and upon others in the wider community (neighbours, colleagues, schoolmates). Those affected try to understand what has happened and concerns can quickly build in the community. Sometimes, others in the community may also attempt or complete suicide (referred to as a suicide contagion). This can occur when the original suicide influences others through imitation; glorification of the person who has died; sensationalism of their death; and the presence of a highly charged emotional atmosphere. Those who are already considered vulnerable in the community may be influenced simply by hearing about other suicides (i.e., exposed to a suicide or suicide attempt). In the context of further suicides or attempts, interagency cooperation and coordination is essential³.

Principles of a postvention response

The postvention response will be:

- guided by best practice on managing suicide risk and risk of contagion/clusters
- resourced based on a standardised assessment of risk of contagion/clusters
- led by local organisational/sector managers
- informed by the knowledge and expertise of frontline staff working with people at risk
- consistent, coordinated and transparent
- used in conjunction with the tool kit, for district health boards, developed by the Ministry of Health, containing guidance on preventing suicide and responding to suicide clusters or contagion⁴.

¹ South Canterbury Suicide Prevention Action Plan 2013-2016, <http://www.scdhb.health.nz>

² *The New Zealand Suicide Prevention Strategy 2006-2016*, <http://www.health.govt.nz/>

³ <http://www.casa.org.nz/funded-programmes/community-postvention-response>

⁴ New Zealand Suicide Prevention Action Plan 2013-2016, <http://www.health.govt.nz/>

Scope of postvention response

NB: The postvention response is not the immediate or acute response. There will be actions undertaken in parallel to this process i.e. Police investigation, Victim Support visit, Spiritual/cultural practices etc.

The postvention response **will**:

- ensure initial screening occurs for those individuals who are at immediate risk and ensure supports are in place
- provide an interagency response to identify those individuals in the wider community who are vulnerable and at increased risk
- identify community needs and coordinate the provision of training and information to community key stakeholders
- include the Community Postvention Response Service⁵ in the event of a potential cluster/cluster, as required
- promote the healthy recovery of an affected community, mitigating future risk for example anniversary dates of completed suicides
- involve coordinating with Victim Support to help ensure that the bereaved have the support they require in a timely and culturally appropriate way
- identify barriers and gaps in service provision⁶.

South Canterbury agencies recognise the importance of undertaking the most appropriate action to minimise risk to the community. As such, two responses have been developed, *complex* and *non-complex*, to guide the local response. The following outlines how and by who the level of response is decided.

- ***The Postvention Multiagency Team***

The Postvention Multiagency Team is responsible for the Postvention response and determining the level of the response required – complex or non-complex (please see flowchart: Phase 1). There are one or two representatives for each of the following sectors: Health, Social Development, Justice and Education on the Postvention Multiagency Team. The representatives aligned to this team have access to or can approve appropriate resources to meet the aims of the required response within their respective sectors.

- ***Involvement of the wider community***

If it is a complex response the Multiagency Team members will work with others in their sectors to identify who is impacted by the death and potentially at risk. The practitioner (or other nominated person) who has the most contact with the person will then follow up. For example if a young person involved with ICAMHS, was identified at risk, then the Health representative, from the Multiagency Team, would work with the ICAMHS manager to ensure the young person is followed up by their case manager.

⁵ The Community Postvention Response Service (CPRS) is a Ministry of Health funded service run by CASA (Clinical Advisory Services Aotearoa). CPRS assists communities experiencing suicidal contagion or suicide clusters. The Service can help a community assess if there is a cluster emerging or occurring in the community and how best to respond to the situation.

⁶ <http://www.casa.org.nz/funded-programmes/community-postvention-response>

- **Cluster Management**

The Postvention Multiagency Team treats any death where there is considerable community interest and all youth deaths, as complex (other deaths may also be considered complex depending on the situation). We seek advice from CASA, and **all** activities undertaken (e.g. follow up of those impacted) are designed to minimise the risk of other suicides, potential cluster or contagion.

Storage of information

Information, correspondence and documentation will be stored in a secure electronic file by the Postvention Coordinator and deleted after two years. The information will be kept for the two year timeframe for the purpose of monitoring and intervening in potential clusters. Information will only be released to those as identified in the Multiagency Postvention Team, Terms of Reference. All identified personnel will abide by their respective organisations' guidelines on privacy and information disclosure.

Review of this Plan

This Plan is not static. It will be reviewed six months after its implementation and then annually. Additionally each postvention response will be reviewed to see what worked well and what could be improved.

The Process

The process outlined below illustrates how identified community agencies will respond to suspected suicides.

As mentioned above some cases will be assessed as a straight forward scenario with limited intervention required (non-complex). In other cases where there is increased risk and a more comprehensive response will be required (complex).

POSTVENTION PROCESS

Process	Standards/Tasks	Who
<div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;">Self Inflicted Death</div> <div style="text-align: center;">↓</div>		
Notification	<p>Business Hours</p> <ul style="list-style-type: none"> Postvention Process commences on first working day of notification of the event Postvention Coordinator receives information on self inflicted death from the Clinical Advisory Services Aotearoa Commence standard template based on information received NB this is not an immediate or acute response. There will be actions undertaken in parallel to this process i.e. Police investigation , Victim Support follow-up, Spiritual/cultural practices. <hr/> <ul style="list-style-type: none"> Telephone Postvention Multiagency Team within 1-4 hours of notification (normal working hours), then follow-up with e-mail Postvention Multiagency Team, made up from representatives from the following sectors: Health, Social Development, Justice and, Education. 	Postvention Coordinator
Phase 1 Response	<ul style="list-style-type: none"> Attend meeting via teleconference Postvention Multiagency Team will consult with and identify key stakeholders from their respective sectors Send updates to Postvention Coordinator <hr/> <ul style="list-style-type: none"> Collate responses and update file Provide recommendation as to type of response (Response will be considered as complex unless agreed otherwise by the Postvention Multiagency Team as per term of reference. <p>Criteria</p> <ul style="list-style-type: none"> Complex = death of a person whose suicide will impact significantly on peer group and the associated risk factors for that group. Non-Complex – death of person whose community links and supports ensure follow-up requirements will be minimal. <hr/> <ul style="list-style-type: none"> Send email confirming outcome of assessment with recommendation complex/non complex response is required. 	Postvention Multi agency Team
Non- Complex Response	<ul style="list-style-type: none"> Respective services respond within scope and service delivery model as per 'business as usual'. <hr/> <ul style="list-style-type: none"> Update template, collate relevant information and correspondence and file. Update register. 	Postvention Multi agency Team
Phase 2 Complex Response	<p>Arrange meeting</p> <ul style="list-style-type: none"> Arrange meeting of wider group of stakeholders as identified by the Postvention Multiagency Team, those who will be likely to play an ongoing active role in the response Will occur via teleconference or face to face (combination of both) within 48 hours (during normal working hours) when a complex response is required or a unanimous decision has not been reached re: type of response. 	Postvention Coordinator

POSTVENTION PROCESS



Appendix 1: Definitions used in this document

Adult

For the purposes of this document an adult is an individual aged over 24 years (Ministry of Youth Development)

Attempted suicide

Attempted suicide is a potentially self-injurious act intended to end one's life but does not result in death. Suicidal ideation is thinking about or engaging in suicidal behaviour, either with or without a suicide plan. NB: While most people who experience suicide ideation do not complete suicide, some do make attempts on their own life (Department of Communities, 2010).

Circles of Vulnerability

A screening model used to identify individuals who may be potentially more at risk of suicide contagion than others. The model advocates screening those who are in geographical and psychosocial proximity to the deceased and general population at risk (CASA).

Postvention

Suicide postvention refers to community-based support after a suicide that aims to reduce the negative impact of the death and to reduce the potential for further suicidal behaviours. The key objectives of postvention initiatives are to:

- maximise resilience
- utilise coping strategies; and
- establish structures and networks to deal with the suicide and its impact (Ministry of Health).

Suicide clusters

Suicide clusters are broadly defined as the occurrence in time of usually three or more suicides, greater than the number of suicides which would be expected on the basis of statistical prediction. Clusters are more common amongst young people and may account for 1-13 percent of youth suicides. Clusters often occur within institutions or small communities, including rural and indigenous communities (Ministry of Health).

Suicide contagion

It has been proposed that suicide clusters may be due to "contagion", or the process where one person's suicide influences another person to engage in suicidal behaviour. The mechanisms for contagion are not fully understood. Contagion may be linked to an expression of grief after experiencing the suicide of another or an attempt to deal with a range of emotions or events through imitation. It may also be indication of a desire to be recognised, for identity, or to be part of a group, or because of the suggestive power of exposure to a particular method. There are demonstrated links between the way in which suicide is reported in the media and the occurrence of further suicidal acts (Centre for Policy Health, University of Melbourne, 2012).

Suicide

Suicide is any act of self-injury which is intended to end one's life and which the person dies (Department of Communities, 2010).

Self-harm

Self-harm is the deliberate act of harming one's body without the intention to die (Department of Communities, 2010).

Young person

For the purposes of this document a young person is an individual aged 12 to 24 years inclusive (Ministry of Youth Development).

Appendix 2: Roles and Responsibilities

Postvention Multiagency Team

Function

Determine if an activation of a postvention process is required, and to guide this process.

Sectors

There will be one or two representatives for each of the following sectors: Health, Social Development, Justice and Education. Representatives are nominated from within their respective sectors and will confer within their sectors regarding allocation of resources and to gain a collective viewpoint. The representatives aligned to this team have access to or can approve appropriate resources to meet the aims of the required response within their respective sectors.

Health

Agencies/organisations include: Public Health Nurses, District Nurses, Plunket Nurses, Arowhenua Whānau Services, Community and Public Health, Secondary Services, Adventure Development, Brief Intervention Service, GP Practices, Victim Support (Bereavement Service)

Social Development

Agencies/organisations include: Child, Youth and Family, Work and Income New Zealand, Counselling Services, Family Works, Rural Support Trust

Justice

Agencies/organisations include: Police Youth Aid, CYF Youth Justice, Corrections

Education

Agencies/organisations include:
Special Education, Aoraki Alternative Education, YMCA, Community College, Trade and Commerce, Aoraki Polytechnic, Timaru Fishing School, High Schools, Primary Schools

NB: agencies/organisations identified above are listed as examples but there will be other agencies/organisations involved, as appropriate.

Responsibilities include

- Confirm receipt of email informing of recent suicide and request for input within four hours during normal working hours.
- Request organisational managers to liaise with their staff and networks to gather relevant information ie of contagion, media sensationalism, unsupervised gatherings of young people around the sentinel event, mass texting, social media postings and/or heightened community anxiety.
- Provide information to the Postvention Coordinator for summary at the meeting/teleconference

- Collectively discuss event utilising knowledge of the areas represented and confirm if a postvention response is required.
- If a complex postvention response is required attend meeting to:
 - Identify gaps in information
 - Determine urgency and level of response
 - Confirm number of agencies required to participate in a response
 - Decide on actions required
 - Identify lead agency
 - Agree on a timeframe for the postvention activity to conclude.
- Liaise with staff, working with those at risk, within own agency/sector to gather any further information. This information to be feedback to postvention coordinator.
- Agree on a media spokesperson to provide appropriate information to the media and respond to requests as required. This spokesperson will have experience in communicating with the media on sensitive issues. NB: Individual agencies will also have their own spokespeople who will comment as and when required.
- Instruct the Postvention Coordinator to advise identified senior leaders from Community Public Health and South Canterbury District Health Board of intended approach and any key risks or issues. NB: Senior leaders may provide guidance or instruction to group if required.
- Instruct the Postvention Coordinator to seek guidance from CASA (Community Postvention Response Service), on behalf of Postvention Multiagency Team, if required.

It is NOT the function of the Multiagency Postvention Team to:

- Provide a traumatic emergency response.

It is expected that:

- All Multiagency Postvention Team members will provide the Postvention Coordinator and the other Multiagency Team Members with their business hours contact details, and contact details of their deputy/stand in
- When sector representatives take leave they will advise the Postvention Coordinator of their replacement and contact details
- Staff members from all sectors work within their scope of practice/employment agreement.

Postvention Lead agency

Function

The lead agency will be identified by the PVMAT (Postvention Multiagency Team) after activation criteria is deemed to be met. The lead agency is likely to be determined based on connections with people most at risk but may also depend on availability.

The lead agency will take leadership and coordinate the postvention process and report back to the PVMAT.

The roles and responsibilities included below are not meant to be prescriptive rather to represent the range of tasks that may be undertaken. Due to the complexity of each situation there is a high need for flexibility and capacity for several tasks to occur simultaneously. Therefore, careful and thorough organisation by the Postvention Coordinator is essential to ensure a robust postvention process.

Roles and responsibilities

Facilitate a meeting of other key stakeholders*. At this meeting:

- 'circles of vulnerability' will be applied to identify individuals at risk of serious and/or imminent harm to their life or health
- individualised plans for follow up, of those identified will be made
- individuals/agencies will be designated to make contact with and ensure appropriate support is in place for all those named. Note: the designated individuals/agencies will report back to the lead agency to ensure all plans have been actioned
- significant dates will be identified (e.g. birthdays of deceased and anniversaries of deaths) for the following 12 months. Note: the Postvention Coordinator is tasked with monitoring of situation at those times and contacting original lead agency with regard to any further action required.

The lead agency will also:

- ensure general information and resources on suicide prevention and bereavement support is provided, as required, to other agencies and impacted communities
- plan a suicide postvention plan review meeting
- promote of appropriate help seeking options for those affected by suicide.

*Postvention Coordinator to organise

Postvention Coordinator

Function

To coordinate South Canterbury's postvention activity, as and when required.

Roles and responsibilities

- Receive/confirm information on death by suspected suicide from Ministry of Justice or community supports
- Gather information as appropriate
- Organise a teleconference for members
- If a postvention response meeting is required organise meeting/s and documentation and take and distribute meeting notes
- Liaise with Multiagency Team members and keep up to date with each agencies response
- Feedback to SCDHB management/board as required
- Assist with communications as required
- Keep a record of all information/documentation concerning each postvention activity
- Liaise with key stakeholders to ensure appropriate provisions are made in-case a postvention response is required during holiday periods.

If the Postvention Coordinator is on leave their responsibilities will be coordinated their line manager, or the line manager's representative.

NB: The role of the Postvention Coordinator will be carried out by the SCDHB Suicide Prevention Coordinator until this contract ceases. There will be further discussions between key stakeholders as to where this role will then sit.

References

Associate Minister of Health. 2006. *The New Zealand Suicide Prevention Strategy 2006-2016*. Wellington: Ministry of Health

Centre for Policy Health, University of Melbourne, <http://peu.unimelb.edu.au/>

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Department of Communities, The State of Queensland. (2010). *Responding to people at risk of suicide: How can you and your organization help?* Auckland: Suicide Prevention Information New Zealand, Mental Health Foundation of New Zealand

International Association for Suicide Prevention (IASP), www.iasp.info/wspd

Ministry of Health, <http://www.health.govt.nz/>

Ministry of Youth Development, <http://www.myd.govt.nz/>

South Canterbury District Health Board. South Canterbury Suicide Prevention Action Plan 2013-2016, http://www.scdhb.health.nz/uploads/File/Key_documents

World Health Organisation (WHO), <http://www.who.int>