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Special Interest Group on Postvention and Bereavement Newsletter

INSIDE THIS ISSUE:

"The impact of Suicide Contagion and Echo Clusters in remote Indigenous communities in Northern Territory, Australia"

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Australia is a vast country but has only twenty-five million population, with just one percent living in the Northern Territory (NT) of Australia, one third of whom are indigenous people. Indigenous suicide accounts for fifty percent of total suicide in the NT but this was not always the case, as suicide was almost unheard of in indigenous people in the top end of Australia only three decades ago.

As the incidence of suicide has escalated within traditional indigenous communities in Northern Territory, Australia, it has dramatically impacted on youth and young adults, with clusters of attempted and completed suicide in this population. This has left an aging indigenous population bereft and perplexed as to why suddenly their children and grandchildren are "taking their life away".

Therefore the aim of the research was to identify the cause of the sudden escalation of suicide in indigenous settings including urban, rural, remote deserts, and islands across in the NT. Data was obtained from Coroner's files in the NT and from the National Coroners Information System, Victorian Institute of Forensic Medicine. Analysis provided evidence that there were few Indigenous suicides over the age of fifty, 82% were aged fifteen to thirty-five, most suicides were by hanging, and were mostly unemployed males.

From this data I began exploring whether a suicide contagion was operating within indigenous settings and whether it was a robust risk factor for indigenous suicide. Imitative suicide was identified and was found to be a strong predictor of suicide contagion, resulting in cluster suicides. This robust contagion appeared to have spread from middle aged adults, then to young adult indigenous population, to indigenous youth and children within just three decades of exposure.

A pattern of suicide contagion was observed within indigenous communities, several imitative suicide attempts which were then punctuated by a completed suicide, followed by several completed suicides producing clusters of completed suicide, with this pattern repeating or echoing over time, resulting in "**echo clusters**".

This rare phenomenon is original research, and these echo clusters appear in a community or setting when the intensity of attempted and completed suicide reaches a critical threshold and when the community is no longer able to respond to the frequency of suicides and contain them. Examination of imitative suicide within suicide clusters in indigenous settings largely supports a contagion effect operating and validates my original hypothesis. The "**Echo Cluster Model**" represents this process and pattern of echo clusters.

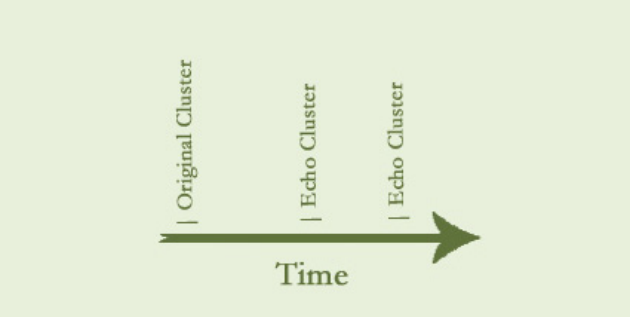
In indigenous settings it became clear that suicide contagion has been a consistent feature over the past three decades and has persisted over time. Because of the absolute increase in indigenous suicide in the Northern Territory, in a considerably short period of time, it was possible to identify a number of factors that establish suicide as an adopted means of coping with stress and distress. The main factors identified were imitation, unemployment, serious substance abuse, exclusion, poverty, boredom and truancy and are further explored in the "**Vulnerabilities model**".

Suicide contagion, imitation and repetition often occur within family groups, kinship groups and friendship groups, the unemployed and within close knit Indigenous communities with dense social networks. But why the contagion effect is so dramatic within youth and young adults, and how and why the older generation is protected from the contagion has the subject of this research. The experience of suicide contagion is different in Indigenous peoples in NT as it halts dramatically around the age of 50 which points to a protective factor within Indigenous Elders which is not available to indigenous youth and young adults. It also suggests a possible **intergenerational segregation** at that age, where the older and younger generations rarely intersect.

Indigenous suicide is almost exclusively by hanging, especially in the very young, and the social issues that determine suicide in Indigenous settings, are indicative of a troubled youth and young adult Indigenous population. The negative social, spiritual and cultural impact of suicide and the resultant imitation and contagion within Indigenous communities, conspire to disrupt appropriate responses and support for bereavement rituals to contain suicide clusters, yet it is essential that the rituals and responses are performed.

There is now emerging evidence of suicide containment in some high risk communities where indigenous communities are able to harness the strengths of the indigenous Elders who are protected from suicide contagion. It demonstrates the ability of Elders through **cross generational re-engagement,** to support and protect youth and young adults by **intergenerational integration**, to contain and reduce suicide and support broad postvention initiatives in indigenous settings. The Promote Life NT website provides information on this research and Indigenous models of postvention response and containment.

The "Echo Cluster Model" – Promote Life NT **www.promotelifent.com.au**



A Handrail on my Journey; Providing Support for People Bereaved by Suicide in Sydney, Australia

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The death of a loved one from suicide brings particular challenges for bereaved relatives and friends not least because of the requirements of statutory investigation of the death. In NSW, Australia, similarly to other countries, unnatural deaths such as suicide and uncertified natural death must be reported to the Coroner. The Coroner has jurisdiction over the body, which is not released to the family until sufficient investigation has been undertaken to establish the identity of the deceased and cause of death (Abernethy, Baker, Dillon & Roberts 2010). The body is commonly held for 3-5 days and sometimes longer.

The Department of Forensic Medicine (DOFM) Sydney admits over 2000 coronial deaths a year of which around 320 are from suicide. Forensic Counsellors (Social Workers) at the DOFM respond to all coronial deaths providing information, support and access to counselling to bereaved families. Social workers make initial contact with the next of kin and family in the first day or so after the death is reported to the coroner, to provide both psychosocial support and sensitive and paced information about the autopsy, coronial processes, funeral planning and follow up services. Support, choice and preparation to view the body of their loved one including after-hours and over weekends is a valued part of the service provided to families by the social work team (Mowll 2007). The team also work with the coroner's office and police to facilitate supported access to the autopsy and coronial reports, including photographs, and information about the investigation, as well as for suicide deaths access to the suicide note (if one is left).

After this initial support the team sends a follow up letter and where relevant also refers the family to the departments support after suicide program (SASP). Now in its 14th year the SASP offers a range of services to people bereaved by suicide in the days, months and years after the death. A SASP coordinator, also a social worker, works with the counselling team to provide the program. The family (and any other next of kin noted) is mailed a support pack, at around six weeks after the death, containing information about suicide bereavement and services along with an invitation to the SASP.

Some two to four weeks later a follow up call to the family from the SASP coordinator offers an opportunity to talk, ask questions, and discuss their needs and access on-going services. The value of this call coming some 2 months after the death has been reiterated over and over again by families who appreciate that the team 'gently keep in touch' in a way that responds to individual and family needs. For example a bereaved parent said; '*Had the counsellor not called me I don't think I would have known how to carry on… [It's a] vital 'phone call'.* The call also allows the bereaved person to opt in or out of one or all components of the ongoing program including access to the newsletter, the support group, and a card sent on the anniversary of the death to the family. Those who opt in to on-going contact are sent a bi monthly newsletter written specifically for the program that focuses on the particular aspects of suicide bereavement, with an emphasis on shared experiences and discussion of support strategies.
As one family member described; '*The regular contact through the newsletter is like a handrail on my journey.'*

A further option of the program is the *counsellor facilitated open support group* held monthly at a community venue and facilitated by the SASP coordinator and the counselling team.
Key underpinnings of the group include counsellors acknowledgement that the bereaved members are the experts in their own grief, and the use group processes to support safe sharing of grief and strategies in a client centred way. A mother whose only child died age 17 through suicide said of the group; '*At first the meetings were a place I could go, knowing there were other people who knew how I felt. Now it is so much more. I feel safe at the meetings. I am free to laugh and cry, as I know everyone understands. No one assumes I have moved on, or thinks I should have. When I am having a bad time, I draw strength from seeing someone who has climbed out of the place I am in now and I know I too will climb out'.*

A further component of the program, is an anniversary card sent by the SASP coordinator and counselling team on the anniversary of the death each year for 5 years, with an opt in to continue beyond this time if wanted. Having a condolence card from the DOFM, a government service, acknowledging the death is deeply appreciated; '*Thank you for your card remembering my Dad's anniversary… it really helped knowing that others were thinking of me and supporting me through this difficult day'.*

It is important to note that not everyone opts in to support or the program and that 'one size does not fit all'. Whether or not bereaved people participate in the program, they can still access counselling and support from the social work team at any time after the death, and indeed alternate services in the community. Strengths of the program include that it is embedded in the forensic and coronial system allowing families to experience a continuity of bereavement care from the time of the death to sometimes years after.

Importantly, while ensuring service provision is evidence based the social work team draws on the accumulated wisdom shared by countless bereaved families to continually nuance and develop services tailored to the diverse needs of those who are bereaved.

Extending Bereavement Supports after Suicide in Ireland

Ciarán Austin

Director of Services with Console, the National Suicide Charity

www.console.ie

The development of a new *Suicide Bereavement Liaison Service* in Ireland has resulted in a greater range of supports and services available to families and communities after the tragic loss of someone close through suicide. Console (www.console.ie) is one of the Irish organisations, since 2002, providing professional counselling and therapeutic suicide postvention services. Still, there has long remained an opportunity for the provision of more proactive supporting, signposting and resourcing at community-based levels.

With the support of Irelands *National Office for Suicide Prevention*, a successful pilot project in County Mayo in Ireland has already demonstrated that proactive approaches and offers of support and signposting after suicide were overwhelmingly welcomed and valued by bereaved families in that community. Importantly, in Ireland the *National Suicide Research Foundation* clearly recommends the proactive provision of localised suicide bereavement support and improved awareness and provision of suicide bereavement services, information and resources.

This year, Console has introduced the *Suicide Bereavement Liaison Service* in five new regional areas (counties Donegal, Sligo/Leitrim, Galway, Clare and Limerick/North Tipperary), with a dedicated Liaison Officer working in each area.

Primarily, the services intends to;

1. Offer information and support to families of all age groups who have been bereaved by suicide. Such support is provided at home, or in other community settings comfortable for the bereaved family.

2. Informally assess the specific needs the bereaved family and signpost/refer them to appropriate services and supports. Importantly, the Liaison Officer will maintain a befriending contact with the bereaved, assisting them in any practical ways possible.

3. Forge relationships with relevant community-based and statutory organisations and develop local steering groups in each county to facilitate collaborative strategic development of the service.

4. Develop an interagency protocol that will provide a coordinated response to families following a suicide death.

5. Produce an area-specific suicide bereavement resource pack for families to include all relevant information on support services and processes following a suicide death.

6. Contribute to critical incident responses and take an active coordination role where possible.

7. Assist with the early identification of potential suicide clusters & liaise with statutory representatives on a regular basis to ensure timely and appropriate coordinated responses.

Crucially, the success of this service in Ireland requires *active* participation from emergency first responders – those who respond to sudden deaths in our communities like Gardai, emergency services personnel, funeral directors and members of the clergy. Such first responders have all been included and consulted in the development of each regions protocol and information pack; the success of the project relies heavily on these individuals to disseminate information about the service and their local Liaison Officer, to bereaved families.

Remaining at the heart of the new *Suicide Bereavement Liaison Service* in Ireland, are the voices of those bereaved through suicide. Local families actively help steer and guide the development of the county-specific protocols and packs. By listening to them and identifying what helped them at such a vulnerable and traumatic time in their lives, we will surely improve this experience for many others in the future.

Postvention - Highlights from the 15th ESSSB, Tallinn 2014

Karl Andriessen

The 15th European Symposium on Suicide and Suicidal Behaviour (http://esssb15.org/) was held in Tallinn, Estonia, 27-30 August 2014, hosted by the Estonian-Swedish Mental Health and Suicidology Institute (ERSI). Approx 450 participants from all over the world attended the conference making it a true international event. Congratulations to the Organizing Committee. The first day was held with plenary sessions in the Estonian National Opera, a festive environment for this important conference. The next three days were filed with (concurrent) keynote sessions, symposia, workshops, debates, poster sessions, and lunch meetings, focusing on a variety of aspects of contemporary suicide research.

Unfortunately, the program did not include a plenary presentation on suicide bereavement, and this was missed by the many people working in this field, who enthusiastically attended the (three) parallel sessions, and two workshops on this topic. Sandra McNally and Jill McMahon (US) shared their experiences in a workshop on how "to develop a successful survivor of suicide program in your community: using volunteers to make it happen".

Angela Dolores Castelli-Dransart, Onja Grad and Karl Andriessen facilitated an interactive workshop on patient/client suicide: "what helps the professional to continue to care for suicidal patients with professionalism?", in order to formulate recommendations for the support of professional caregivers.

The presentations in the three symposia on suicide bereavement and postvention were of a high scientific quality and were very well presented, both by senior and younger researchers, and discussed in a very collegial and constructive atmosphere. This was very heart warming and it holds promise for the future of research in postvention.

The first symposium included presentations by Annette Erlangsen (DK), Alexandra Pitman (UK), Vita Postuvan (SL), Polona Ozbic (SL), Georgina Cox (AUS), and Marieke de Groot (NLD). Topics covered included long-term outcome of bereavement, reintegration, recovery and coping strategies. The second symposium included a series of presentations by Pernilla Omerov, Rossana Pettersen, and Ullakarin Nyberg from the same research group (Karolinska Institute, Stockholm, SWE). Topics included the effects of viewing the body, survivors' perception of health services, and ethical aspects in suicide bereavement research. The third symposium included presentations by Alexandra Pitman (UK), Yossi Levi-Belz (ISR), Karl Andriessen (AUS), Marta Treven (SL), and Vaiva Klimaite (LTU). Topics covered included impact of bereavement and stress related growth, religion and spirituality, gender differences, and help-seeking behaviour.

In addition, a few posters focused on suicide bereavement issues. Steven Stack (US) with Karl Andriessen and K. Krysinska, presented an analysis of the bereavement literature regarding predictors of article impact. Reija Narumo (FIN) presented the suicide bereavement support organised by the Finnish Association for Mental Health. And Sara Carbone (ITA) presented the study on postvention resources in the Euregenas project.

The IASP Special Interest Group on Suicide Bereavement and Postvention held an informal lunch meeting to provide an opportunity to sit together, and to get to know each other.
The meeting browsed ideas for topics on suicide bereavement and postvention to be included in future congresses. Various topics were mentioned, such as the effects of discovering the body, death notice and cause of death, trust in the health care system, psychological autopsy study, ethical issues related to bereavement research (including difficulties with ethical approvals), biological studies in suicide bereavement, artistic expressions, military bereavement/postvention, supporting rural and remote populations, continuing bonds, and new technologies in bereavement support.
In addition, the meeting expressed interest to organise symposia or workshops in collaboration with other SIG or Taskforces (as happened at previous congresses) such as the Workplace SIG, Clusters and Contagion SIG, Culture and Suicidal Behaviour SIG, and Media Taskforce.

This ESSSB was a very well organized and well-attended congress. Though a plenary presentation on postvention was lacking, the parallel sessions on suicide bereavement were of a very high quality and many postvention attendees expressed their interest to attend and/ or to present at the next IASP World Congress, June 16-20, 2015, Montreal, Canada.
The SIG on Suicide Bereavement and Postvention aims to develop a comprehensive postvention stream for this World Congress.

IASP Special Interest Group
Bereavement & Postvention
A 6 Month Review; January—June 2014

Special Interest Group:

A Special Interest Group is a network of members that indicates a specific continuing interest in the related topic. This group of persons working on behalf – or strongly supporting and advancing a particular cause, for example sharing of information and/or increasing awareness around a certain topic

Task Force:

A Task Force aims to achieve a specific target or deliverable within a specified time period. It consists of a small network of members addressing a specific topic of interest. The group is formed primarily to carry out a specific mission or project to solve a problem that requires a multi-disciplinary approach.

Main objectives carried out during the review period;

Postvention Newsletter

Beginning of 2012, the editorial desk of the newsletter was moved back to Ireland. Subsequently the newsletter was published quarterly (July 2012, January, March, June, November 2013; January 2014, June 2014). The newsletter communicates postvention issues not only to the SIG members but to the whole IASP membership.
Editors-in-Chief: Sean McCarthy (and Karl Andriessen)

Online discussion forum

Members of the SIG proposed that in addition to a newsletter, the SIG should develop a continuous communication channel, e.g., a discussion forum. The format of this online discussion forum has been developed, within the IASP website, with the support of the IASP secretariat and webmaster.

TF on Congress presentations

The TF aims to increase the visibility of suicide bereavement and postvention at the IASP congresses. To this aim, the TF develops a comprehensive postvention congress stream, including plenary presentations, parallel sessions, symposia and workshops, as well as a remembrance ceremony, and if possible, pre-congress workshop. The TF, chaired by John Peters (UK), successfully organised such a postvention stream at the Oslo congress in 2013. Please find a report of the postvention stream in the postvention newsletter January 2014 (http://www.iasp.info/pdf/postvention/2014_postvention_sig_vol_2_issue_1_newsletter.pdf)

Currently preparations have started to develop a postvention stream for the Montreal congress 2015 and this is chaired by Sally Spencer Thomas (USA). The co-chairs are communicating with the SIG membership to raise and to coordinate the proposals for the presentations. Since the passing of our colleague, John Peters, the TF is now co-chaired by Sally Spencer (US), Jenn Ward (Canada), and Karl Andriessen (Belgium-Australia).

Members of the TF are: Myf Maple (Australia), Jill Fisher (Australia). Additional members are solicited from the SIG membership.

TF on postvention research

This TF aims to contribute to the much needed research in suicide bereavement and postvention. To this aim the TF will carry out a systematic review of the literature in suicide bereavement. This review would be ready to present at the IASP congress in Montreal 2015. In addition, a paper will be prepared suitable for submission to a professional journal (e.g., Crisis).

Co-chairs: Julie Cerel (US), Myf Maple (Australia).
Members of the TF are: Angela-Dolores Castelli-Dransart (Switzerland), Karl Andriessen (Belgium-Australia).

Proposed activities over the next 6 months:

Postvention Newsletter

The newsletter will continue to be published. However, it has been proven to be difficult to attract spontaneous submitted articles to the newsletter. As such, we will try to recruit 'regional editors' who might be able to generate articles from their networks.

Online discussion forum

The format of the discussion forum has been developed. During next months moderators of this forum have to be appointed.

TF on congress presentations

This TF will continue its activities in order to prepare a comprehensive postvention stream for the Montreal 2015 Congress, in close collaboration with the SIG membership, IASP Board and the Congress organizers.

TF on postvention research

This TF will continue its activities in order to be able to present the systematic review at the IASP congress Montreal 2015, and to prepare a paper suitable for publication in a suicidology journal (e.g., Crisis).

Establishment of new TaskForce

It is an objective of the SIG to establish a Task Force with a specific focus on the development of training programmes around bereavement and loss through suicide. This will be dependent on our ability to attract sufficient numbers of interested people to actively contribute to this Task Force.

Future Challenges;

A major challenge is to disentangle who is actually a IASP member and who is not.

A second (ongoing) challenge is the observation that many people have good ideas (e.g., the establishment of an online discussion forum) but few people are actually stepping forward or are in a position to take a responsible role (e.g., as a moderator of an online discussion forum).

Any Other Relevant Information:

The SIG on Suicide Bereavement and Postvention includes very enthusiastic and dedicated people from all continents. The SIG is a unique combination of expertise of bereaved people, clinicians, and researchers. We believe that significant progress has to date been made in increasing the profile and status of Postvention within the membership of IASP and we will continue to push the Postvention agenda.

Completed by:

Sean McCarthy and Karl Andriessen, 10th June 2014

Upcoming Events

16-20 June, 2015

The 28th World Congress of the International Association for Suicide Prevention

XXVIII IASP World Congress
New Discoveries and Technologies in Suicide Prevention
Montréal, Québec, Canada

IASPMONTRÉAL2015

28th World Congress of the International Association for Suicide Prevention

June 16-20, 2015, Montréal, Canada

The 28th World Congress of the International Association for Suicide Prevention, in collaboration with the **Quebec Suicide Prevention Association**, the **Canadian Association for Suicide Prevention** and **Suicide Action Montreal**, will be held from June 16-20, 2015 in Montreal, Quebec, Canada. The congress theme is New Discoveries and Technologies in Suicide Prevention. For further information, please contact Professor Brian Mishara.

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