Clinical Advisory Services Aotearoa

Community Postvention Response Service (CPRS)

Guidelines for:
Open Invitation Suicide Postvention Community Meetings

(v1 August 2015)

Often when a suicide cluster or suicide contagion occurs, there is a strong desire for an open community meeting to be held.

Best practice recommendations are not to hold large, open-invitation, open-microphone meetings of either young people or adults as there is a chance, given the strong emotions often present, that such meetings will not be able to be safely conducted for everyone in attendance. The result can be an unwieldy, unproductive meeting focused on blaming and scapegoating or otherwise unhealthy aspects of grief which could increase the risk of suicide contagion amongst individuals present or the wider community.

However, there are also risks associated with blocking or not supporting a community meeting. Strong community demand often means that a meeting is likely to be held irrespective of any advice about best-practice or discouragement. In such instances, the risk of the meeting proceeding without appropriate guidance about safe format and structure must be considered.

Further, community meetings can provide a positive opportunity for sharing information and education about suicide prevention.

Prior to the meeting: Planning and preparation will help ensure that any open invitation community meeting held is conducted in as safe and useful manner as possible.

1. Discuss with the convener(s) of the meeting involving local Iwi, agencies (governmental and nongovernmental) and representatives of the community's other social sector services so that broad and inclusive participation is encouraged in both the organization, promotion and running of the meeting. Ideally also have representatives of all of these key community stakeholders present at the meeting itself.
2. Discuss with the convener(s) of the meeting what the intended purpose and aims of the meeting are. At this early stage of community engagement the purpose of an open invitation suicide postvention community meeting could be to provide a safe and supported forum to:
    - Hear and acknowledge the community's grief and distress, to begin a healing process,

- Inform the community about the facts of what has occurred, what is being done and to promote awareness of and uptake of available services if needed, and
- Begin the processes of consultation, partnering and empowering with the community for effective suicide postvention and prevention.

3. Discuss with the convener(s) of the meeting what the intended take home or key messages are. Key messages which are consistent with the WHO (2014) and the New Zealand Suicide Prevention Action Plan 2013-2016 include:
    - Suicides take a high toll. Any loss of life in the community is a tragedy and it's assumed that our common goal in being here is to prevent further suicides or other suicidal behaviour and to heal from this tragedy.
    - Suicides are preventable. There are many services and supports available to the community and we want to promote the idea that everyone can help save a life by being the eyes and ears to suicide warning signs among those they know and referring anyone they're concerned about to services and supports to ensure that those who need help are getting it.
    - Communities play a critical role in suicide prevention. Community connectedness, collaboration and coordination are vital for effective suicide prevention.
    - Support families, whanau, hapu, iwi and communities after a suicide.
    - Take care of yourself.

Recommendations for running the meeting:

After calling the meeting together the meeting convener should introduce themselves. After covering any administrative matters (fire exits and toilets, pointing out support people and the table of resources etc.) the convener should plan to open with a karakia, prayer or similar to clear a safe "space" for the discussion to come, to protect those in the room who will be participating in conversations about such a difficult topic. Ideally this will be delivered by a local Kaumatua, priest or other cultural leader from within the impacted community. Consider also any other specific cultural requirements which might be needed for this particular community to facilitate engagement in the meeting and to ensure the cultural and spiritual safety of such a meeting.

Break the meeting into two main parts. The first main part of the meeting is to be run by a lead facilitator; no opportunity for wider group discussion is provided in this part. In the second main part of the meeting, the audience is divided into small groups with trained facilitators (local mental health practitioners, counsellors, health workers); in this part an opportunity is provided for supported and guided group discussion.

The agenda for part one of the meeting might usefully include elements to:

- Present the facts without personal details of the person who has died or the manner and location of their death. It is also vital that the individual and manner of death are

not glamorized or that suicide isn't normalized or seen as a reasonable response to stress.

- Disseminate general information about grief and suicide prevention/postvention activities.
- Acknowledge that participants will have a range of feelings, which is normal and understandable.
- Outline the existence and activities of the Postvention Community Working Group (PCWG) so that the community is aware that coordinated and collaborative action is being undertaken.
- Provide information about media inquiries and who to refer media inquiries to.
- Provide information about bereavement and local health and mental health services.
- Highlight suicide risk factors and suicide warning signs for individuals and the actions people should take if they observe any of these in others.
- Promote help-seeking by individuals who anyone might be concerned about such as encouraging them to make an appointment with their GP or local mental health services.
- If required, address any scapegoating and blaming. While these are not uncommon behaviours, and even understandable in that they are people's attempts to overcome felt helplessness and powerlessness in the face of tragedy (e.g. "If only you or I had, then … wouldn't have happened") they are ultimately unhelpful and this energy is better directed toward a future focus on finding solutions for effective suicide prevention and community wellbeing.

Guidelines for part two of the meeting, small group discussion:

- Have no more than 8-10 people per group.
- Have at least one trained facilitator for each group.
- Have additional counsellors (local mental health service or other skilled providers) on hand for any individual needs.
- Separate young people from older adults and allocate appropriate facilitators to each group.
- In these small groups allow space for any individual to discuss their feelings, express any concerns and ask any questions. No-one should be compelled to speak but available services and contact numbers (especially helplines) should be promoted and written flyers with these details should be available and offered to everyone in attendance.
- Ensure that the facilitators and counsellors in attendance are able to manage any disclosure that indicates someone at risk of suicide and ideally that they are also skilled in running small groups and conflict management.

At the conclusion of the small group section of the meeting invite everyone to reconvene in order to:

1. Allow the facilitators of each of the small groups to provide feedback if desired,
2. Provide an opportunity for any final comments or questions,
3. Provide advice about what happens next,
4. Promote again available local services and contact numbers, and
5. Deliver a final karakia or prayer to bring the meeting to a safe close.

Considerations:

Ensure that the meeting follows guidelines for the safe reporting of suicides. For guidance on this see: 'Reporting Suicide: A resource for the media' (available from: http://www.health.govt.nz/publication/reporting-suicide-resource-media).

Be mindful of the language used. Use phrases such as "died by suicide", or "ended his or her life". Avoid phrases using "committed", "successful", "completed" and "being at peace" which are thought to increase the risk of suicide contagion.

Have support workers and volunteers available to welcome people, and to provide resources and refreshments.

Consider having a separate room available and staffed by an experienced mental health clinician in case anyone were to become overwhelmed or distressed and need individual support.

References

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