

## Postvention Community Working Group (PCWG) Guidelines for Mapping Circles of Vulnerability After a Suspected Suicide

(v1 April 2016)

These guidelines are based on the collective experience and expertise of a team of health professionals' delivery of a nationwide community postvention response service. They are intended as best available guidance for mapping potential health and wellbeing concerns amongst community members impacted by a suspected suicide.

### Purpose:

- Mapping aims to identify all individuals impacted by a suspected suicide for whom there are serious concerns about their life, or health or wellbeing to ensure that they are referred to appropriate supports and services for follow-up assessment and management.

### Model:

- CPRS uses the "Circles of Vulnerability" (See separate CPRS document for detailed information on this model).

### Principles:

- Mapping considers biological, familial, ethnic, psychological, social, educational, vocational, religious, sporting, cultural and community factors in determining possible impact.
- Mapping is most effective when undertaken as an inter-sectoral activity; usually within a PCWG. Mapping takes place as soon as possible following receipt of notification of a suspected suicide.
- If suicide risk for any identified individual is determined to be low (e.g. no suicidal thoughts or suicidal behaviour), then information about warning signs and how to access supports when/if required is provided.
- If an individual is determined to be at any elevated suicide risk or there are any serious concerns for the life or health of the individual (e.g. exhibiting any signs of suicidal ideation or behaviour, or has a history of suicidal behaviour or mental health disorder):
  - Refer the individual to appropriate services and supports for further suicide risk assessment and management (e.g. community mental health services), and
  - Increase the individual's support network's awareness of the importance of increased monitoring of that individual.

### Process:

- Mapping circles of vulnerability after a suspected suicide is an activity that is undertaken ideally by members of the Postvention Community Working Group (PCWG) who have extensive knowledge of their community and who also have knowledge of the Privacy Act (1993) and the Health Information Privacy Code (1994).

### Mapping effectiveness is maximised by:

- Multiple sources of community information – government agencies and services, non-government organisations and especially from front-line community workers and whanau representatives.
- An interagency / multi-sectional postvention group that is representative of the community and well-functioning as a result of trusted in-group professional relationships based on a clear understanding of the Privacy Act (1993) and the Health Information Privacy Code (1994) which govern the collection, use storage and disclosure of personal information.
- A systematic process which identifies all potentially vulnerable community members impacted by a suspected suicide, then matches and links them with appropriate services to assess and mitigate their suicide risk.
- A reliable process for following up and maintaining connections with those individuals / families declining services.

### Mapping tasks:

#### Step One: Establish the facts.

- Develop, as far as possible, an accurate record of all suspected suicide deaths for a given community of concern over the last 6 or 12 months.
  - The community of concern might be defined, for example, geographically (suburb), or socially (Gothic), or organisationally (prison or educational institution), or vocationally (workplace) etc.
  - It is essential that all parties privy to this information acknowledge that, until coronial determination, the cause of death is provisional and extreme caution, sensitivity and respect is required in any actions undertaken as a result of this information.
  - An accurate record of suspected suicides (and suicide attempts) establishes a comprehensive understanding of the situation for a community of concern; a “base-line” for the community of concern to understand its current situation and a context for considering any subsequent suspected suicide(s).
- Consider any known geo-spatial, familial, psycho-social or other connections between these suspected suicide deaths.

#### Step Two: Mapping “Circles of Vulnerability”.

- Identify and list, as much as possible, all individuals with strong connection or psychological attachment to the deceased (e.g. whanau, including extended whanau

members, peers and those romantically involved) who may have been adversely impacted.

- Refer to other CPRS documents for more detailed information on Guidelines for Keeping a Vulnerable Persons Register and Privacy.
- Identify and list all institutions, social services, sport clubs, youth groups, clubs, peer groups churches etc. that the deceased was affiliated with.
- Liaise with Psychiatric Emergency Services to identify and list individuals who have made recent presentations to hospital emergency departments who may have connections to the deceased.
- Identify and list any individuals with existing vulnerability (I.e. mental health or substance abuse or some other risk factor) and with a possible connection to the deceased, where there are serious concerns that they are likely to have been impacted by a suspected suicide in their community.
- Document any known links between any of those listed as well as any known existing service providers.

### **Step Three. Action, follow-up and review.**

- Identify which agency/service is most appropriate to follow-up each individual/listed with the purpose of providing:
  - Educational resources on, for example, grief after suicide, CPRS resources on keeping a safe home, memorials etc. ([www.casa.org.nz](http://www.casa.org.nz)),
  - Contact telephone, web and txt details for available supports and services,
  - Determining current level of risk (screening),
  - Putting in place appropriate support services (treatment as required) and
  - Increased monitoring of, and support to, those at risk.
- Set a 'by when' date for the PCWG to review any actions recommended.
- A PCWG is not responsible for undertaking individual follow-up. However, member agencies may have those responsibilities as part of their usual service delivery or if allocated specific individuals of concern by the PCWG for further follow-up, screening, assessment and management.
- A PCWG aims to identify, coordinate services to and follow-up of potentially vulnerable individuals to ensure those actions recommended are completed.
- Consider community communications (media, primary health e.g. GP advisory notice) for:
  - Promoting available services,
  - Lowering threshold for accessing services and
  - Considering the suicide risk of individuals referred for assessment in the light of possible elevated community risk of suicide contagion in the aftermath of a suspected suicide.
- Regularly review (frequency of review is determined by level of ongoing suicide risk) the Vulnerable Persons Register up to and including the 12 month anniversary of the death(s) or until suicide risk of all those on the VPR is considered sufficiently managed or mitigated.

## Links

- View the full Privacy Act 1993 at:  
<http://www.legislation.govt.nz/act/public/1993/0028/latest/DLM296639.html>
- View the revised edition 2008 of the Health Information Privacy Code 1994 act  
<https://www.privacy.org.nz/assets/Files/Codes-of-Practice-materials/HIPC-1994-incl.-amendments-revised-commentary-edit.pdf>
- [www.casa.org.nz](http://www.casa.org.nz)

## See also

- CPRS PCWG Circles of Vulnerability Model
- CPRS PCWG Privacy Guidelines
- CPRS PCWG Guidelines for keeping a Vulnerable Persons Register
- CPRS PCWG Vulnerable Persons Register Template

## References

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