Community Postvention Response Service (CPRS)

"working with communities for the wellbeing of those affected by suicide"

What is the Community Postvention Response Service (CPRS)?

- CPRS provides support to communities experiencing a suicide cluster or contagion.
- CPRS is a Ministry of Health funded service delivered by CASA (Clinical Advisory Services Aotearoa). CPRS is one of the only nationwide services of its kind in the world. CPRS processes are consistent with the most recent international research and guidelines for communities experiencing suicide clusters or contagion.[1,2]
- CPRS addresses "Action Area 8: Postvention – Supporting individuals, whanau, families and communities after a suicide" of the New Zealand Suicide Prevention Action Plan (2019-2024). Specifically, that effort should be made to support communities impacted by suicide to help reduce the risk of suicide clusters and suicide contagion.[3]
- Postvention refers to the wide range of activities that are undertaken directly after and in relation to, a suicide in a community. When a suicide occurs, it can have a harmful impact on others in the community (particularly but not exclusively for youth[4]) who may also attempt suicide (referred to as contagion). In the context of further suicides or attempts, interagency cooperation and coordination is essential.[1]
- The immediate aim of postvention is to reduce community distress and anxiety, suicide attempts and especially further suicides by coordinating community efforts to identify potentially vulnerable individuals and ensure that they are linked with appropriate supports and services.
- Communities dealing with suicide can use CPRS expertise to help them plan and deliver a coordinated postvention response to contain and manage a situation often involving heightened community anxiety and suicide risk.
- CPRS is committed to working in partnership with Māori, Pacifica and other communities by, for example:
    - Enhancing cultural practices alongside community leaders and whānau.
    - Developing innovative, culturally appropriate, postvention solutions.
    - Strengthening resilience & processes for suicide postvention development.
    - Advocating for cultural-specific resources and opportunities.
- Once the initial contagion is contained and well managed, CPRS works with communities to refocus their efforts on suicide prevention activities; to address underlying modifiable risk factors. Thus, suicide postvention is also suicide prevention.

What is the rationale for CPRS?

- For every suicide (~650 per annum in NZ)[3,4] there are scores of whānau & friends, associates & acquaintances, service providers and other community members whose lives are impacted emotionally, socially, psychologically and economically.
    - One recent estimate is that 135 people are exposed to each suicide; of these about

one third (45) might have a level of perceived closeness to the deceased such that the death causes them definitive bereavement and impacts them in some meaningful way[7,8].
    - However, with social media networks like Facebook, Twitter and Tumbler, connections to memorial sites for those who have died by suicide can quickly grow into the thousands.
    - While not all these individuals will be impacted in a clinically significant way, the wide-reaching exposure to suicide deaths through such networks illustrates the potential for suicide clusters and contagion and therefore the need for postvention.
    - In situations with contagion, or when clusters occur, the impact of this exposure is potentially magnified.
- There is much evidence[9,10] that exposure to suicide for those with strong psychological attachment or identification with the deceased is associated with:
    - Stronger need to find meaning: questions, questions, questions![9]
    - Higher levels of guilt, shame, blame & responsibility.[9]
    - Greater feelings of rejection & abandonment.[9]
    - Stronger feelings of stigma & social isolation.[9]
    - Negative mental health outcomes[10] and
    - Elevated risk of suicide.[12 & 13]
- CPRS is particularly focused on helping communities identify and support individuals who were already vulnerable prior to any exposure to suicide.

How is CPRS activated?

1. CPRS routinely monitors suspected suicide death data received from the Coronial Suspected Suicide Data Sharing Service (CDS) and Victim Support offices nationwide. CPRS evaluates this data specifically for greater numbers of suicides in space and time than would normally be expected for any community.
2. CPRS accepts referrals for assessment of suicide contagion and clusters from the public, concerned communities and governmental and non-governmental agencies.
3. CPRS is mandated only to deliver services if evidence accumulated through the Community Risk Assessment (CRA) process it undertakes determines the presence of a suicide cluster or suicide contagion.
4. CPRS does not provide direct clinical input with any vulnerable individuals.

How can CPRS help?

- Once a referral is received, a CPRS Clinical Advisor (CA) contacts the referring agent, local community leadership and key stakeholders to determine if the community wishes CPRS to provide services.
- Once invited into a community, the CA undertakes a Community Risk Assessment (CRA). The CRA is a process for summarising and considering, in a standardised way, known risk and protective factors for suicide contagion/clusters in any community. The

evidence gathered during the CRA is used in determining the presence of suicide contagion/clusters and therefore the level of CPRS response.

- The service provided by CPRS can include assessment of community risk (in conjunction with key community stakeholders), the provision of one off consults (to agencies or individuals) and long term support (up to four months after the most recent suicide) for high risk communities experiencing contagion and/or clusters.
- CPRS works from a community development model. That is, the CA does not lead the postvention response. Rather, the CA works in partnership with local leadership, combining CPRS expertise and knowledge with the community's own expertise & knowledge to guide and advise local leadership on the most appropriate postvention response for their community. The process is very much focused on supporting communities in their clinical management of those potentially at risk.
- CPRS CAs possess specific training, knowledge and experience in the management of suicide contagion/clusters. CAs use their expertise to work with local community leadership and key stakeholders to plan and coordinate a postvention response. This might include:
    - Collection and verification of information about suicides and possible psychosocial connections between them.
    - Help to identify key stakeholders to take part in an interagency meeting.
    - Facilitation and coordination of initial interagency meetings to help implement an evidence-informed postvention response.
    - Provision of psychoeducation and information on contagion management.
    - Identification of barriers and gaps in service provision.
    - Development of a community postvention plan for the current situation.
    - Management of media (print and electronic) to minimise harm and maximise its potential for benefit (surveillance and information dissemination).
    - The coordination of mapping (of circles of vulnerability) and then screening of those individuals potentially at risk of suicide, thereby ensuring their referral to appropriate agencies for support and follow-up[1].
    - Longer term postvention planning led by the community.

- This ensures that every postvention response is:
    - Guided by the best available evidence.
    - Responsive to the unique geographic and cultural needs of each community.

How long can CPRS provide services to a community?

- In deciding if it is safe to complete its service provision, CPRS evaluates whether the contagion/ cluster has been contained and whether the community has enough capability to independently manage the future postvention response required.
- CPRS ensures that a community has considered anniversary dates related to the suicides and how these will be managed as part of their withdrawal process.
- Even after formal closure of an intervention, CPRS can be contacted for further consultation and advice if required.

How can I contact CPRS?

0800 448 908
contact@casa.org.nz
www.casa.org.nz (many CPRS educational resources are freely available here)

References

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