

Responding to the suicide of a student

A guide to assist secondary schools



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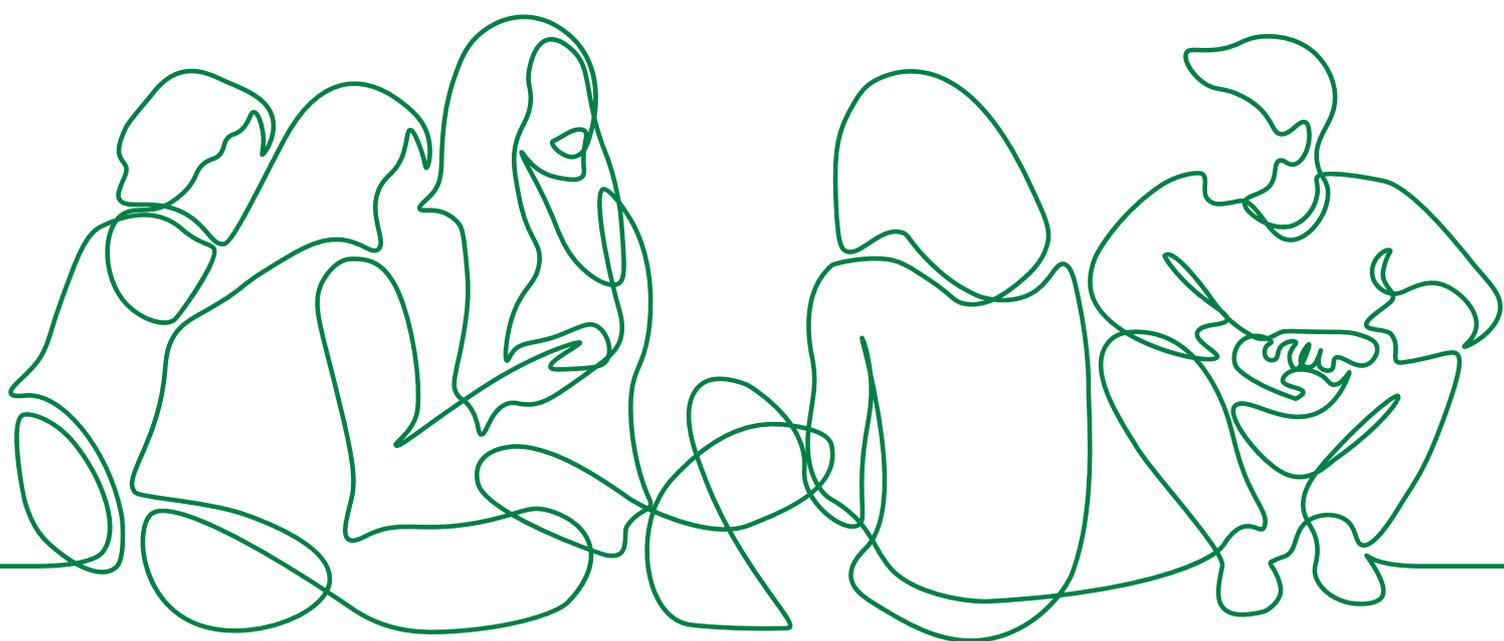
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Emotional safety

This resource refers to the topic of suicide and may elicit an emotional response as you engage in the material. It is important to recognise when you become triggered by the content of this resource and prioritise your mental health and wellbeing needs first and foremost.

If you are reading this resource and have been impacted by the suicide of a student, it is important that you take your time to consider your response and think about how you can maintain your wellbeing. As you work through the steps required to restore safety and build supports around the young person, take opportunities to debrief and connect with colleagues and access the supports available to you internally to the school and externally within your personal network. Modelling good self-care and help-seeking is just as important as demonstrating effective leadership following incidents of this nature.

Remember

As an employee of the Department of Education and Training (the Department) you and your immediate family members (18 years and older) can access professional, counselling and mental wellbeing support through the Employee Assistance Program (EAP). Confidential counselling is delivered virtually, by phone or face-to-face at a time that is convenient for you. To organise support call **1300 361 008 – 24 hours a day 7 days a week**. This service is fully funded by the Department.

About this resource

This guide will assist schools to respond to the suicide, or suspected suicide, of a secondary student.

It has been funded by the Department of Education and Training Victoria and developed by headspace National Youth Mental Health Foundation Ltd.

The guide draws on international and national research in the field of suicide prevention and response (postvention). headspace's experience of supporting schools following the suicide of a student has also informed the recommendations and guidance.

In a primary school setting, the suicide of a student may involve additional complexities and the guide may not address all postvention activities required in these circumstances. Primary schools must seek support from their SSS or another mental health professional and report the incident to Incident Support Operations Centre (ISOC) for immediate and ongoing support.

An evidence-informed and coordinated response to a suicide ensures that the school leadership team can identify and respond to the unique needs of the school. Providing timely supports and resources can alleviate distress and reduce potential ongoing mental health and wellbeing difficulties for students, staff and the broader school community.

This resource complements existing Departmental policies, resources and mental health and wellbeing initiatives and should be referred to in relation to school operations [Reporting and Managing School Incidents](#) (including emergencies).

Throughout this document the term Koorie is used to refer to both Aboriginal and Torres Strait Islander people. Use of the terms Aboriginal, Aboriginal and Torres Strait Islander and Indigenous are retained in the names of programs and initiatives and, unless noted otherwise, are inclusive of all Aboriginal and Torres Strait Islander peoples.

This resource aims to:

- increase awareness for all school staff of the complexity of suicide and the need to access appropriately trained mental health professionals to restore safety and reduce the potential for suicide contagion
- provide school leaders, school wellbeing teams and other members of the school's Incident Management Team (IMT) with a set of practical tasks to guide the school's response following the suicide of a student
- provide school staff, school wellbeing teams (including Mental Health Practitioners, Student Support Service (SSS), Secondary School Nurses and Doctors in Secondary Schools Program GPs) with information and relevant resources to assist in the timely identification of emotional distress and potential emerging mental health difficulties following exposure to a suicide.

This resource is not:

- a clinical document
- a practice manual for undertaking a suicide risk assessment and formulating a support plan to respond to a student's suicidal ideation and/or behaviour and subsequent distress
- a standalone resource for supporting students in emotional distress and displaying mental health vulnerabilities, including suicidal ideation and/or behaviours
- a resource to assist schools to respond to self-harm incidents (including suicide attempts).



Supporting resources

Responding to self-harm and suicide attempts requires a different approach to the one outlined in this resource. For more information, see: [*Responding to self-harm, including suicide attempts in students: a guide to assist secondary schools.*](#)

When to use this resource

It is critical to confirm a death has occurred before enacting the school's Emergency Management Plan (EMP) and subsequent suicide response (also known as postvention).

A suspected suicide refers to those incidents where the school has received confirmation that a death of a student has occurred and there are indications from those who have alerted the school to the information (i.e. police, mental health services, Coroner, Coroners Court of Victoria, or Departmental staff) that the death is a suicide.

Without consent from the family to refer to the death as a suicide, the appropriate language to use regarding the cause of death is a 'sudden' or 'tragic' death of a student.

The school should seek support from Emergency Management and the SSS.

Support is also available from [Be You](#).

How to use this resource

This resource is divided into six sections. It is recommended that the first time you read the document you do so in a linear fashion to ensure you are aware of the content that is covered in each section.

It is recommended that these resources are shared with all staff as part of whole-school conversations about mental health and wellbeing and processes for supporting students.

Sections 1, 2 and 3

Sections 1, 2 and 3 outline key information about the complexity of suicide, the mental health continuum and the role of educators in identifying and supporting young people following the suicide of a student.

- **Section 1:** Suicide-related terminology
- **Section 2:** Understanding suicide
- **Section 3:** Mental health and wellbeing, following exposure to a suicide.

Sections 4, 5 and 6

Sections 4, 5 and 6 are for the IMT and outline the critical steps and tasks required. For example, tasks identified in the *immediate response* section refer to priority tasks that require attention following confirmation that the school has been impacted by the suicide of a student.

- **Section 4:** Immediate response (24 hours–48 hours)
- **Section 5:** Short-term response (1 week–3 months)
- **Section 6:** Longer-term response (3 months–12 months).

Section 1: Suicide-related terminology

This section aims to enhance your understanding of some important terms mentioned in the guide.

It is important to remember that an introduction to suicide terminology does not replace formal training and practice knowledge when supporting someone experiencing suicidal distress and, where appropriate, it is recommended that you complete relevant mental health training. Further information can be found at [Mental Health Tool](#).

Furthermore, increasing your knowledge of suicide-related terminology is not intended to allow you to support students beyond the scope of your role. Instead, it is to provide you with the confidence to notice, inquire and provide support to students about their mental health and wellbeing in the context of your role and enhance the collaboration with the IMT, school-based wellbeing staff and Departmental allied health staff.

Self-harm

Refers to people deliberately hurting their bodies. Common forms of self-harm include:

- cutting (cutting the skin on arms, wrists or thighs)
- burning the skin
- picking at wounds or scars
- hitting yourself
- deliberating overdosing on medications, drugs or other harmful substances ([headspace](#)).

Suicide

Refers to the act of intentionally causing one's own death (World Health Organisation, 2020). Data released by the Australian Institute of Health and Welfare in 2020 identifies suicide as the leading cause of death for young people aged between 15 and 24 years, with many more young people considering or attempting suicide.

It is widely documented within international literature that suicide is complex and rarely the result of one single factor, but rather the complex interplay of psychological, social and biological factors associated with suicide risk.

Suicide attempt

Refers to an act carried out by an individual with the intention to end their life.



Supporting resources

Responding to self-harm and suicide attempts requires a different approach to the one outlined in this resource. For more information, see: [*Responding to self-harm, including suicide attempts in students: a guide to assist secondary schools*](#).

Suicidal behaviour

Refers to acts such as suicide and attempted suicide. This also includes suicide-related communications, both verbal and non-verbal, expressing suicidal intent (Baldwin, Butler & Hannaway, 2017).

Suicide cluster

Defined as a number of suicides or 'acts of deliberate self harm (or both) that occur closer together in time and space' (The University of Melb 2012) within a localised area. The term suicide cluster is used when police, or a doctor, have notified the state or territory coroner, who has confirmed its existence. The term is used herein to refer to a suspected suicide cluster.

Suicide contagion

Refers to the phenomenon whereby exposure to, or knowledge of, suicide or a suicidal act within a school, community or geographical area increases risk of suicide for other people in the school community – particularly young people who perceive themselves to be closely connected to the deceased.

International research indicates that young people being exposed to the suicide of a fellow student is associated with increased suicidal ideation and attempts among peers (Bartik et. al., 2013). Young people are more vulnerable to suicide contagion compared to older populations and twice as likely to die as part of a suicide cluster (Robinson et. al., cited in Rickwood et.al 2017). Losing a family member to suicide can also increase risk of suicide among children and adults. Suicide contagion can lead to a suicide cluster.

Suicide exposure

Refers to any individual who knows or identifies with someone who has been suicidal or has died by suicide (Baldwin, Butler & Hannaway, 2017). An individual can be exposed to a suicide directly (someone known to them) or indirectly (via the media or social media). Research indicates that people exposed to suicide are at risk of experiencing increased levels of mental health distress, particularly where they perceive a high level of closeness with the deceased (Maple & Sanford, 2019).

Suicidal thoughts/ideation

Refers to thoughts about ending one's own life, also referred to as suicidal ideation. Suicidal thoughts range in intensity and frequency from fleeting to more concrete, well thought out plans for killing oneself, or complete preoccupation with suicide. These thoughts are not uncommon among young people (headspace, 2009).

Suicide postvention

Refers to the collection of activities undertaken after a suicide aimed at reducing associated trauma and restore wellbeing of those impacted (Andriessen, 2009). Postvention has been referred to as 'prevention for the future' because those exposed to a suicide may be vulnerable themselves to suicidal behaviour.

In a school context, postvention strategies aim to coordinate appropriate support for those students, staff and community members identified as vulnerable, encourage help-seeking behaviours and enhance understandings of grief and loss. These activities are the basis on which school communities can work to restore wellbeing and return of functioning, while minimising the potential for further suicides – a phenomenon known as suicide contagion. (Baldwin, Butler & Hannaway, 2017).

Suicide prevention

Refers to a set of measures intent on reducing the number of people who die by suicide or attempt suicide by reducing risk factors or vulnerabilities for suicide and enhancing protective factors that reduce suicide and suicidal behaviour (National Communications Charter, 2018 – *Life in Mind*).

Vicarious trauma

'Vicarious trauma', often used interchangeably with 'secondary trauma' refers to loss of a positive sense of self and the world as a consequence of working with traumatised others (McCann & Pearlman, 1990).

Section 2: Understanding suicide

Talking about suicide

It is important to understand that the language we use when talking about suicide can significantly contribute to stigma and reduce the help-seeking behaviours of those impacted by and exposed to a suicide. It can also be difficult for people to know how to encourage conversations about suicide.

When talking about suicide it is critical to follow these four principles ([National Communications Charter 2018](#)):

- use safe and inclusive language
- do not disclose information about method and location
- present confirmed information only
- include help-seeking messages and pathways for support.

In a school context if, following a suicide, students are engaging in a discussion about suicide, they should be encouraged to do so in general terms, as this is an opportunity to encourage help-seeking behaviours and to develop or strengthen existing coping strategies. Students and staff should be offered the chance to opt out of these discussions if it triggers an emotional response.

Discussions should be limited to small groups, be time limited and, where possible, be facilitated by teams of two staff members who are comfortable and best placed to be talking about the topic.



Remember

Where a staff member has concerns about the safety of a student, in the context of suicide, it is essential they follow school processes for actioning a referral to an appropriately trained member of staff, such as a member of the wellbeing team, to provide targeted support and make further referrals if necessary.

Language guide – suicide

The [National Communications Charter](#), launched in 2018 by *Life in Mind*, is a resource that promotes the safe and consistent use of language when talking about mental health, mental ill-health and suicide. It recognises that everyone has a role to play in tackling stigma and preventing harm.

The [language tool](#) is a helpful resource for schools to refer to during, before and after a suicide response that promotes the accurate and safe language regarding suicide.

The purpose is to build confidence and empower educators to engage in conversations with their students to *Notice, Inquire and Plan* ([SAFEMinds – safety map](#)) upon recognising changes in behaviour and/or presentation in the classroom.

National Communications Charter

Tool One: Language Guide – Suicide

Do say	Don't say	Why?
✓ 'died by suicide' 'took their own life'	✗ 'successful suicide' 'unsuccessful suicide'	Because it suggests suicide is a desired outcome
✓ 'took their own life' 'died by suicide'	✗ 'committed suicide' 'commit suicide'	Because it associates suicide with crime or sin
✓ 'increasing rates' 'higher rates'	✗ 'suicide epidemic'	Because it sensationalises suicide
✓ 'suicide attempt' 'non-fatal attempt'	✗ 'failed suicide' 'suicide bid'	Because it can glamourise suicide attempts
✓ refrain from using the term suicide out of context	✗ 'political suicide' 'suicide mission'	Because it is an inaccurate use of the term 'suicide'

Source: <https://lifeinmind.org.au/the-charter/national-communications-charter-language-guide>

Self-care for school staff following the suicide or suspected suicide of a student

The suicide of a student is a particularly challenging experience and will impact people in different ways. In order to appropriately support students, your colleagues and the broader school community, it is essential that you prioritise your own mental health and wellbeing.

Your response will be influenced by a range of factors and may impact your ability to act in your current role. School staff will be called upon to support the school's efforts to implement the Emergency Management Plan (EMP) but, at any point in the response, it is important to recognise that you have the option to opt out in order to preserve your own wellbeing.

Enacting your own self-care strategies and support network will be critical during this time.



Remember

As an employee of the Department you and your immediate family members (18 years and older) can access professional, counselling and mental wellbeing support through the Employee Assistance Program (EAP). Confidential counselling is delivered virtually, by phone or face-to-face at a time that is convenient for you. To organise support call **1300 361 008 – 24 hours a day 7 days a week**. This service is fully funded by the Department.

Alternatively, speak with your GP to arrange a Medicare-rebated Mental Health Care Plan.

Self-care strategies to maintain and restore wellbeing following exposure to a suicide

- Look out for signs of traumatic stress (including burnout and vicarious trauma).
- Make time for rest as this is critical for your resilience.
- Contact friends and increase time with those whose company you enjoy.
- Schedule pleasant events and maintain a schedule and routine.
- Reduce the intake of stimulants (e.g. coffee, alcohol, energy drinks) to help keep arousal levels within a manageable range.
- Eat well-balanced regular meals to help you maintain physical and emotional wellbeing, energy and balance. There is increasing evidence linking a good diet to mental health.
- Add some physical exercise into your daily routine.
- Use your support networks at home and at school (including reaching out to personal and professional mentors).
- Use relaxation activities (e.g. meditation or mindfulness).
- Pace yourself. Responding to an incident can be time consuming, may take weeks, and bring with it an unusually heavy workload. It may be necessary to ask a colleague for help to restore normality and recovery at school.
- Talk through your experiences with someone you trust and use available support mechanisms to avoid being overwhelmed.

Source: *Managing Trauma: A guide to responding to a critical incident*



Supporting resources

Be You has a range of wellbeing tools and resources for educators to support their mental health and wellbeing needs.

5 Ways to wellbeing, an initiative of the Royal Melbourne Hospital, has a range of tips and suggestions that promote positive mental health and wellbeing.

Further supports and information can be found at: Human resources: Employee Health, Safety and Wellbeing Services (education.vic.gov.au)

Health and wellbeing services for principals (including assistant and acting) are available. For more information, see: Principal Health and Wellbeing Strategy.

About suicide

The following information is to provide general information about suicide. It is not intended for the reader to feel required or equipped to undertake a risk assessment without additional training.

The impact of a suicide is immediate and traumatic to families, friends and communities experiencing it. When a suicide occurs, it is often unexpected and those left behind face the challenge of questions that will remain unanswered.

The ripple effect can be far reaching (WHO, 2020). The ripple effect in a school community results in the exposure to suicide for student, staff and parent communities, having the potential to increase the risk of suicide among the community. Schools have an important responsibility and duty of care to respond to a suicide in a way that promotes safety and protects everyone from further harm.

The most important role a school staff member can play in assisting students with increasing levels of risk and/or deteriorating mental health is to first notice those students requiring extra support and to action appropriate referrals to a member of the school wellbeing team.

The many factors that influence the suicidality of an individual are broadly categorised as either **risk** or **protective** factors. Risk and protective factors can be conceptualised as being on opposite ends of the same mental health continuum (Be You). Risk factors, or vulnerability factors, are those factors that increase a person's likelihood of experiencing suicidal behaviours and protective factors are those factors that reduce the likelihood that a person will experience suicidal behaviour (Beyond Blue; mental health conditions in young people; suicide).

Risk factors do not cause mental health concerns but rather increase a person's vulnerability to them. They tend to have a cumulative effect – experiencing multiple risk factors simultaneously is likely to increase the negative mental health outcomes for the person (Beyond Blue).

Risk and protective factors can be categorised as either static (fixed) or dynamic (changeable) factors (Suicide Prevention Resource Centre & Rodgers, 2011). Below are some examples of risk and protective factors that are either fixed or dynamic.

Risk and protective factors can be further differentiated across the domains of family, individual and social/environmental factors.

When identifying the risk and protective factors influencing a person's mental health and wellbeing it is important to recognise that a person's experience of any factor is subjective and what one person identifies as a risk factor might be a protective factor for another (WHO Preventing Suicide: A Global Imperative, 2014).

Static (fixed) risk factors

- family history of suicide
- previous suicide attempts
- gender

Static (fixed) protective factors

- positive problem-solving skills
- coping skills
- gender

Dynamic (changeable) risk factors

- family breakdown
- relationship stressor
- experiencing a recent loss

Dynamic (changeable) protective factors

- positive personal relationships
- social supports from peers
- spirituality/faith

Identifying that an individual has a number of risk factors present is not enough to indicate whether they are currently experiencing, or will ever experience, suicidal ideation and/or suicidal behaviour. Rather, it is an opportunity to identify when additional support may be needed (Everymind).

It is also critical to remember that some young people will experience suicidal ideation in the absence of any identifiable risk factor.

Many members of the school community will have, and may go on to face, any number of the risk factors identified above and, for the most part, people will manage the period of increased stress or difficulty and be okay. However, for some people experiencing one of any number of risk factors will overwhelm their ability to self-regulate using their existing coping strategies (Beyond Blue).



Supporting resources

[SAFEMinds tips to notice](#) can support educators to notice some of the warning signs in students that may indicate additional support is required.

In addition to recognising when risk and protective factors may be present, some behaviours are warning signs that provide us with an opportunity to connect with a young person and facilitate additional support as needed.

Warning signs could include:

- withdrawing from friends, teachers and family
- talking about wanting to hurt or kill themselves
- talking about or writing about death or dying
- reduced engagement in class
- changes in their appearance and grooming
- increased risk-taking behaviours such as drugs and alcohol
- giving away possessions
- reduced eye contact
- expressing feelings of hopelessness or worthlessness
- saying goodbye to loved ones
- increased absenteeism
- noticeable changes in mood (positive or negative).

Mental health conditions are one of the strongest risk factors for suicide (Lawrence et. al., 2015). Regardless of the diagnosis, some young people will develop thoughts of suicide as a result of changes to their thoughts, behaviours and ability to function in the presence of a mental health condition and any assessment of risk should always recognise changes in the context of the young person.

Remember

With 75% of mental health issues emerging by 25 years old and 50% by age 14 ([headspace](#)), schools have an important role to play in the nurturing the mental health and wellbeing of students during a critical period of development and increasing vulnerability.

Children (5–12 years of age)

Children are not immune from experiencing the impact of suicide. Children can be exposed to a suicide by attending an F–12 school, losing a parent, sibling or close community member to suicide and/or as a result of hearing people talking about suicide in person or via media. Although a rare event, children can also die by suicide. Research indicates that from 8 years of age children understand death and the concept of suicide (Mishara, B., 1999, Martinez, M., 2013).

Risk continuum

Risk can be understood as existing along a continuum – movement up and down the continuum requires different responses to mitigate the level of risk observed. Conceptualising risk in this way offers a more nuanced and appropriate consideration of risk rather than viewing it as ‘present’ or ‘absent’.

Assessing a student’s level of suicide risk is complex and requires the consideration of current and background factors, across the individual, family, and environmental domains.

An appropriately trained staff member or professional (e.g. mental health practitioner (MHP), staff trained in youth mental health, SSS psychologist or social worker, Doctors in Secondary Schools Program General Practitioner (GP), an external mental health professional, their GP, a community or hospital-based doctor or psychologist) should undertake a suicide risk assessment.

Remember

Educators are not expected to, and should not, conduct risk assessments with vulnerable young people.

Identifying young people at risk

After a suicide the main priority is to identify, monitor, refer and support students from the school community. Having a clear and collaborative process is critical to ensuring that safety is restored, and the risk of suicide contagion reduced. While everyone has a role to play in the process, members of the IMT will take the lead and the subsequent tasks required will be differentiated by role.

The table below can assist in identifying those students who may be at increased risk or vulnerability due to the relationship they had with the deceased.

- **Social proximity:** refers to the relationship someone had with the deceased, inclusive of those perceived relationships with the deceased. Social proximity refers to how close someone feels to the deceased.
- **Geographical proximity:** refers to those who are exposed to or witnessed the death or had recent contact with the deceased. This includes phone and online contact.
- **Psychological proximity:** those who relate to/identify with the deceased. This includes cultural identification and/or shared experiences.

Young people known to be at risk	Young people thought to be vulnerable
Siblings or family members of the deceased	Close friends of the deceased
Young people with a history of suicide attempts	Acquaintances of the deceased, including those young people connected by sporting clubs
Young people who are already accessing support (internally at school or externally in the community)	Those young people who had recent contact (positive or negative) with the deceased
Young people known to have experienced a recent trauma, challenge or adversity	Those young people who have shared experiences (same primary school or bus route)
Person who witnessed and/or found the deceased	Friends or romantic partners of the deceased from other schools

Populations of young people who might be at increased risk

Data indicates that some population groups are overrepresented in suicide statistics. Those populations at increased risk and vulnerability to suicide include:

- community members who identify as LGBTIQ+ (Robinson et. al., 2014)
- students living in Out of Home Care
- students with a disability
- Aboriginal and Torres Strait Islander students (Dudgeon et al., 2016)
- those living in rural and remote areas (Hazell et. al., 2017)
- those from culturally and linguistically diverse backgrounds (Life in Mind, 2020).

Identifying as a member of any one of these population groups is not what places an individual at increased risk of suicide, but rather the experiences and adversity that can be associated with their membership of a specific population.



Supporting resource

Be You can assist with coordination, resources, and support in preparing for, responding to and recovering from a suicide or suspected suicide.

It is important to note that many members of these population groups will not experience a mental health difficulty or go on to develop suicidal ideation. Rather, increasing your knowledge about potential vulnerabilities that young people are experiencing may assist you in providing timely and appropriate support, reducing future difficulties.

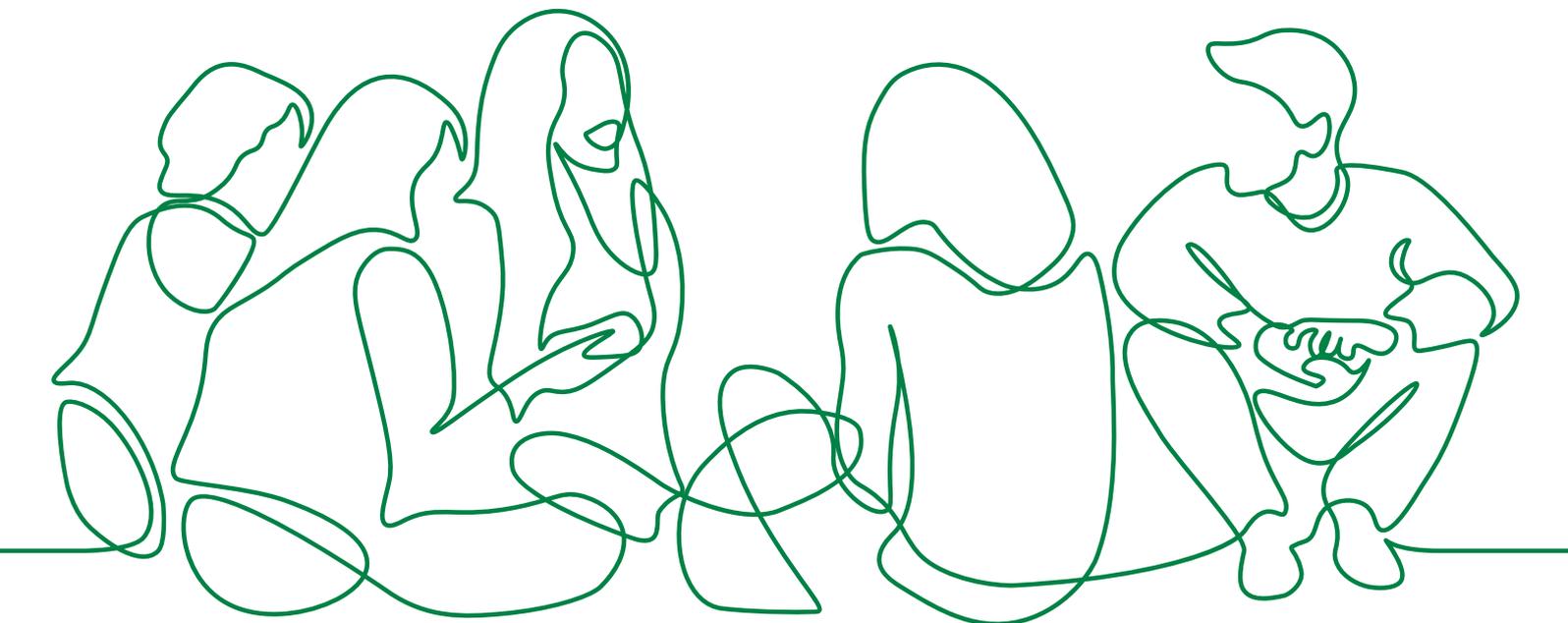
Role of educators in identifying young people at risk

The role of educators is to observe and identify changes in their student's presentation and/or behaviour that may indicate a need for additional support and to let a member of the school wellbeing team know of any concerns.

This is not to suggest that educators have a role to play in diagnosing or treating young people following exposure to a suicide, but rather to increase awareness of the things that they can do, within the boundaries of their role, that can result in a timely and appropriate response to increased distress and/or suicidal ideation in students.

Remember

This is particularly important given the research that demonstrates young people are more vulnerable to suicide contagion, whereby exposure to, or knowledge of, suicide or a suicidal act within a school, community or geographical area increases risk of suicide for other people in the school community.



Section 3: Mental health and wellbeing following exposure to a suicide

Understanding mental health along a continuum

To assist with identifying vulnerable students following exposure to suicide, it is helpful to understand mental health and mental ill-health as existing at opposite ends along a continuum of mental health.

The process of recognising where students are positioned along the continuum of mental health and engaging them in a conversation to understand the factors that are contributing to their current mental health and wellbeing is consistent with the SAFEMinds early intervention approach of *NIP it in the bud!* (Notice, Inquire, Plan).

Our position along the continuum is influenced by social, emotional and environmental factors (Be You), and exposure to a suicide will likely influence a person's movement along the continuum. In this instance, recognising changes and enquiring about a student's current mental health and wellbeing is a preventative strategy reducing the potential for subsequent suicide events.

Effective postvention support is a suicide prevention strategy among those people exposed to, and bereaved by suicide. Postvention, is therefore, prevention for the future (Andriessen, 2009).

The World Health Organisation (WHO), as referenced in the Department's Mental Health Toolkit, defines health as 'a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity'. With this in mind, mental health is an essential component of overall health and one cannot exist without the other.

Children and young people will typically sit at the end of the continuum between flourishing and going okay. This means that for the most part they have the resilience to cope with daily stressors. The promotion of help-seeking messages and increasing awareness of the strategies that foster positive mental health is fundamental to early intervention and prevention of future mental health difficulties.

The Mental Health Continuum



The Mental Health Continuum

Flourishing



If our mental health and wellbeing is *flourishing* we are:

- in a state of optimal functioning
- engaged with our environment
- connected to our community.

In a **school setting** this is a child who:

- is engaged in learning
- has good coping strategies
- is connected socially
- has the ability to problem-solve
- can maintain their energy and participation throughout the day.

Going okay



When our mental health and wellbeing is *going okay* we are:

- able to complete our daily activities such as work and study
- experiencing positive mental health with the absence of frequent or significant distress.

In a **school setting** this is a child who:

- maintains regular attendance
- approaches their learning with curiosity
- is socially connected
- experiences small observable changes in behaviour/emotions and/or social connection.

Going through a tough time



At the point in the continuum of emerging mental health concerns we are:

- experiencing difficulties maintaining daily activities
- experiencing *noticeable changes* in one of the domains of social, emotional and/or environment factors, evidenced by changes to behaviour, emotions and/or social connections.

In a **school setting** this is a student who:

- has come to the attention of an educator and/or a member of the wellbeing team
- is experiencing mild disruptions to their ability to engage in learning, behaviour, and social connections
- experiences periods of disruption and impact to their behaviour, emotions and/or social connections.

Severely impacting everyday activities



At the far end of the continuum where our mental health and wellbeing is *severely impacting everyday activities* we are:

- experiencing thoughts and emotions that are distressing
- demonstrating behaviours out of the norm for that student
- experiencing persistent negative emotions
- requiring additional support to alleviate the distress experienced.

In a **school setting** this is a student who:

- may be unable to maintain regular attendance
- is socially disengaged
- is not engaged in learning
- has identifiable emotional distress.

Important considerations for talking to students in emotional distress

Conditional confidentiality

When a student discloses their intent to self-harm or expresses their emotional distress through self-harm, school staff should carefully explain the limits to the student's privacy and confidentiality. That is, that their personal and health information may be used or disclosed, even without their consent, in certain circumstances such as the following:

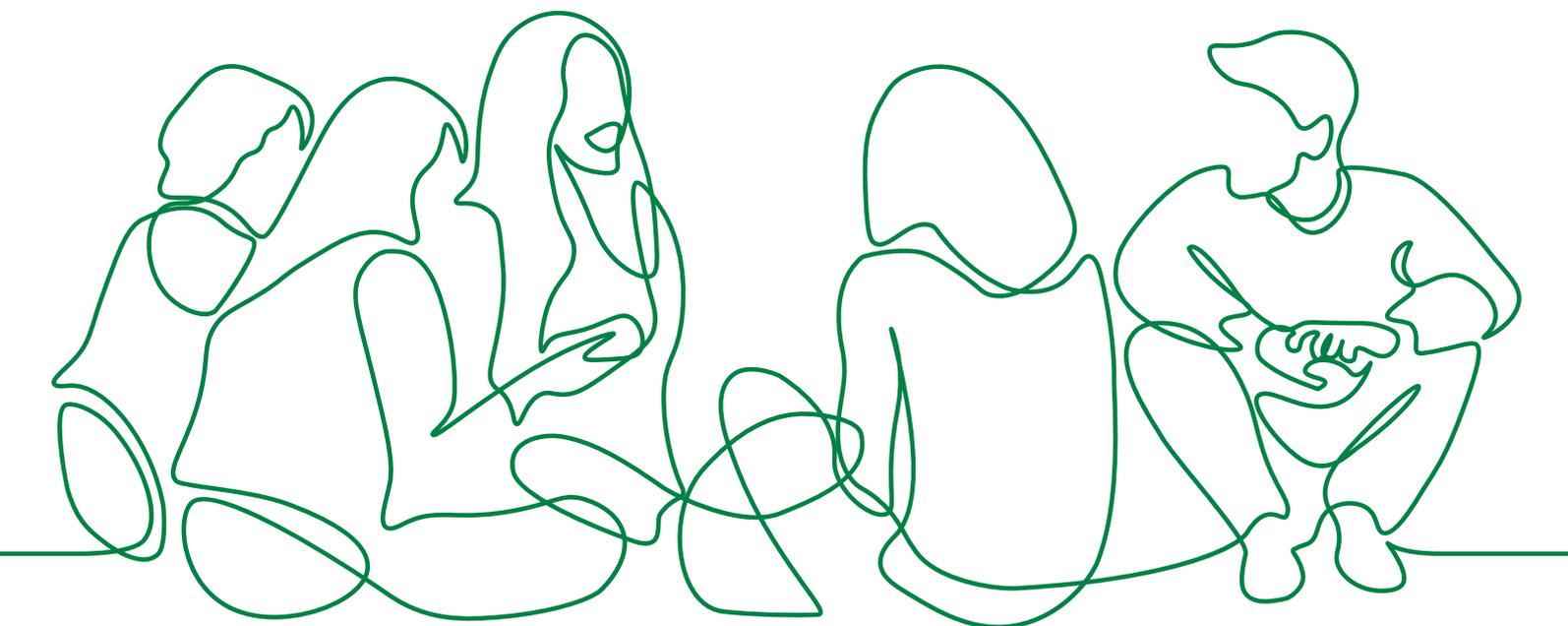
- to other school staff to enable school staff to appropriately manage the health, wellbeing and education of a child or group of children
- to external agencies or parents/carers if there is a serious risk to their health, safety or welfare
- to external agencies or parents/carers if there is a serious risk to another person's health, safety or welfare
- to other school staff in order to be able to provide a suitable and safe workplace for all school staff (occupational health and safety obligations).

For more information, see: [Privacy and Information Sharing Policy](#).

- Asking someone if they are thinking of harming themselves and ending their life will not put the idea in their head, but rather facilitates a conversation that will allow the appropriate level of supports to be enacted.
- Having the conversation is the first step to alleviate the intense psychological pain they are experiencing.
- Prioritising your mental health and wellbeing is paramount.
- Where possible, referring the student to another member of staff who can appropriately and safely engage in a conversation regarding suicide is recommended.

The school may have a preferred approach to how these conversations are managed. Being aware of which members of staff have the skills required to have a conversation with a young person regarding suicide vulnerability is critical.

In a school context, some young people will be less impacted by the suicide impacting the school community and will rely on their educators to maintain a sense of normality and routine. Routine and familiar structures provide a sense of safety for young people and any disruption to those may result in adverse mental health and wellbeing outcomes for them.



Section 4: Immediate response (24 hours–48 hours)



The steps and required actions identified in this stage focus on the important task of informing the school community – staff, students and parents/ carers – of the incident (suicide) that has occurred.

A cautionary note regarding the timeframe specified above: in some instances, there may be a delay in receiving initial reports of a suicide that exceeds the 24–48-hour timeframe.



Supporting resources

- [Appendix 1 Immediate response checklist](#)
- [Appendix 2 Script to inform staff](#)
- [Appendix 3 Script to inform students](#)
- [Appendix 4 Supporting resource for front office staff](#)
- [ISOC Reporting Incidents in my School \(poster\)](#)

Remember

Regardless of the time since the incident occurred, informing the school community remains a priority in order to appropriately identify and support those students who may be at increased risk and/or vulnerability as a result.

Key actions in this stage include:

- responding to the physical and emotional safety of students and staff
- confirming the details of the incident
- activating the school's Emergency Management Plan and reporting the incident to Incident Support Operations Centre (ISOC) on 1800 126 126 as soon as practicable to activate additional support from area and regional staff.
- respectfully and sensitively communicating with the bereaved family
- informing staff, students and other parents/ carers
- supporting the wellbeing of students and staff
- monitoring and following up on student absences
- liaising with community youth mental health services and neighbouring schools
- responding to media and social media content as necessary
- timely documentation of key actions.

Confirm the facts

Before enacting the school's response it is important to establish the facts. If the incident happened away from school, find out as many of the facts as possible. Confirm information with the local police or make sensitive enquiries with the parents/carers.

Investigate rumours, emails, messages and social media posts as quickly as possible.

Implement the school's Emergency Management Plan (EMP)

The suicide of a student is referred to as an *incident* under the Department's [Emergency and Critical Incident Management Planning](#) policy and requires the school to enact the [EMP](#).

Where an incident involves an international student, and if the information is known, the reporting school must advise ISOC whether the Department has accepted responsibility for ensuring appropriate accommodation and welfare arrangements (e.g. if the student is a homestay student). Refer to the Department's [International Student Program](#) policy for more information.

In addition to the EMP, the immediate actions outlined below should be undertaken after an incident has been brought to the attention of the school.

Identifying incident and immediate response

Identification is when an incident is observed by or disclosed to a member of the school community. This can include disclosure by a student, staff member, family member or other person, to the school. For more information, see: [Identifying the incident and immediate response](#).

Ensure safety (in the event the suicide has occurred onsite):

- assess the safety of the situation
- administer first aid/seek medical assistance if appropriate
- dial **000** to contact emergency services if necessary
- provide support to any staff or students who witnessed the incident.

Record evidence

- Preserve and secure the scene if the incident has occurred on school grounds. This includes limiting exposure of students and staff to the scene by closing off access to paths/windows.
- Preserve and make a record of any physical or documentary evidence that is located on school premises.
- If multiple students have witnessed the incident, separate them to preserve the integrity of their evidence until they are interviewed by police, if required, ensuring that they are supported during this time.

Report for Support (onsite incident)

- Following notification to **000** (if required), the principal or delegate must undertake an initial severity rating of the incident to determine the applicable reporting requirements.
- In the event of a suicide of the student, the severity rating will be recorded according to the Schools Incident Management System (SIMS), and must be reported to the **ISOC on 1800 126 126 as soon as practicable to activate additional support from area and regional staff**. The ISOC will record the incident report using the Incident Report and Information System (IRIS) and a copy of the summary report will automatically be emailed to the school principal and to relevant staff in central office and the region.
- Where possible, it is important to engage with SSS before communicating with the school community about an incident. This consultation will ensure the communication is planned, verified and done so in a way that minimises potential suicide contagion. This is consistent with the information outlined in the Department's [Managing Trauma: a guide to managing trauma following a critical incident response](#).
- Consider a **Worksafe Notification** (13 23 60).

For more information see: [Reporting an incident](#).

Convene the Incident Management Team (IMT)

It is important to convene the IMT following reports that a student has died by suicide, for both onsite and offsite incidents.

The time immediately following the suicide of a student requires a set of actions to protect the physical and psychological safety and wellbeing of remaining members of the school community.

The school's EMP identifies staff who will form part of an IMT and lead the immediate response to the incident, however, to avoid unnecessary distress, a level of flexibility should be applied once the deceased has been identified and any relationship(s) or conflict of interest with staff members on the team established. Actions to promote recovery and restore wellbeing will occur simultaneously with safe and accurate communication to the school community.

The incident management team should comprise:

- **Members of the leadership team.** The principal will typically retain primary responsibility for managing the response, however, there may be times where that is not possible/desirable. Identifying who will be second in charge during the response will ensure communication and decision-making is timely and appropriate.
- **School staff with appropriate skills** and training and an aptitude for providing psychological support appropriate to their role.
- **Allied health professionals**, including school-based staff, the MHP, SSS, Doctors in Secondary Schools Program GP involved in the care of the young person and/or other members of the regional team relevant to the level of support/resources required.

Remember

To remove the student's name from any automatic communication to the family, including any system that notifies parents or carers when a student is late or absent.

Following confirmation of the suicide of a student impacting the school community, initiating a meeting with the IMT allows for the coordination and delegation of the tasks required to respond in a timely manner and reduce the potential for additional harm. The IMT is likely to meet every day for the first week. Following this, the IMT will meet as needed.

Supporting the emotional safety of the IMT

It is important to recognise that members of the IMT may be too impacted by the death to fulfil their duties in this team. Providing them with appropriate support to withdraw from the IMT will be critical to ensuring their ongoing health and wellbeing.

Unlike other deaths, responding to the suicide of a young person can impact us in ways that we don't anticipate. Research has indicated that the emotions of guilt, shame and anger are unique to death by suicide and having our own professional and/or personal experience of suicide can exacerbate our response to these emotions.

The workplace is a setting for prevention and early intervention and by creating a mentally healthy workplace for staff you are playing a role in promoting and supporting recovery.



Supporting resource

Conversations Matter has a range of community resources that can assist you to support the emotional safety of your incident management team. It might be helpful to provide a copy of the resource [Those Bereaved by Suicide](#) to your team during the initial briefing with them.

Understanding the role you play in responding to a critical incident such as a suicide can reduce your own risk of going on to experience long lasting impacts of the incident (Gordon, 2013).

Liaising with the bereaved family

The loss of a child to suicide is a traumatic event and any communication with the bereaved family should be conducted sensitively and with compassion.

Important considerations before engaging with the bereaved family:

- It is critically important to have accurate facts, including confirmation that a death has occurred, before contacting the bereaved family. Consult with the SSS for guidance and support.
- It is recommended that the school identify one liaison person to be the contact point between school and the family. Consider who is best placed to take on this role given their relationship to the family, the impact of the incident on their wellbeing and their willingness to take on this role.
- A bereaved family's availability to communicate with the school will vary greatly and be influenced by a range of factors (relationship with the school, cultural beliefs regarding suicide, grief response).
- Consider, and be sensitive to, the specific cultural or religious needs of the student and their family/community.
- Consider if an interpreter is needed. Do not rely on a family member or another student who speaks the same language.
- In some circumstances it may be appropriate to liaise with a member of the extended family, however, this should only be done with consent from the family.
- During the initial communication with the family it is important to offer the condolences of the school. It may be appropriate to offer a home visit, where an existing relationship exists. This is routinely offered by a school following a sudden or tragic death of a student and/or where the bereaved families request a face-to-face visit.

Remember

Without consent from the family to refer to the death as a suicide, the appropriate language to use regarding the cause of death is a 'sudden' or 'tragic' death of a student.

In Victoria, deaths that appear to have been unexpected, unnatural, violent or to have resulted directly or indirectly from an accident or injury, including suicide deaths, must be investigated by the Coroner, and the Coroner must make a finding as to the cause of death. This investigation takes time and the bereaved family may not wish to refer to the death being due to suicide or suspected suicide before the Coroner makes a finding. There are also circumstances where a Coroner might not be able to find whether a death was due to suicide or accidental.

- Offer information about external supports that they can access.
- Ascertain how they would like the school to refer to the death of their child and obtain consent to refer to their child by name. Referring to a young person by name can be an important step to appropriately identifying those young people most impacted and allow parents of those young people to offer timely support and supervision.
- If a family does not wish refer to the death as a suicide, they may request that you refer to the death as 'a sudden death' or 'tragic death'. Regardless of how we refer to the death, informing the school community of the death allows the provision of support to be directed to those identified as vulnerable. Refer to [Be You – responding to a death that can't be referred to as a suicide](#) for more information about navigating this situation.
- Seek permission to contact them over the following days.

Protecting the student's belongings

Immediately following news that a student has died by suicide it is important to ensure their belongings are gathered and stored safely at school. Consider whether the student has any work displayed around the school and how best to protect it for the bereaved family.

How schools sensitively approach collecting and protecting a student's belongings, including items from their locker, will require careful consideration and decisions will be made on a case-by-case basis in consultation with SSS and school-based wellbeing staff. Before returning the student's belongings to the family it is important to confirm with the police that the items are not required for any investigations.

Managing communication

Informing staff

Step 1: Confirm language

Before sharing the news with staff, the principal must:

- verify what information is confirmed, and
- how the cause of death should be referred to.

This will depend on whether contact has been established with the bereaved family.

In the absence of consent from the family in the initial stages of communicating the incident to your staff, it may be appropriate to refer to the death as a 'sudden and unexpected' or 'tragic death'. Choose your language carefully. It is important that staff receive the information that will allow them to act in their role as educator holding a duty of care to their students while balancing the privacy and wishes of the bereaved family.



Remember

It is important to share only essential information with staff. Do not refer to the method of suicide even if you have this information. Referring to the method can result in increased distress and vulnerability for staff and students alike ([Life in Mind](#); [National Communications Charter](#), 2018).

Step 2: Identify staff who may need to be informed individually

Where possible, before sharing the news during an all-staff meeting, identify those staff members who you are aware have previous experience/history of suicide or have a relationship/worked closely with the student and would benefit from receiving the news individually.

In addition, you must identify those staff members who are not currently onsite, including part-time educators, education support staff, volunteers, allied health professionals engaged through the school who have been working closely with the student, staff on extended leave, administration, maintenance staff and Casual Relief Teachers (CRT) and consider the most appropriate method for communicating news of the death.

Step 3: Convene an all-staff briefing

Ideally, a staff briefing to communicate that the school community has been impacted by the suicide of a student should be held as soon as practically possible upon receiving confirmation of the incident. Schools will have existing structures/processes in place for convening a staff meeting where information is shared. To minimise the instances that staff do not receive the communication, it is important that you use these existing structures in response to a suicide.

It is critical that you attempt to balance the need to allow enough time for staff to receive and process the news before facing students and the need to inform your student and parent communities in a timely manner. Refer to [Appendix 2](#) for a template of the script to inform staff.



Supporting resource

Provide all staff with [Self-care for school staff following exposure to a suicide](#).

All staff should also be provided with information about the supports available at school and externally in the community (GP, EAP, and access to a private psychologist via the Medicare Access to Enhanced Mental Health Scheme).

Consider if you need to organise additional CRTs to cover classes for staff who are engaged in the IMT or who are too distressed to teach that day or for additional coverage during yard duty.

Preparing staff to inform students

During the initial staff briefing, provide staff with details about how the information will be communicated to students. This step will usually follow immediately after the initial staff briefing or be scheduled at a time in the day when appropriate supports and resources are in place to respond to the increased distress that will likely follow.

- It is strongly recommended that you provide staff with a script to follow when communicating the news to their students to ensure consistent, accurate and safe reporting of the facts available, avoiding reference to method or location of death or other unnecessary information. Allow time for staff to read the script and seek clarification before delivering the information to students. It is critical to explicitly inform staff that they can opt out of communicating the news to students.
- Encourage staff to consider any students within their cohort who may require additional support or personalised approach to the disclosure of the information (e.g. may have siblings in the deceased's class, relationship, previous exposure to suicide or other trauma etc.)
- Provide staff with information about likely reactions and questions students might have, including information about the additional supports that are in place to support students who become distressed. This includes details about the location of the support room and how students can access this.
- The need to communicate news of the student's death with the student population should be paired with efforts to maintain familiar routines. Engaging in routine activities will benefit both those who have been impacted by the death and those members of the school community who had no relationship or contact with the deceased.



Supporting resource

Conversation Matters: when communities are impacted by suicide provides a helpful resource about conversations that may arise after a suicide and offers suggestions about how to navigate these safely.

Preparing staff to respond to questions regarding the cause of death

Respecting the wishes of the family when referring to the cause of death is essential; it allows the school to maintain its relationship with the family for the purpose of providing support, and for any siblings or family members who may be current or future students.

General conversations with students about suicide are okay except if confirming that the young person died by suicide goes against the family's wishes.

Where young people are talking about suicide, it is important to acknowledge the topic and use the opportunity to promote messages of help-seeking and details about the supports available at school and in the community.

Demonstrating to a young person that staff can engage in a conversation about suicide, with non-judgmental language, may provide a young person with reassurance that staff can handle their disclosure should they be experiencing suicidal ideation/behaviour themselves. Navigating this topic while maintaining the privacy of the family is complex.

You might say:

'We have heard students asking about whether (student's name) died by suicide.'

The family have chosen to keep the cause of death private and information available to us is that they (insert family preference for referring to the death). It is important that we respect the family's wishes and maintain their privacy and we ask that you do the same.

Because the topic of suicide has come up it is important that we recognise the reasons for suicide are complex. Sometimes, people experience such intense pain that they choose to end their life to end the pain. If you experience this it is important that you know help is available such as [Kids Helpline](#), [Lifeline](#), [Beyond Blue](#) and [headspace](#).'

Some points to consider

Staff might become aware the students are talking about suicide and speculating or suggesting that the cause of death was suicide. These conversations should not go unaddressed and are an opportunity to promote help-seeking.

Staff might be engaged in an individual conversation with a young person where they repeatedly ask for information regarding the cause of death. It is important that any request by the family to keep the cause of death private is respected. In the first instance it is important to acknowledge the emotional response and desire to understand how the young person died and follow up by asking about how they are coping.

The purpose of this conversation is to ascertain their level of vulnerability and will indicate the level of support that may be required for the student and the actions the school should take next.



Remember

If you suspect someone is thinking of suicide you must ask the question directly. If you do not feel comfortable asking the question you must explain that you are concerned about their wellbeing and, in order to keep them safe, you will go with them to speak with someone who can provide appropriate support immediately, such as a member of the wellbeing team.

Staff wellbeing upon hearing the news

Receiving news of a suicide is difficult and staff are likely to be very upset. They may also have personal and/or professional experiences of suicide that will influence how they respond to news of this incident.

It is the responsibility of IMT to monitor the responses and wellbeing of all members of staff and ensure support is available. During the initial staff briefing let staff know that they can call EAP directly on 1300 361 008 (24 hours a day, 7 days a week) to make an appointment to talk to a counsellor (www.education.vic.gov.au; search: employee services). Where possible, consider making this support available onsite in the initial days of the response.

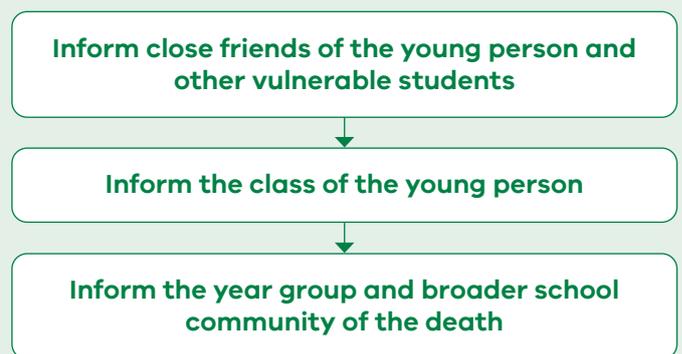
Encourage staff to prioritise their mental health and wellbeing needs and know the process for requesting support to manage their regular teaching responsibilities. You might also need to consider how classes may need to be supervised in the event a teacher cannot continue with their duties.

Informing students

It is important to begin identifying vulnerable and at-risk students as soon as possible. This allows the school to put in place appropriate supports and to communicate with the parents/carers of these students in a timely way.

The order by which you inform students of the suicide is important as it allows you to nuance your communication and appropriately support students who become distressed.

This image provides a visual representation of the how the coordination of communication should be structured. While some variation will occur between schools in terms of who (by role) will inform the relevant groups, priority should be given to informing those close friends and vulnerable students first.



Informing close friends of the young person and vulnerable students, including siblings of close friends and other family members at the school

Key considerations when informing the close friends of the deceased are:

- Where possible, the close friends of the deceased and vulnerable young people should be told individually with the support of their family and an appropriately trained member of staff who can provide support to effectively manage the emotional distress that news of the death elicits. If close friends of the deceased are absent from school, it is recommended that an appropriate member of staff contact the family to share news of the death and to offer support.
- Make arrangements for families to collect students (confirming supervision) who prefer to be home with parents upon receiving the news.
- Provide information about the supports available at school (for example, the school wellbeing team, SSS, days and times available, additional supports in place).
- Provide information about how to access community support services ([headspace](#), [Lifeline](#), [Beyond Blue](#), [Kids Helpline](#)).
- Invite students to identify other young people who are close to the deceased.
- Let them know that the news of the death will be shared with all members of the school community during home group and in a letter/email home to parents at the end of the day (nuance this for your school context).

Informing the class of the young person

Ideally, the homeroom teacher or another teacher who is known to the students should provide students with news of the death via the pre-prepared script.

- Ensure leadership and/or wellbeing staff are in attendance.
- Depending on the size of the class, consider whether it is possible to share the news in smaller groups.
- Provide information regarding the supports available at school, including accessing the support room as well as information about community support services.
- Make arrangements for families to collect students (confirming supervision) who prefer to be home with parents upon receiving the news.
- Promote help-seeking messages and self-care.

Informing students in the class of a sibling/family member/combined family household of the young person

Ideally, the homeroom teacher or another teacher who is known to the students should provide students with news of the death via the pre-prepared script. Inform the class that information about how to support the sibling when they return to school will be provided later.

Supporting siblings

Where possible, liaise with the bereaved family regarding when the sibling is likely to return to school. A plan for their return will help peers and staff understand how best to support the affected student. Ensure that support from the wellbeing teams is considered as part of this return to school plan.

Informing students in the same and other year groups

Information relating to the suicide of a student should not be shared in a year level assembly due to the difficulties in recognising distress and vulnerability of students in this format. Ideally, the homeroom teacher or another teacher who is known to the students should provide them with news of the death via the pre-prepared script.

Student wellbeing upon hearing the news

Learning of the suicide of a fellow student is distressing and likely to elicit a range of emotional and/or behavioural responses in students.

In the first instance it is important to:

- acknowledge that news of the death may feel confusing
- acknowledge that having an emotional or behavioural response to the news is common and expected
- acknowledge that they will probably have questions, some of which you have the answers to and others you will not be able to answer
- acknowledge that everyone will process the news differently and grief is unique
- provide information regarding the support that is and has been made available at school in response to the news
- promote help-seeking and encourage self-care activities.

Where you have consent from the bereaved family to refer to the cause of death as a suicide it is important to:

- provide only the information you have consent to share (do not refer to the location or method if known)
- avoid sharing your personal opinions regarding suicide
- avoid blame
- avoid guilt
- acknowledge that it is common to want more information to try and understand why
- reiterate help-seeking and that support is available if anyone is experiencing suicidal thoughts/behaviours themselves.

Talking about suicide might feel daunting and challenging, personally and professionally. There is a myth that talking about suicide can put the idea in someone's head and influence the likelihood that they will die by suicide.



Supporting resource

The Conversation Matters publication [Those Bereaved by Suicide](#) is a resource that can guide your response to some of the questions and reactions you observe in students following news of the death.

Talking individually to someone about their own suicidal ideation/behaviour can reduce suicidal risk by offering the young person a chance to share what they have been going through and provide an opportunity for the person to seek appropriate support ([Beyond Blue, Suicide Prevention/After a suicide loss](#)).

Setting up a student support room

A support room provides students with a safe physical location to express their emotions, reflect and access support from appropriately trained staff members following news that a student has died by suicide.

Creating a space for students to reflect and begin to process the loss also offers an opportunity to promote positive messages of help-seeking and facilitate referrals to additional services in response to the observed level of need identified.

It is recommended that schools consult with SSS for advice on setting up the support room.

Location

A support room should:

- be easily accessible for students and staff, including those with a disability, to allow for supervised transitions to and from the room
- be big enough to allow for both informal and confidential conversations with students to occur as required
- have access to amenities, providing a comfortable space for students and staff.

Some students will likely require ongoing support beyond the point of the funeral having concluded. This is best offered as individual support with an appropriately trained staff member from the wellbeing team or mental health professional.

Supervision

- It is recommended that at least two staff members, one of whom has mental health training, are always available to staff the support room. This ensures support is available to students if they become distressed.
- Ensure these staff are supported to take breaks throughout the day.

- A sign-in/sign-out record of a student's attendance and departure from the support room is essential. It provides valuable information about those students who have been impacted and require support.
- Monitoring attendance in the support space can inform your decision about how long to provide access to the space.

Duration

- This will vary depending on the need and numbers of students accessing the space.
- The funeral may offer the point in time at which returning to normal routine is appropriate.

Resources

- Offering refreshments can encourage students to enact their own self-care strategies.
- Providing activities that offer a distraction, such as puzzles or card games that are appropriate to the age and maturity of the students, can also help to create space between thoughts of their friend and attempting to make sense of the loss.

Accessing the space

- Welcome all students to the space encouraging them to make themselves comfortable.
- Provide support as needed. Be guided by the conversations and the students' understanding of what has happened.

Remember

Ensure you are not disclosing more information than you are able to provide, maintaining privacy and not referring to method of death.

- Identify those students who require additional, individual support by a member of the wellbeing team, including contact with parents and carers, where appropriate.
- Record the details of the interactions with students, in line with the school's documentation practice (e.g. Compass).

Where students have been distressed while they have been in the support room, check in with them again before they sign out and leave the room. This step confirms that they are aware of the supports available at school should they become distressed during the day. This may include liaising with the student's parents to provide details of the support provided and concerns about their mental health and wellbeing.



Informing families of all students

Providing timely and accurate information to families of all students following exposure to a suicide is critical to ensuring safety is restored and the risk of suicide contagion is reduced.

Informing parents of the suicide offers them the opportunity to recognise changes in their child's behaviour, emotions, thoughts and/or general presentation in the context of experiencing a loss due to suicide.

It is important to provide families with information about any changes to normal routines and usual school processes due to the incident and expected timeframes for review. Regularly communicating with your parent/carer community will aid the school's recovery efforts and promote compassionate communication immediately after the incident.

Where possible, communication with families should occur on the first day of the response and use existing communication processes; for example, an email, letter home and/or text message alerting families to important information that will be sent home via a letter or email.



Supporting resource

Refer to [Appendix 5](#) for a template of the email/letter to families.

Liaising with neighbouring schools and community services, including youth mental health services

Following confirmation that a student in the school has died by suicide it is important to liaise with neighbouring schools and appropriate mental health services.

Neighbouring schools

The sharing of relevant information extends to neighbouring schools such as primary schools where siblings of students directly impacted may be enrolled and other local schools where students may be connected **geographically** (sharing a bus route, witnessing the incident or having had recent contact with the deceased), **socially** (community sporting club, friends, social circles) and **psychologically** (through shared experiences, cultural connections or where they perceive themselves to be closely connected to the deceased).

It is essential that information shared is consistent with the Department's policy and relevant laws, including consent from the bereaved family.

External youth special mental health services

It is also recommended that you advise external youth special mental health services. This offers them the opportunity to review and modify their capacity and available resources in order to provide timely support to students requiring an assessment of suicidal risk and support to alleviate distress.

Before sharing the service's contact details with families, it is important to seek guidance from the service about their referral process and opening hours.

Remember

[Be You](#) offers postvention support to schools by assisting the coordination and resources required to respond to the mental health and wellbeing needs of students and staff following a suicide, reducing the risk of more suicides occurring. The link provided will take you to the relevant contact details to access this support.

Managing media and social media

Support from the Media Unit

Managing media and social media during a response can be difficult. All decisions about managing the media and social media should be done in consultation with the Department's [media unit](#) on (03) 8688 7776. The media unit provides media support and advice to principals 24 hours a day, 7 days a week, including managing media enquiries on their behalf. This team of media experts supports principals to respond to requests from newspapers, radio, TV and manage social media issues.

It is also recommended that the principal contact the Senior Education Improvement Leader (SEIL) upon receiving a request from the media.

Importantly, the media unit works closely with key areas of the Department including the Legal Services Division and the Schools and Regional Services Group to ensure that public comments do not breach any laws.



Supporting resource

Refer to the Department's [Managing Trauma: a guide to manage trauma following a critical incident](#) for more information about preparing for media interest.

Managing media

The media are sometimes interested in reporting on youth suicide and may contact the school for comment. Schools should never feel obliged to immediately respond to a request from the media. Taking time to prepare a response and seek appropriate guidance and support will ensure the communication is concise and accurate and minimises the risk of suicide contagion.

If a media outlet contacts the school, it is important to:

- ask for their name and the media outlet they represent
- record their contact details (phone, email)
- ask for the timeframe that they would like the information by
- request that they provide the questions in writing. This will allow time to consider the response.
- Contact the media unit for support. For more information, see: [Media Requests and Attendance at Schools](#).

It is important that all members of staff understand the process to follow if a journalist makes contact with the school asking about a suicide they believe is impacting your school community.

It is recommended that one person manages the liaison between media and the school. It is generally the principal who is asked to speak on behalf of the school. However, another senior member of the school's leadership team may also take on the spokesperson duties if appropriate.

Managing social media

Content posted to social media can significantly increase the extent to which people are exposed to a suicide and is therefore an important aspect of your school's postvention response. It can be difficult to ascertain what information has been posted to online platforms and how to restore safety in this context. In a response, social media can be a way to promote messages of help-seeking and strategies to foster positive mental health following exposure to suicide. It can aid efforts to return a school community to flourishing.



Remember

[#ChatSafe](#) guidelines have been developed by [Orygen Specialist Program](#) in partnership with young people to provide support when responding to suicide-related content online and may be helpful for schools during a response.

In a school environment, educators:

- are encouraged to **listen** out for references to what has been posted online and engage with students about what they have seen online
- must **maintain professional boundaries** while demonstrating genuine curiosity in order to provide school leadership and external services (such as police) with timely information about any events or gatherings that are planned where vulnerable young people may be gathering.



Supporting resource

For information about managing social media, see: [Cybersafety \(education.vic.gov.au\)](#). For advice about reporting or removing inappropriate posts, see: [eSafety Commissioner](#).

End-of-day briefing

Conducting an end-of-day briefing is an opportunity to:

- recognise the efforts of staff to support the school's response to the incident
- provide an update on any further information from the family (e.g. likely date of funeral, memorial etc.)
- enable staff to debrief and share their experiences of the challenges/successes of the day
- provide staff with an update about activities undertaken during the day and any additional information that has been confirmed
- allow staff to share what they notice in their classrooms
- provide an update about the resources available to the school in the coming days
- communicate the plan for the following day, including the frequency of staff briefings
- support staff to offer suggestions of additional ways to support students and the wider school community
- remind staff of the support available via the Department's EAP service
- encourage help-seeking and self-care
- check in with staff and observe for any indications that staff may require additional support.

Student attendance and absenteeism

Your school will already have processes in place for following up on student absenteeism. While some of these systems may be automated, it is important that efforts are made to review the list for students who have been identified as vulnerable and requiring a follow up with an appropriate member of staff. The purpose of this step is to demonstrate sensitivity and protect families from undue harm if the absence is due to an incident involving their young person.



Remember

Where possible, it is recommended that a member of the leadership or wellbeing team be responsible for contacting families of students known to be experiencing mental health difficulties, to offer wellbeing support and confirm their whereabouts if absent from school.

Documentation and record keeping

Setting out the expectations for clear and concise record keeping from the outset is an essential component of the postvention activities. It effectively and appropriately helps to manage the risks to your school community following exposure to a suicide.

It is important to clarify the roles and responsibilities of all staff involved in the care and support of students and ensure the processes for recording interactions is clear and consistent. Documenting relevant information from the interactions and subsequent actions (by whom) should be recorded in a timely manner, preferably on the day the interaction occurred.

Having a coordinated and timely approach to documenting interactions will support the incident management and recovery team in the initial days and weeks as the workload is significantly increased in response to the incident. Documenting the actions undertaken throughout the immediate response phase will also assist in future incident reviews and inform practice moving forward.

Nuanced suicide postvention responses

There are instances when a more nuanced postvention response is required to help restore safety and promote wellbeing. These include responding to a suicide:

- in the Koorie community
- in a culturally and linguistically diverse community
- of a Lesbian, Gay, Bisexual, Trans and gender diverse, Intersex, Queer and questioning (LGBTIQ+) student
- in school holidays
- impacting primary school-aged children
- of a staff member
- of a parent/carer
- in a Flexible Learning Options (FLO) setting.

Responding to the suicide of a Koorie student

Koorie people are more likely than non-Koorie people to have been affected by suicide of a friend, family or community member at a young age. This is due to the higher rates of suicide in Aboriginal and Torres Strait Islander populations and the often large family, kinship and community networks of Koorie people. Racism, discrimination and the impacts and accumulation of trauma across generations as a result of colonisation, genocide and the violent dispossession of land and children contribute to mental ill-health and high suicide rates for Aboriginal and Torres Strait Islander people. Due to increased exposure and systemic barriers preventing Koorie young people from accessing culturally responsive mental health services, suicide may be seen as a more normalised response to challenges, potentially increasing the risk of suicide for Koorie young people. Koorie young people need culturally safe and informed care following the suicide of a peer or community member.

Aboriginal and Torres Strait Islander cultural traditions relating to death have been developed and practised over thousands of years and can vary widely between different communities. Aboriginal cultures throughout Australia often have unique mourning and healing processes following death or suicide. Many Koorie people call times and practices associated with death, grief and bereavement 'Sorry Business'. There may be specific responsibilities and obligations family and community members, including other Koorie students, need to follow. There is a dedicated 'Sorry Business' absence code for Koorie students absent from school due to Sorry Business.

Before initiating the school's response, it is important to:

- think about students' specific cultural needs
- contact the Koorie Engagement Support Officer for support and advice
- not assume you know what the student's family and community will need and the cultural protocols that will apply
- respect the wishes of the student's family and community
- provide a safe and supported space at school for Koorie students. This could be a safe place or room supervised and coordinated by an appropriate staff member where Koorie students of all ages can come together to receive and offer support. A safe place will allow reflection and grieving in a culturally appropriate setting.
- consider engaging an Aboriginal mental health practitioner and/or an Elder or respected person to meet with Koorie students and their families and provide culturally safe supports.

Source: South Australian Department of Education – [*Suicide response and postvention guidelines*](#)



Remember

Understand that there may be specific protocols that may need to be observed. For example Koorie community members:

- may not want the name of the person used or their image shared
- may not want to go near the place of the death
- may need to perform ceremonial grieving or cleansing.



Supporting resources

- [Victorian Aboriginal Education Association Inc](#)
- [Victorian Aboriginal Health Service](#)
- [Victorian Aboriginal Community Controlled Health Organisation](#)
- [Suicide in Schools: Information for Aboriginal and Torres Strait Islander families](#)
- [Grief: how Aboriginal and Torres Strait Islander young people might respond to suicide](#)

Responding to the suicide of a Lesbian, Gay, Bisexual, Trans and gender diverse, Intersex, Queer and questioning (LGBTIQ+) student

LGBTIQ+ young people can be especially vulnerable to suicide. Research shows that compared to non-LGBTIQ+ peers, LGBTIQ+ students have higher:

- experiences of poor mental health
- risk of suicide.

Writing themselves in 4 published by Latrobe University in 2021 found that almost three-fifths of LGBTQA+ young people had seriously considered attempting suicide in the previous 12 months with over one-quarter having attempted suicide at some point in their life. A greater proportion of transgender young people, over two-fifths, had attempted suicide in their lifetime compared to cisgender people in the study.

This increased vulnerability is due to experiences of discrimination, bullying and harassment, often driven by LGBTIQ+-phobia.



Remember

Some LGBTIQ+ students also talk about being exhausted by a sense of remaining strong and proud when coping with ongoing discrimination or bullying. This can be more intense if a student is also discriminated against because of race, class or disability. It is important to remember that while LGBTIQ+-phobic behaviour impacts on all students, LGBTIQ+ students are particularly at risk of poor mental health due to ongoing experiences of discrimination.

Students who live in a rural or remote area may also feel isolated due to lack of LGBTIQ+-specific supports or visibility in non-metropolitan communities.

Students may also not be accepted or supported by their families due to sex, gender or sexuality or may not have told others that they are LGBTIQ+. This can increase feelings of isolation and fear of discrimination. LGBTIQ+ students will often describe friendship groups as kin or chosen family. This can result in a stronger sense of affinity between LGBTIQ+ people, which increases the impacts of suicide on individuals. LGBTIQ+ students may be affected by the suicide of students or LGBTIQ+ community members who they did not know.

The school's IMT can help to respond by:

- understanding the impacts of bullying and discrimination on LGBTIQ+ student mental health
- planning communication and notifying kin or chosen family
- being aware of LGBTIQ+ students when there has been a high-profile or recent suicide of an LGBTIQ+ community member
- providing emotional and psychological support from staff who have a lived experience or significant understanding of LGBTIQ+ identities
- considering LGBTIQ+ community memorials or tributes, including if your school has an LGBTIQ+ student group (e.g. Stand Out Group or Rainbow Club)
- considering marking anniversaries and important dates (e.g. trans day of remembrance, International Day Against Homophobia, Biphobia, Interphobia and Transphobia (IDAHoBIT).

If available, engage with a local LGBTIQ+ organisation or support service for further advice or student support. To find a local service visit [Rainbow Network](#).

For more information and support to implement LGBTIQ+ inclusion in your school, contact [Safe Schools](#).

Source: South Australia Department of Education – [Suicide response and prevention guidelines](#)

Responding to the suicide of a student from a culturally and linguistically diverse community

People from culturally and linguistically diverse backgrounds (CALD) are identified as a priority population for suicide prevention efforts in Australia. Risk factors include the experience of trauma and discrimination and a lack of access to health and support services due to cultural or language barriers (Life in Mind, 2021).

While there is an increased vulnerability of people from CALD communities, it is important to acknowledge:

- the diversity of CALD people and communities. There is no single CALD community, and each has distinct needs.
- there are also a number of protective factors which include religious beliefs, increased resilience from previous experiences and family and community cohesiveness.

Consideration should also be given to other identity-driven needs and roles a CALD person may have that may overlap with other communities, including being LGBTIQ+, having a disability or living in a rural or regional community.

Everyone has unique and diverse understandings of, and spiritual beliefs regarding suicide and mental health. Diverse cultural and religious perspectives also influence the way in which individuals, families, carers and communities may respond to a suicide, including if and how they access and engage with relevant supports. However, the role of family and social supports remain a key component in how young people are supported following exposure to a suicide.

Before initiating the school's response, it is important to:

- consider the students' specific cultural and language needs, including whether an interpreter is required
- not assume you know what the student's family and community will need and the cultural protocols that will apply.
- seek advice from and involve your school's Multicultural Education Aide/s in the response, and/or from the Department's refugee education support providers ([Foundation House](#) and the [Centre for Multicultural Youth](#))
- consider additions to the safe and supported space that is currently being offered to students. This could be a place supervised and coordinated by an appropriate staff member where students from the CALD community can come together to receive and offer support. This can allow reflection and grieving in a culturally appropriate setting.
- engage community leaders about best ways to respond and support their community
- utilise existing relationships with community members where appropriate, recognising barriers impacting establishing new relationships during this time with students and families
- explore and recognise individual, family and/or community strengths, protective factors, cultural, religious traditions and rituals that may promote a sense of connections and belonging during this time.
- actively listen and respect the wishes of the student's family and community

- consider various therapeutic modalities to promote engagement in post intervention supports (art, music, recreation) and not only focus on talk-based therapy.

Source: <https://lifeinmind.org.au/about-suicide/other-population-groups/culturally-and-linguistically-diverse-communities>

Young people from refugee backgrounds

It is important to note that young people from refugee backgrounds may be of increased suicide risk. In a school setting, seemingly everyday things can trigger trauma reactions. Triggers can include sirens, sudden loud noises, confined spaces, unexplained routine changes, and actual or perceived threatening body language or behaviour

Foundation House can provide counselling to students and families of refugee backgrounds to address the physiological, social and emotional impacts and effects of their traumatic experiences. Young people can be referred to [Foundation House](#) whether they are newly arrived or have been in Australia for many years. They are required to meet the following criteria:

- have a refugee or refugee-like background.
- have a history of torture and/or other traumatic events prior to arrival in Australia or be an immediate family member of such a person.
- be experiencing psychological or psychosocial difficulties believed to be associated with their experience of torture and traumatic events
- consent to receive services (if under 18 years of age they need consent of parents/carers).
- do not pose an unacceptable risk to the safety of staff or other clients.

While not all students exhibiting trauma reactions require a referral to Foundation House, where problems are persistent and severely disrupt the student's capacity to participate and learn, a referral may be helpful.

Schools are encouraged to seek advice and access professional learning and resources available from the Department's refugee education support provider [Foundation House's School's In For Refugees](#) site.

Responding to a suicide in school holidays

When a death occurs during the school holidays, there are additional considerations when thinking about how best to inform and support your school community and planning and coordination of tasks will be done in consultation with the school's IMT and the Department's ISOC team.

Remember

Departmental resources and support remain operational during school holidays.

When determining how to respond it is important to consider the likely exposure and impact to the school community. Where possible, convene an initial briefing with your IMT to determine the steps required to inform your community and identify those young people likely to be at increased risk and vulnerability upon hearing the news.

Before initiating your school's response consider:

- Whether support will be available onsite or remotely offered and the resources required to do this safely and effectively in order to reduce the potential for suicide contagion.
- How the school can support the needs of students and staff immediately upon hearing the news:
 - is it possible to convene an all staff meeting (onsite/remotely)?
 - do we have staff capacity to inform the families of students most impacted?
 - what support (remote or in-person) are we able to offer our community immediately following news that our school has been impacted by the suicide of a student?
- How the ongoing support needs of students and staff will be managed by the school and whether it is more appropriate for this to be managed by community services such as [headspace](#), [lifeline](#) or [Kids Helpline](#).

Responding to the death of a young person during the school holidays will require increased collaboration with external services as there are reduced opportunities for schools to observe the signs that indicate a student requires additional support. Informing the parent community in a timely manner is also critically important as it increases the likelihood for support to be offered early, reducing the ongoing impact to a young person's mental health and wellbeing.

Responding to a suicide impacting primary school-aged children

Although the immediate urge might be to shield children from news of a suicide, they respond to the behaviours and emotions of those around them and will likely sense that something has occurred. Preparing to tell a child about suicide can be daunting and requires consideration of the child's age, developmental stage, personality and experiences of adversity and/or death. It is important to use language that the child will understand and allow them to ask questions.

Remember

[The Australian Centre for Grief and Bereavement](#) has a series of [grief information factsheets](#), including one on [children and grief](#) that can be used as a reference point to guide you in this conversation.

Like adults, a child's grief response will vary and be influenced by the experience of those around them. Clarifying what they know and what they have heard is a good place to start. The [Conversations Matter Resource – telling a child about suicide](#) provides some suggestions for navigating this conversation. It is not typically the role of a staff member to respond to a child's questions about suicide. Understanding age-appropriate language will allow you to continue providing support to the student.

Responding to the suicide of a staff member

The suicide of a staff member is a distressing time for the school community and, like the impact following the death of a student, the ripple effect is far reaching.

The principles of responding to the death of a staff member remain largely the same as when responding to the suicide of a student. However, it requires a more nuanced and targeted approach when considering how information will be communicated to the community and to what extent. These decisions will be made in consultation with the staff member's family, SSS, SEIL and wider area and regional teams to assess the best course of action.

It is important to consider further resourcing options given the likelihood that staff may not be able to fulfil their responsibilities at work upon hearing news that their colleague has died.

Responding to the suicide of a parent/ carer (primary or secondary school)

The school may experience the suicide of a parent/carer. This is a distressing time for the school community and, similarly to the impact following the death of a student, the ripple effect is far reaching.

The extent to which information is provided to the school community (staff, students, parents) will be decided on a case-by-case basis and in consultation with SSS, SEIL or wider area and regional teams. Factors that will inform this decision are:

- size of the school
- level of engagement of the deceased with the school
- level of community exposure to the death
- siblings at the school.

In some instances, informing the school community of the death will not be appropriate.

The purpose of informing the community of the suicide is to provide them the opportunity to talk to their child about suicide and facilitate access to mental health support, within the school or externally in the community, if appropriate.

Furthermore, providing an opportunity for parents to speak with their children about grief and loss will be beneficial in the event they are in the same class as the student whose parent has died and lay the foundations for educators to continue the work of providing a safe and inclusive environment at school.

Flexible Learning Options (FLOs)

The principles of managing a suicide postvention response and the tasks required to restore safety and wellbeing following a suicide can be applied to FLOs with some modifications to how information is communicated and support is offered.

Timely communication of accurate information remains the focus of initial actions undertaken by the school, informing their staff, student and parent populations of exposure to a suicide. Depending on the nature of the educational setting, you may alter the focus of information provided to meet the unique needs of the community you are supporting. For example, you might provide more detailed information about specialist community support services available or how to support the wellbeing of students engaging in an online learning environment and steps to follow if your concerns about their safety increase.

Key considerations for nuanced postvention responses

Do	Don't	Why?
Liaise with the bereaved family and offer your condolences; however, respect their wishes if they request no further contact from the school.	Assume that the family will be available and/or willing to speak with the school. It is important to approach all contact with the bereaved family with compassion and sensitivity.	After suicide, as with any death or sudden loss, it is respectful to offer your condolences and acknowledge a family's grief and loss.
In the event you have determined it appropriate and necessary to inform your school community of the death, confirm the language that the bereaved family would prefer you to use to refer to the cause of death in communications to your community.		It is important that you obtain explicit rather than implied consent before assuming the language they use with you during the conversation is how they would like the death to be referred to.
Liaise directly with the parent/carer of the deceased's child's closest friends in person or via phone.	Assume that parents will not be available and/or willing to support their child when you share information regarding the suicide with them.	Hearing news that their friend has died by suicide will likely elicit an emotional response and students may prefer to be supported by family at home, particularly in the event they become distressed.
Use existing communication processes to share this information. This applies to contacting staff and convening a staff meeting and sharing information with parents/carers. For example, email, other online platforms or hardcopy letters home.	Attempt to use new methods to bring staff together and to communicating important information to staff and parent/carers.	Using communication processes that parents/carers are familiar with will increase likelihood that all families receive the information in a timely manner, providing them with the opportunity to appropriately support their children.
Provide the details of what supports will be available onsite or remotely and the duration of this support (if at all).	Provide contact details unless staff have the capacity to respond to requests from parent/carers. It might be more appropriate to provide the contact details of a staff member who can coordinate the requests and provide the information and/or access to an appropriate member of staff as needed. Regardless of the approach you take, it is essential that staff are aware of what information they have consent to share and the process for passing on requests they are not able to provide an answer to.	It is essential that all communication about the critical incident is consistent and people are clear on what information they have consent to share. It is recommended that all staff, including administration staff, have a script they can refer to that includes the confirmed language. It may also be necessary to provide additional support to staff about how they can refer to more senior members of staff and/or the IMT if they feel overwhelmed by the number and type of requests they are receiving.

Key considerations for nuanced postvention responses

Do	Don't	Why?
<p>Provide the details of youth-specific mental health community supports and the process for accessing this support over the school holidays.</p>	<p>Assume these services have the capacity to provide support. Before sharing the details with parents/carers it is important to liaise with the service and seek clarification for the process for accessing support and the opening hours of the service.</p>	<p>The goal of providing access to appropriate mental health services is to enhance the help-seeking behaviours of young people in distress. This is strengthened by minimising the potential barriers to accessing support, such as providing all relevant contact details and providing young people with a positive experience of engaging with services.</p>
<p>Promote messages of help-seeking and strategies to support students during the school holidays on your school's website and/or social media pages.</p>	<p>Underestimate the role that schools play in providing information and support to their community. In the event your school is impacted upon by a critical incident, such as a suicide, the community will often look to the school for guidance about 'how' and 'where' to access support.</p>	
<p>Ensure accurate and timely documentation of relevant actions, interactions and person responsible for following up if appropriate.</p>	<p>Assume that someone else has recorded the details of interactions and relevant actions between yourself, students and/or parent/carers if you have provided a verbal handover to another member of staff. If you have reason to believe a student requires additional support (i.e. you have noticed changes in behaviour, emotions, social connections) it is important to record relevant details and the actions you will/have undertaken to share your concerns with an appropriate member of staff.</p>	<p>All staff employed by the Department have a <u>duty of care</u> to students.</p>
<p>Report for support by reporting the incident to ISOC on 1800 126 126 as soon as practicable to activate additional support from area and regional staff.</p>		<p>All incidents impacting staff and student health, safety and wellbeing should be reported to the ISOC.</p>

Section 5: Short-term response (1 week–3 months)



This stage focuses on the strategies and actions that will foster recovery and restore mental health and wellbeing.



Supporting resources

[Appendix 8 Short-term response checklist](#)

This phase assumes that:

- the school has been informed of a death, and the death is confirmed
- the school and broader community have been appropriately informed of the death.

Key actions in this stage include:

- ongoing support of student and staff wellbeing
- continuing to closely monitor and follow up on student absences
- restoring the school to its regular routine
- enhancing the confidence of educators to restore safety and enhance wellbeing by:
 - understanding how young people might experience grief and loss
 - addressing behaviours in the classroom that may indicate that additional support is required
- preparing for the funeral
- managing and monitoring spontaneous memorials
- reviewing the student support room and sensitively closing (usually after the funeral).
- conducting in an operational debrief.

Spontaneous memorials

Young people impacted by a suicide often want to commemorate and remember their friend or fellow student. Memorials and tributes can be an important part of the healing and grief processes if done in a way that is safe and does not exacerbate psychological distress or suicidal vulnerabilities of others.

It is not uncommon for students to create spontaneous memorials at one or more locations that held particular meaning for the deceased student. This may be a locker or part of the school environment where the student would regularly visit; for example, a special tree or bench could be the place for leaving flowers, a poem or a letter for the deceased.

For some young people a memorial may support their natural progression to recovery. For others, it may complicate their response to news of the death. Striking the right balance requires sensitivity and compassion.

To maintain a safe school environment for all members of the school community, it is important to recognise that memorials and tributes will mean different things for different people.

It is important to:

- consider the location of the memorial – can people chose to engage in the memorial or not (i.e. is it centrally located thus removing the element of choice?)
- consider how the school previously managed memorials to causes other than suicide. Altering the way a school responds to a death by suicide reinforces stigma and influences future help-seeking behaviours of those impacted
- respond in a culturally sensitivity way
- consider the timeframe for the memorial and how it will be removed
- look out for messages or references that may indicate a young person is at risk and requiring support. Any indication that a young person may be at risk requires following up immediately.

Remember

Efforts to restore normal routines will aid in the recovery and grieving process. After the funeral is a natural point at which schools can encourage the return to expected school activities.

If a spontaneous memorial is deemed inappropriate and may increase the risk to other vulnerable students, sensitively:

- explain the reasons for removing the memorial
- help students understand that efforts to keep the community safe and avoid the risk of suicide contagion is a priority
- discuss other ways they can commemorate their peer
- empower them to fulfil their desire to take action and aid their recovery.



Supporting resources

For more information on permanent memorials, see: [Section 6: Longer-term response \(3 months–12 months\)](#).

Preparing for the funeral

Funerals and rituals can serve an important function for both adults and young people. While funerals can be distressing, they allow people to say goodbye and establish a shared understanding of the loss they have experienced.

Before the school can plan for how they might be involved in the funeral it is essential that to communicate with the bereaved family to understand their wishes and preferences for attendance.

It is recommended that schools:

- communicate to the school community the wishes of the bereaved family about attending and participating at the funeral
- clearly communicate to parents/carers that if student attendance is welcomed by the bereaved family that students are welcome to attend

Parental supervision at the funeral is essential as the funeral is not a school activity and staff in attendance are attending in a personal capacity and will not be able to supervise students.

- encourage parents/carers to provide supervision at home after the funeral, rather than returning their young person to school. Returning students to school can place pressure on the resources available to support other distressed students, and the time it takes to meet their needs.
- follow normal processes regarding permission to leave school premises.

Young people can find funerals distressing and may require additional support to process and understand their response to the loss.

Understanding grief and loss

Grief is a natural reaction to loss (APS, 2020). The grieving process is unique to every individual and how we experience grief will vary in severity and duration. It can impact our emotions, behaviours *and* the way we think.



Supporting resource

The headspace web resource on [grief and loss](#) can support staff to communicate common grief responses to students and build awareness of the grieving process and strategies to promote coping.

The table below outlines some of the symptoms of grief that people may experience following news of a suicide. People may experience a range of symptoms impacting their emotions, cognitions and behaviour or, alternatively, experience disruptions to one area of functioning more intensely (headspace, 2019).

Grief will likely influence the ability to cope and adapt to the loss for a number of weeks or months but it is important to recognise that, with time and adequate support, most people will learn to adapt and cope (APS, 2020).

Using available social supports as well as maintaining or strengthening self-care strategies and routines can help the natural progression of grief. Some people will continue to experience significant disruptions to daily functioning, referred to as complicated grief, beyond the expected couple of weeks or months and will require additional supports to cope and adapt to the loss they have endured (Hoare, 2015).

Common responses to grief and loss

Emotional	Behaviours	Cognition	Spiritual
Anger or numbness	Changes in appetite	Confusion	Questioning of faith
Sadness	Withdrawal from friends	Preoccupation with loss	Disturbances to previously held beliefs of the meaning of life
Abandonment	Increased fatigue/tiredness	Yearning for the deceased	Experiencing the loss in conflict to religious beliefs
Guilt	Irritability	Difficulties concentrating	
Shame	Sleep disturbances		

Supporting the mental health and wellbeing of students

It is important that the mental health and wellbeing of the entire student population is continually reviewed and monitored beyond the immediate days following exposure to a suicide.

Students requiring immediate support should be identified during the initial stage of the school's response. However, reiterating the importance of noticing any changes in student presentation or behaviour and encouraging staff to follow up these observations will ensure that any student not initially identified as requiring support will be picked up at this point.



Supporting resources

[SAFEMinds Safety Map](#) is a useful tool for educators to recognise a student's level of distress and subsequent impact this is having on functioning and offers guidance about how to respond appropriately.

[Appendix 7 – Identifying young people at risk](#) is also a helpful resource for staff

Every member of the school community has a role to play in identifying and facilitating early access to appropriate support for students, reducing the potential ongoing impacts of mental health symptoms and difficulties that may arise from exposure to the incident.

Liaising with external community mental health services involved in the care of students is also imperative during this time to reduce the potential ongoing impacts following exposure to a suicide.

Remember

It is not the role of educators to diagnose and plan an intervention responding to student distress, but rather to notice and gather relevant information about the signs, symptoms and difficulties a young person is experiencing that may indicate a mental health difficulty. This will assist the wellbeing team to coordinate the care of all students requiring support.

Schools can collaborate with specialist services to support outcomes for children and their families and streamline their experience across services. Schools may share information as required or authorised by law, such as to:

- meet duty of care, anti-discrimination, occupational health and safety obligations
- promote the wellbeing or safety of children, or to assess or manage family violence risk.

For more information see: [Privacy and Information Sharing](#) and [Child and Family Violence Information Sharing Schemes](#).



Supporting resources

The Department has expert guidance and resources on the [Mental Health Toolkit](#) to promote student mental health and wellbeing, provide early support and refer students to the right services.

Supporting the mental health and wellbeing of staff

Beyond the immediate days of the school's response to a suicide, it is critical to support the mental health and wellbeing of staff. Continue to communicate the support that is available to all employees of the Department via the EAP service and encourage self-care strategies.

Remember

Further information about how to access the EAP service can be found at [Human resources: Employee Health, Safety and Wellbeing Services](#).

It is important to acknowledge that staff may need to access leave or may request support to manage their usual responsibilities at school.

Encouraging staff to prioritise their own mental health and wellbeing is an important opportunity to model positive help-seeking and self-care for students and the community more broadly.

In the event that external support is appointed to undertake any of the operational tasks at the school (for example, CRTs, visiting teachers or staff temporarily appointed to certain roles), it is essential that they be made aware of the recent exposure to suicide and the strategies in place to support the response and recovery of the school.

Continued documentation

In the short-term phase, as students, staff and the school community adjust to and make sense of the loss and impact, it is critically important to continue to comprehensively document the actions and tasks undertaken and to document the relevant details of interactions between staff and students.

Timely, objective, and accurate documentation:

- is evidence of the school's efforts to support the community through to recovery and returning to promoting positive mental health and wellbeing
- assists in future incident reviews
- informs practice moving forward.

Victoria Police, the Coroner's Court or the Commission for Children and Young People may ask for documentation or information as they conduct inquiries or investigations. Schools should contact the Department's Legal Division when they receive such requests and before providing documents or statements.

As the workload demands change, it may be beneficial to review the roles and responsibilities of staff involved in the care and support of students, particularly where risks and vulnerabilities have been identified. This is particularly the case if targeted support or additional resources available immediately after the incident are no longer in place.

Operational debrief

Depending on the severity rating of the incident, it may be closed in IRIS by either the Security and Emergency Management Division or regional staff, in consultation with the principal.

The timing of the operational debrief will vary depending on the nature and complexity of the response and the school community's ability to move to a state of recovery. One indicator of recovery is the return of normal routines and decreasing emotional distress in students and staff.

Conducting an operational debrief provides schools with the opportunity to:

- Obtain valuable insight and lessons about how to strengthen the school's existing mental health and wellbeing practices and policies to respond in the future. For example, a review might highlight the need to enhance the detail of what is included in the schools induction program regarding the tasks that teachers might be called on to undertake, such as informing students via a pre-prepared script in the event the school is exposed to a suicide.
- Highlight opportunities to build the capacity of staff to identify and support the mental health and wellbeing needs of students by enhancing their mental health literacy and their skills in supporting students in emotional distress.
- Identify and strengthen Departmental relationships facilitating improved access to appropriate mental health and wellbeing support for students.

Operational debrief

Before engaging in an operational debrief, it is important that members of the IMT are given an opportunity to prepare effectively. It may be helpful to encourage them to consider the following:

Responsiveness

Did we have the appropriate structures, processes and training in place to ensure we were able to respond in a timely manner?

For example, staff communication tree up to date, staff familiar with the school's EMP and their role in implementing the actions identified, prior consideration of the structures and policies in place to convene staff briefings quickly.

Communication

- Perceptions on how the school managed informing the staff, student and parent/carer cohorts.
- What modifications would result in improved communication in the future?
- Was the language used safe and consistent with best practice principles ([The National Communications Charter – MindFrame](#))?
- Is this an opportunity for further professional learning?
- Did the pre-prepared scripts support staff to inform their students?
- Would staff benefit from familiarising themselves with this script (not to memorise it) and their role in communicating this information to students annually?

Support

- Reflections on how we identified, monitored and supported young people at risk of suicide or experiencing a mental health difficulty.
- Do we have the structures in place to appropriately share information about risk and vulnerability?
- Do staff and students understand what to do when they are concerned about a young person's safety?
- Do staff feel confident in their ability and skills to engage students in conversations where mental health difficulties have been observed?
- Is this an opportunity for professional learning? ([SAFEMinds](#) and/or [Suicide Risk Continuum Trainings](#).)
- Do we have coverage over the school week of appropriately trained staff who can conduct risk assessments with young people who have disclosed suicidal ideation and/or suicidal behaviour?
- Are our existing mental health and wellbeing approaches complementary to the activities required to support our community through response, recovery and back to positive mental health and wellbeing?



Supporting resource

[Appendix 10 – Operational debrief reflection guide](#)

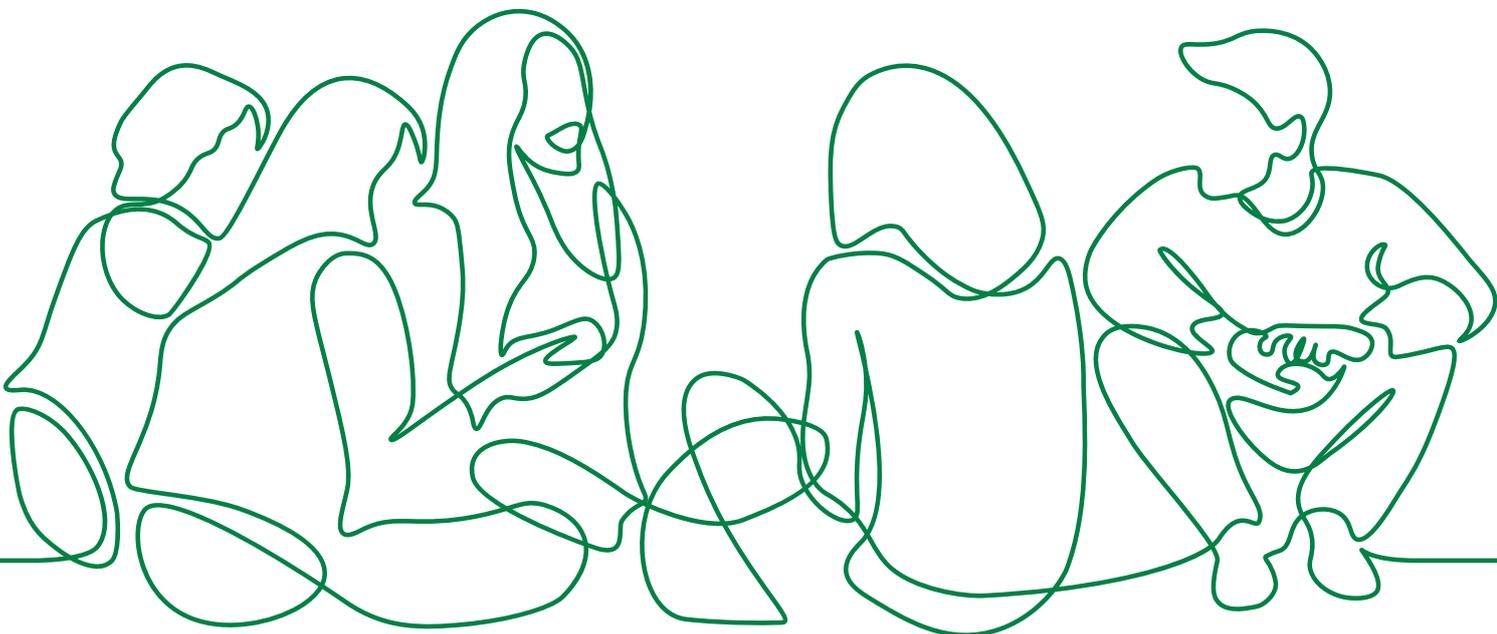
Regular communication

Engaging in regular communication about updates or modifications that will be enacted in response to the incident serves as an important function of moving the community through response to recovery.

It is beneficial to inform staff of any review that is planned for the purpose of improving practice and consolidating learning to inform future actions.

Modelling the importance of reflecting on practice can also invite constructive feedback and collaboration, further strengthening efforts to embed a culture that prioritises mental health and wellbeing within the school community.

The Department's [Reporting and Managing School Incidents \(including emergencies\) policy](#) (also known as the SIMS policy) references the process for reviewing the management of the incident and the accountabilities to deem an incident closed, as well as undertaking an analysis of how the school responded to an incident and key learnings to strengthen future practice.



Section 6: Longer-term response (3 months–12 months)



This stage will aid the school’s recovery and focus the school community along the continuum of mental health and wellbeing from response through recovery and back to promoting positive mental health and wellbeing.

Research indicates that with time and appropriate supports provided in the initial days, weeks and months after exposure to the suicide, for the most part, your community will be able to return to normal functioning.

It is recommended that you reflect on the incident and identify the strategies and areas of growth that will strengthen your school’s capacity to respond to an incident in the future.

Key actions in this stage include:

- ongoing monitoring of student and staff wellbeing
- responding to and assessing requests for permanent memorials
- developing strategies to maintain the mental health and wellbeing of your school community
- provision of relevant information sessions as necessary
- planning a response to anniversaries (3, 6, 12 months following suicide) and other important events
- documenting student mental health and wellbeing activities and supports provided.



Supporting resource

[Appendix 9 – Longer-term response checklist](#)

Permanent memorials

While establishing a permanent memorial might be a way that some families, communities or schools wish to pay tribute to the deceased, it is recommended that permanent memorials not be established on school grounds.

Creating a memorial for one person can create a precedent that schools are unable to sustain. Permanent memorials can be re-triggering for those impacted and lose relevance as students, staff and families move on from being engaged with the school.

Memorials can also romanticise or glorify the suicide of the young person, leading to a higher risk of contagion.

Denying the wishes of a bereaved family to establish a permanent memorial on school grounds is a challenging situation and should be approached with compassion and sensitivity when explaining reasons for the decision. Providing a safe space for the family to share their wishes and gain an understanding about the associated risks might be all that is required to ensure they feel heard and that their child's death is recognised.

Navigating these conversations is not the responsibility of one person but should be done in a collaborative manner to maintain wellbeing and reduce distress. When considering how best to approach this, it is important to refer to the school's existing practices about memorials and to discuss it with SSS and school-based wellbeing staff.

Anniversaries and other important dates

Similar to other deaths, anniversaries and other important dates can elicit a range of emotional responses for those bereaved by the loss of someone known to them (including perceived connections and exposure to a suicide). Being aware of these events is a long-term postvention responsibility. Planning for such events can reduce the anticipation and distress experienced by those who are likely to be impacted.

When considering how to manage an anniversary or important date such as a birthday or graduation, it is important to remember that everyone will respond to and experience this event differently and their needs will vary. Consistent with the principles of informing your school community, any discussion or activity is best handled in small groups rather than a larger setting such as an assembly.

Consider how the school has managed anniversaries and other important dates in the past. If appropriate, adopt this approach to ensure you are not perpetuating the stigma associated with a suicide death. Be guided by the request from your school community (students, staff and parents/carers) and consult with SSS and other regional staff for support and guidance on managing the response.

Significant events and anniversaries can evoke intense feelings and memories for those bereaved by suicide. These events provide an important opportunity to share help-seeking messages and facilitate access to relevant support services as required.

Remember

It is not the responsibility of schools to commemorate the anniversary or other important events but rather to respond to the request by acknowledging the impact such an event will have on members of their school community and offering appropriate support that minimises ongoing distress.

Information and education sessions

Staff and parents/carers

Following exposure to a suicide you might consider offering information sessions to build the mental health literacy of your school community. Topics to consider include:

- understanding grief and loss
- self-care
- supporting the mental health and wellbeing of young people.

The purpose of these sessions is to strengthen the skills and confidence of the school community to identify and support students and staff experiencing difficulties coping and/or adapting to normal routine after the incident.



Supporting resource

Be You and/or SSS can advise schools on whether this step will provide a valuable learning opportunity, further strengthening the school's journey to recovery.

Be You Organising Speakers Guide provides details on important things to consider when planning and scheduling a speaker with lived experience to share their story with students.

The decision to host an information/education session will be based on the identified needs of the community, level of engagement by your parent/carer cohort and be influenced by the level of exposure and impact to the community.

Students

The decision to offer information/education sessions to students after exposure to a suicide is complex and requires careful consideration and planning.

Promoting messages of help-seeking and positive mental health is important, however, when paired with stories of suicide, it can increase risk and vulnerability in students. Any conversation about mental health and wellbeing, including suicide, should be done in small targeted groups, as a way to monitor and appropriately manage distress and should be supported with help seeking messages and information. Recognising the risk of suicide contagion and the power of language and communication in either contributing to or reducing instances where suicide is glamorised is a tenuous line to hold.

Following exposure to a suicide it is important to review material that is likely to engage students in a discussion about mental health and wellbeing and consider how these might provide the platform to strengthen messages of help-seeking and promote activities to foster improved mental health and wellbeing outcomes. For example, your school might recognise mental health week or other significant mental health awareness campaigns and texts in the curriculum may cover various mental health and wellbeing themes.

Maintaining the mental health and wellbeing of your school community

Continuing to be aware of the mental health and wellbeing needs of your school community in the longer-term is as important as it is in the immediate days and weeks following exposure to a suicide.

Some people, young people and adults alike, can experience prolonged symptoms of grief that significantly disrupt daily functioning and require additional support to manage the symptoms and cope with the loss.

It is important to continue promoting help-seeking messages such as encouraging the use of EAP for staff and internal and external supports in addition to the continued provision of targeted support to students.

Building capacity of your school community

Schools play an important role in providing an environment that is inclusive, safe and positive, where students have the opportunity to reach their full potential. Furthermore, the mental health and wellbeing of students benefits from multi-tiered system of support that enable effective management of risk and early intervention.

Research indicates that whole-school approaches to building a positive and inclusive culture of mental health and wellbeing facilitate optimal wellbeing outcomes for students. A whole-school approach is one that involves all members of the school community, from school leaders to staff, students and parents/carers, each with an active role to play in building and embedding a positive culture of mental health and wellbeing.

Suggestions for fostering a safe, inclusive and positive culture of mental health and wellbeing at your school

Do	Don't	Why?
Remain engaged and aware of any changes to behaviour, emotions or social connections of your students.	Attempt to identify and/or diagnose a mental health difficulty or condition.	It is not the role of an educator to identify or suggest the presence of a mental health difficulty or condition, but rather to <i>notice</i> changes and appropriately refer for additional support if required.
Consider the changes to behaviour, emotion or social connections you are observing in the context of the student's age and developmental stage. Staff must refer students for additional support/assessment if they have any concerns.	Assume all change is the result of an emerging mental health difficulty or condition. Other influencing factors might be contributing to the change and/or emotional response you are observing such as recent individual, familial or environmental stressor or difficulty.	Consideration of age and development stage is relevant as some behaviours, thoughts and emotions are indicative of normal and expected development rather than an emerging mental health difficulty. Observable changes may also be due to cultural understandings or practices or a result of a student's temperament or disability.

Adopting a whole-school approach to mental health and wellbeing will significantly enhance a school's ability to respond to the suicide of a student or staff member because mental health and wellbeing messages are embedded within the culture of the school before experiencing the impact of a suicide.

A whole-school approach to mental health and wellbeing emphasises the responsibility that all members of a school community have in creating a culture of safety and inclusivity where all students can achieve their best possible educational outcomes.

Promoting mental health and wellbeing as a core component of education helps students:

- flourish
- build resilience when faced with adversity
- develop protective factors against mental ill-health
- develop help-seeking behaviours and skills to confidently enact them when difficulties emerge.
- reduce the stigma associated with mental health and improve help-seeking behaviour/activities.



Supporting resource

For more information about key features and Departmental resources for promoting mental health and wellbeing in your school, refer to the [Mental Health Toolkit](#).

Continued documentation

Maintaining timely and accurate records of interactions pertaining to the mental health and wellbeing of students remains a priority beyond the immediate and short-term stages of the response.

It is important that the roles and responsibilities of everyone involved in the support of students is clearly documented and that information is shared regarding any modifications to this.

Glossary of key terms

Be You

Be You is led by Beyond Blue with delivery partners Early Childhood Australia and headspace. It promotes mental health and wellbeing, from the early years to 18, and offers educators and learning communities' evidence-based online professional learning, complemented by a range of tools and resources to turn learning into action.

Child Information Sharing Scheme (CISS)

The CISS is established under Part 6A of the *Child Wellbeing and Safety Act 2005*. The scheme enables information to be shared by organisations and services prescribed as an information sharing entity to promote the wellbeing or safety of a child or group of children under the age of 18 years. Refer to the Child Information Sharing Scheme Ministerial Guidelines for further guidance about using the scheme.

Department confidential student files (DCS)

DCS files are student files prepared by members of the SSS team. These files are distinct from files kept by the school which hold details of enrolment. DCS files contain confidential information developed to detail therapeutic interventions, family history and reports from educators and family about the student. Principals are required to provide adequate storage facilities to ensure the confidentiality and security of the files on location at the school. Only qualified SSS staff members are certified to access the files.

Doctors in Secondary Schools

This Doctors in Secondary Schools program funds GPs to attend up to 100 Victorian government secondary schools up to one day a week. The GPs provide medical advice and health care to those students most in need up to one day a week. The objectives of the program are to:

- make primary health care more accessible to students
- provide assistance to young people to identify and address any health problems early
- reduce the pressure on working parents.

Duty of care

Under the Department's *Duty of Care* policy, all principals, teachers and other staff working with students in Victorian government schools owe a duty of care to those students and must take reasonable steps to reduce the risk of reasonably foreseeable harm to students. Refer to the policy for more information.

Emergency management plan (EMP)

Refers to a school's plan outlining the steps it will undertake to respond to a critical incident. The Department requires all schools to have an up-to-date school plan that addresses site-specific hazards and threats that have the potential to result in emergencies and critical incidents. As part of the planning process, schools will have told families how they will communicate with them in the event of a critical incident. Plans are reviewed and updated online annually by 1 September or following an emergency or critical incident.

Family Violence Information Sharing Scheme (FVISS)

The FVISS is established under Part 5A of the *Family Violence Protection Act 2008*. The scheme enables relevant information to be shared between certain prescribed entities, namely Risk Assessment Entities (RAE) and Information Sharing Entities (ISE), to assess or manage family violence risk, including risks to child, adolescent and adult victim survivors. Refer to the [Family Violence Information Sharing Guidelines](#) for further guidance about using the scheme.

Incident management team (IMT)

Refers to the team responsible for leading the school's immediate responses to a critical incident. Members of this team have been identified in the school's emergency management plan and will include the principal or delegate, members of the senior leadership team and those with wellbeing responsibilities.

Incident report and information system (IRIS)

Refers to the data management system that ISOC uses to record all emergencies and critical incidents that they receive from schools. Following details of the emergency or critical incident being recorded in IRIS a copy of the summary report is automatically emailed to the school principal and to the relevant area in central office and the region.

Incident support operations centre (ISOC)

Refers to the coordination unit that schools are required to contact (**1800 126 126**) in the event their school experiences an emergency or critical incident. Registering the report with ISOC will inform the SSS area team of the incident and initiate appropriate support from the team of allied health professionals. ISOC records the incident using the Incident Report and Information System (IRIS).

Mental Health Practitioners

Mental Health Practitioners (MHPs) are one of a number of Health, Wellbeing and Inclusion Workforces (HWIW) that operate to support Victorian schools and student outcomes. All government secondary schools are funded to appoint a suitably qualified mental health professional to provide direct counselling for students with mild to moderate mental health needs, coordinate supports for students with critical needs and enhance promotion and prevention activities in the school.

SAFEMinds; Schools and Families Enhancing Minds (SAFEMinds)

Is a joint initiative of the Victorian Government and headspace, the National Youth Mental Health Foundation, offering school communities a comprehensive learning and resource package that will enhance their capacity to effectively identify children and young people with early signs of mental health issues, offer school-based interventions and refer appropriately when needed.

School environment

Refers to any physical or virtual place made available or authorised by the school or school council for use by a student during or outside school hours, including a campus of the school, online school environment and other locations provided for a student's use (such as school camps, sporting events, excursions. For more information, refer to [reporting and managing school incidents \(including emergencies\)](#).

School incident management system (SIMS)

Refers to the six-step process outlining tasks schools are required to implement when faced with an emergency or critical incident at school as outlined below.

Step 1: Identify and respond immediately

Step 2: Report for support

Step 3: Ongoing support and recovery

Step 4: Investigate

Step 5: Review and close

Step 6: Analyse and learn.

The approach offers consistency across all three tiers of the Department (school, regional office and central office) and adopts a whole-of-Department framework to managing and minimising the impact of incidents that affect the health, safety and wellbeing of students and staff and disrupt school operations as a consequence. SIMS introduces an incident severity rating to triage the management of incidents and coordination of support.

Secondary School Nursing Program

The Secondary School Nursing Program (SSNP) aims to support the health and wellbeing of secondary school students in targeted secondary schools, with a focus on health promotion and primary prevention to improve student health, wellbeing and learning outcomes. Activities of the SSN may include health promotion, health education including classroom and small group sessions, and limited primary health care including student assessment, referral and support. The SSN works collaboratively with students, teachers, wellbeing staff, school leadership and school communities to build capability and improve health outcomes.

Student Support Service (SSS)

Refers to a team of regionally based allied health professionals providing schools with support to ensure children and young people facing barriers to learning can achieve their educational and development potential. Schools seeking support from SSS initiate a referral requesting support and this is triaged and coordinated with area teams. In addition to specialist individual support to students, they offer workforce capability building for school staff, as well as group-based services and support.

Support from the Department's Legal Division

Principals of Victorian government schools and any Department staff member can seek legal advice from the Legal Division by contacting (03) 9637 3146 or legal.services@edumail.vic.gov.au

Respectful Relationships

The Respectful Relationships initiative supports schools and early childhood settings to promote and model respect, positive attitudes and behaviours. It teaches children how to build healthy relationships, resilience and confidence.

The Resilience, Rights and Respectful Relationships optional teaching and learning materials have been designed for teachers in primary and secondary schools to develop students' social, emotional and positive relationship skills. These materials support schools to deliver respectful relationships education through the Victorian Curriculum.

Suicide Risk Continuum Training (SRCT)

SRCT is a joint initiative of the Victorian Government and headspace, the National Youth Mental Health Foundation, offering mental health training to enable school staff to identify individual students at risk and respond appropriately.



Supporting resources

Department of Education and Training Victoria: policies and resources

- [Reporting and Managing School Incidents \(including emergencies\)](#).
- [Emergency Management Plan \(EMP\)](#)
- [Reporting and managing school incidents and hazards](#)
- [SSS Handbook](#)
- [Duty of Care](#)
- [Emergency and Critical Incident Management Planning](#)
- [International Student Program policy](#)
- [Managing Trauma: A guide to responding to a critical incident](#)
- [Principal Health and Wellbeing Strategy](#)
- [Respectful Relationships](#)
- [SAFEMinds – safety map](#)
- [Suicide Risk Continuum Training](#)
- [Mental Health Toolkit](#)
- [External health and wellbeing tips and resources](#)
- [Safe Schools](#)

Resources for students and parents/carers

Resources for students

- [Dealing With Grief And Loss & The Effects on Mental Health | headspace](#)
- [Tips To Keep Good Mental Health – for Young People | headspace](#)
- [How To Help A Friend With Their Mental Health | headspace](#)
- [Are you okay? Young people and mental health – Centre for Multicultural Youth](#)

Resources for parents/carers

- [Be You; Suicide in Schools – information for families](#)
- [headspace: Understanding grief and loss – for friends and family](#)
- [Conversations Matter – Telling a child about suicide](#)

Supporting CALD students and communities

- [Conversations Matter](#)
 - [Supporting CALD communities to talk about suicide - a guide for professionals](#)
 - [When communities are affected by suicide](#)

- [Embrace multicultural mental health](#); Embrace Multicultural Mental Health (the Embrace Project) is run by Mental Health Australia and provides a national focus on mental health and suicide prevention for people from CALD backgrounds.

Supporting refugee background students and communities

- [School's In For Refugees](#)
- [Foundation House Trauma Recovery Framework](#)

Community mental health and wellbeing resources

- [headspace](#)
- [Beyond Blue](#)
 - [Beyond Blue, Suicide Prevention/After a suicide loss](#)
 - [Beyond Now safety planning app](#)
- [Kids Helpline](#)
- [Lifeline](#)
- [National Communications Charter](#)
- [Be You](#)
 - [Wellbeing tools for you](#)
 - [Mental health continuum](#)
 - [Be You – responding to a death that can't be referred to as a suicide](#)
 - [Be You Organising Speakers Guide](#)
- [Conversations Matter](#)
 - [Those bereaved by suicide](#)
 - [When communities are impacted by suicide](#)
 - [Telling a child about suicide](#)
 - [Supporting CALD communities to talk about suicide – a guide for professionals](#)
- [Orygen Specialist Program](#)
 - [#ChatSafe](#)
- [5 Ways to wellbeing](#)
- [The Australian Centre for Grief and Bereavement](#)
 - [Children and grief](#)
 - [Grief information factsheets](#)
- [Victorian Aboriginal Education Association Inc](#)
- [Victorian Aboriginal Health Service](#)
- [Victorian Aboriginal Community Controlled Health Organisation](#)
- [Suicide in Schools: Information for Aboriginal and Torres Strait Islander families](#)
- [Grief: how Aboriginal and Torres Strait Islander young people might respond to suicide](#)
- [Rainbow Network](#)

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Immediate response checklist

24hrs–48hrs

Immediate

1 week–3 months

Short-term

3 months–12 months

Longer-term

This stage focuses on the important task of informing the school community – staff, students and parents/carers – of the incident (suicide) that has occurred.

A cautionary note regarding the timeframe specified above: in some instances, there may be a delay in receiving initial reports of a suicide that exceeds the 24–48-hour timeframe. Regardless of the time since the incident occurred, informing the community remains a priority in order to appropriately identify and support those students who may be at increased risk or vulnerability.

Effective postvention support is a suicide prevention strategy among those people exposed to and bereaved by suicide. Postvention is, therefore, prevention for the future (Andriessen, 2009).

Remember

As an employee of the Department of Education and Training (the Department) you and your immediate family members (18 years and older) can access professional, counselling and mental wellbeing support through the Employee Assistance Program (EAP). Confidential counselling is delivered virtually, by phone or face-to-face at a time that is convenient for you. To organise support call **1300 361 008 – 24 hours a day 7 days a week**. This service is fully funded by the Department.

Key actions in this stage include:

- responding to the physical and emotional safety of students and staff
- confirming the details of the incident
- activating the school's Emergency Management Plan and reporting the incident to Incident Support Operations Centre (ISOC) on 1800 126 126 as soon as practicable to activate additional support from area and regional staff
- respectfully and sensitively communicating with the bereaved family
- informing staff, students and other parents/carers
- supporting the wellbeing of students and staff
- monitoring and following up on student absences
- liaising with community youth mental health services and neighbouring schools
- responding to media and social media content as necessary
- timely documentation of key actions.

Actions	Person responsible
Initial actions	
<input type="checkbox"/> Confirm the facts before enacting a response. <ul style="list-style-type: none"> • Liaise with local police and/or hospital staff or make sensitive enquiries with the parents/carers or a student's emergency contacts. 	
<input type="checkbox"/> Ensure physical and emotional safety by tending to the immediate needs of students and staff. <input type="checkbox"/> Call 000 if medical assistance is required and/or police support to restore safety.	
<input type="checkbox"/> Enact your school's Emergency Management Plan (EMP).	
<input type="checkbox"/> Report incident to the Department's Incident Support Coordination Support (ISOC) Team 1800 126 126 as soon as practicable to activate additional support from area and regional staff.	
<input type="checkbox"/> Consider a Worksafe Notification (13 23 60).	
<input type="checkbox"/> Convene your Incident Management Team (IMT).	
<input type="checkbox"/> Ensure capacity of the IMT to prioritise tasks required to support the school's response.	
<input type="checkbox"/> Download the pre-prepared scripts and resources on PAL	
<input type="checkbox"/> Contact your Be You consultant for assistance with coordination, resources and support.	
<input type="checkbox"/> Organise additional CRTs.	
<input type="checkbox"/> Begin identifying vulnerable and at-risk students and provide individual support as needed.	
Actions to support the bereaved family	
<input type="checkbox"/> Consult with the SSS for guidance and support.	
<input type="checkbox"/> Identify a staff member to be the key contact for liaising with the bereaved family.	
<input type="checkbox"/> Ensure you have accurate facts before making contact with the family.	
<input type="checkbox"/> Be mindful that the family's availability to communicate will vary greatly and be influenced by a range of factors.	
<input type="checkbox"/> Consider, and be sensitive to, specific cultural or religious needs (do not assume to know what the student's family and community will need and the cultural protocols that will apply).	
<input type="checkbox"/> Determine if a translator is required.	
<input type="checkbox"/> Offer the school's condolences and, if appropriate, a home visit.	
<input type="checkbox"/> Seek consent from the family to inform the school community of the death.	
Determine: <ul style="list-style-type: none"> <input type="checkbox"/> how the family want to refer to their child's death when communicating with the broader school community, noting the family must give consent to refer to the death as a suicide. <input type="checkbox"/> if they give permission for their child's name to be used. 	

Actions	Person responsible
Actions to inform and support staff	
<input type="checkbox"/> Identify staff to be told individually prior to an all staff meeting.	
Consider: <ul style="list-style-type: none"> <input type="checkbox"/> how you will bring staff together <input type="checkbox"/> how you will inform members of the school community who are not present (e.g. part-time staff, staff on leave, regular CRTs, allied health professionals supporting the student) <input type="checkbox"/> how you will monitor staff wellbeing upon hearing the news and in the coming day. 	
<ul style="list-style-type: none"> <input type="checkbox"/> Convene a staff meeting <input type="checkbox"/> Use the <u>pre-prepared script</u> Other key points to share include: <ul style="list-style-type: none"> <input type="checkbox"/> any changes in routine <input type="checkbox"/> details about the support room and any additional supports that has been/ will be put in place <input type="checkbox"/> the importance of identifying students who are likely to be the most impacted and will need additional support <input type="checkbox"/> that students will be informed via a pre-planned structure using a prepared script <input type="checkbox"/> the importance of following up on attendance and absenteeism. Reiterate: <ul style="list-style-type: none"> <input type="checkbox"/> staff wellbeing is a priority and there is support available <input type="checkbox"/> the method of suicide (if known) should not be disclosed to students <input type="checkbox"/> additional CRTs have been organised <input type="checkbox"/> staff play a key role in monitoring student wellbeing <input type="checkbox"/> any concerns about a student must be raised with a member of the student wellbeing team/relevant staff member. Share <ul style="list-style-type: none"> <input type="checkbox"/> <u>Self-care for school staff following exposure to a suicide</u> <input type="checkbox"/> Encourage staff to access the EAP 	
<ul style="list-style-type: none"> <input type="checkbox"/> Prepare staff to inform students using the pre-prepared script. <input type="checkbox"/> Allow time for staff to understand the process and ask questions. <input type="checkbox"/> Encourage staff to consider any students who may require additional support or personalised approach. <input type="checkbox"/> Provide staff with information about the likely reactions and questions from students. <input type="checkbox"/> Allow staff to opt out of telling students. 	
Conduct an end-of-day briefing to: <ul style="list-style-type: none"> <input type="checkbox"/> enable staff to debrief <input type="checkbox"/> provide staff with any relevant updates (further information from the family, changes to routine, activities undertaken during the day etc.) <input type="checkbox"/> invite them to share what they have observed in their classrooms <input type="checkbox"/> communicate the plan for the following day, including the frequency of staff briefing <input type="checkbox"/> reiterate the importance of self-care, help-seeking and accessing EAP <input type="checkbox"/> check-in with staff and observe for any staff that may require additional support. 	

Actions	Person responsible
Actions to inform and support students	
<input type="checkbox"/> Establish a student support room and organise appropriate supervision Considerations include: <ul style="list-style-type: none"> <input type="checkbox"/> Location – ensure it is accessible to students and staff with a disability <input type="checkbox"/> Supervision <input type="checkbox"/> Duration that the space is available <input type="checkbox"/> Resources and resourcing. 	
<input type="checkbox"/> Clearly identify the person(s) responsible for conducting suicide risk assessments in your school and ensure the process for actioning these referrals is clearly communicated to all staff.	
<input type="checkbox"/> Communicate news of suicide and supports in place to students <ul style="list-style-type: none"> • Use the <u>pre-prepared script</u> • Inform students in the recommended order • As appropriate for your students, select and distribute information on grief, accessing support and good mental health. • See <u>PAL</u> for some suggested resources. • Organise for families collect student who prefer to be home with parents upon receiving the news. 	
<input type="checkbox"/> Follow up student attendance and absenteeism, ensuring an appropriate staff member is following with vulnerable students and their parents/carers.	
Actions to inform and support other parents/carers	
<input type="checkbox"/> Prepare and disseminate template email/letter to families Attach/include relevant factsheets and information about support. This could include: <ul style="list-style-type: none"> <input type="checkbox"/> <u>Be You; Suicide in Schools – information for families</u> <input type="checkbox"/> <u>headspace: Understanding grief and loss – for friends and family</u> <input type="checkbox"/> <u>Conversations Matter – Telling a child about suicide</u> 	
Other actions	
<input type="checkbox"/> Protect and gather the student’s belongings <ul style="list-style-type: none"> • put a lock on the student’s locker • inform the closest peers that the student’s locker will be emptied • advise teachers that any of the student’s possessions in their possession should be passed on to the IMT • confer with police before returning items to the bereaved family. 	
<input type="checkbox"/> Ensure the student’s name is removed from any automated communication systems including those for contacting parents/carers about a student’s absence from school.	
<input type="checkbox"/> Liaise with community youth mental health services and neighbouring schools.	
<input type="checkbox"/> Manage media requests and social media content as necessary <ul style="list-style-type: none"> • Support is available to principals via the Department’s media unit 24/7 on (03) 8688 7776. • Media requests should be forwarded to the Senior Education Improvement Leader (SEIL). 	

Actions	Person responsible
<input type="checkbox"/> Ensure timely documentation of actions and tasks, including who is responsible for following up tasks identified.	

Follow-up actions:

.....

.....

.....

.....

Person responsible:

.....

Date:

Time:

.....



Script to inform staff

This script has been informed by and is consistent with [Be You](#) resources and the Department's [Guide to Managing Trauma](#).

Remember

Only refer to the death as a suicide if permission to do so has been granted by the bereaved family. If permission hasn't been given use 'sudden death' or 'tragic death'.

In the event the bereaved family do not consent to sharing the student's name, inform the school community that a student has died/died by suicide (where you have consent to refer to the cause of death).

Today our school was given the very sad news that **[name of student]** died/died by suicide.

This will understandably be a very difficult period of time for the family, close friends, school staff and all of us who knew **[insert student's name]**. We have spoken with his/her/their parents and offered them the heartfelt sympathy of our whole-school community as well as any support we are able to give.

It is expected that this news will likely impact us in different ways and it may take you some time to process news of **[insert student's name]** death. For this reason, if you cannot be in the classroom, please let **[insert name of staff member]** know and alternative arrangements will be made.

Prioritising your own mental health and wellbeing is paramount. In addition to enacting your personal support network, the following options are available:

- **Employee Assistance Program.** As an employee of the Department of Education and Training (DET) you and your immediate family members (18 years and older) can access professional, counselling and mental wellbeing support through the EAP. Confidential counselling is delivered virtually, by phone or face-to-face at a time that is convenient for you. Support is available **24 hours a day, 7 days a week**. This service is fully funded by the Department. [Where possible arrange for onsite support to be available immediately following news of the death.] You will find the contact information for the EAP on the staff self-care sheet we are handing out.
- Staff wellbeing team **[insert names/contact details and times available]**.

Thoughtful and accurate communication about suicide is critical and some key messages the school would like you to use are:

- suicide is complex and not the result of one single factor
- don't talk about or refer to the method of suicide
- be mindful not to use language that glamorises the death or stigmatises suicide
- pair communication regarding suicide with messages that promote help-seeking
- encourage students to not contribute to the spread of rumours or gossip
- answer basic questions where appropriate and refer more complex questions and individual support needs to members of the school wellbeing team **[insert names]**.

If you have any concerns about any of our students, you must raise these concerns with a member of the wellbeing team as soon as possible **[insert best process for school]**.

Our school's incident management team (IMT) is working to coordinate the communication with all relevant parties and to identify the support that our school community requires in order to restore wellbeing and ensure safety of students and staff alike. Members of the IMT are:

- **[insert name]**
- **[insert name]**
- **[insert name]**

We will keep you informed as regularly as possible over the coming days as new information comes to light, and share any modifications to school routine, including the support available onsite. We intend to meet at the end of today so that we can provide you with an update.

Our priority now is to inform students of the death. We will be asking staff to assist us to do this via a pre-prepared script that we will be providing to you. If you have any concerns about doing this, please let **[insert name of staff member]** know and an alternative arrangement will be made.

Once again, I encourage you to prioritise your own mental health and wellbeing in light of this sad news. If you have concerns about a colleague please also let **[insert name of staff member]** know and appropriate support will be arranged.

Communication (email/letter) will also be sent to parents and carers informing them of the death and details of the support available to their child at school and externally in the community. This information is an important step to ensuring that families can play a proactive role in keeping their child safe and appropriately supported during this time.

If you are approached by someone outside the school to comment on the death, please refer them to **[insert name of staff member]** and refrain from sharing information regarding the incident.



Script to inform students

This script has been informed by and is consistent with [Be You](#) resources and the Department's [Guide to Managing Trauma](#).



Remember

Only refer to the death as a suicide if permission to do so has been granted by the bereaved family. If permission hasn't been given use 'sudden death' or 'tragic death'.

In the event the bereaved family do not consent to sharing the student's name, inform the school community that a student has died/died by suicide (where you have consent to refer to the cause of death).

Ensure you do not refer to the method of suicide even if you have this information, including any other specific information that is not essential to be disclosed.

It is recommended that this news is delivered to classes or smaller groups. Do not deliver this news in year level or whole-school assemblies.

Today our school was given the very sad news that **[name of student]** died/died by suicide.

This will be a very difficult time for his/her/their family, their close friends, and all of us who knew **[insert student's name]**.

This news will likely impact us all in different ways and it might be very distressing for some of you to hear. For others, it may take some time to process. You might not have been close to **[name of student]** but still have strong feelings.

We have set up a support room in **[location of room]** that you can access if you need to. This room will be available over the next few days and will be supervised by staff who can offer you support. Please let your teacher know if you wish to use this space.

Our wellbeing team **[insert names]** is also here to support you. The normal process for seeing them remains in place **[insert details about school process]**. We encourage you to use your friends, family, our staff and other trusted adults for support and help.

A letter/email will be sent to your parents/carers today, informing them of the death so that they will know what has happened and can support you.

Please use our normal sign in/out process when arriving and leaving school grounds. As usual, your parents/carers need to inform the school if you are absent or late **[insert details about school processes]**.

It's important we all respect the family's privacy. This includes when talking to friends or posting on social media. If you are approached by someone outside of the school to comment of the death, please refer them to **[insert name of staff member]** and refrain from sharing information regarding the incident.

We encourage you to be sensitive to people's feelings and to look out for each other. It is very important that you let a staff member or parent/carer know if you are worried about anyone or anything.

As well as support at school, you can get information and support from headspace, eheadspace, ReachOut and the Kids Helpline.



Supporting resource

Please provide this headspace resource on [grief and loss](#) to students.

Ensure students are given information about:

- [headspace](#) National Youth Mental Health Foundation. [eheadspace](#): 1800 650 890 – available 9am–1am, 7 days a week
- [ReachOut](#) online mental health service for young people and their parents
- [Kids Helpline](#): 1800 55 1800 – available by phone, email or webchat, 24 hours a day, 7 days a week

Supporting resource for front office staff

Key points to remember when responding to parent phone calls or emails:

If someone rings to notify the school of a death or suicide, speak to principal/assistant principal/member of the wellbeing team immediately.

Formal notification of any death, suspected suicide or suicide must come from the principal.

- Do not confirm a death or a suicide or mention the method of suicide to anyone.
- Do not confirm the name of student(s)
- During this time, with any call from a parent/carer to any staff member:
 - The front office must ask about the purpose of the call. Some calls may be irrelevant to the situation and can be put through to the appropriate staff member.
 - For a call about anything to do with the event, including general concerns or questions, please use the notes below and the question prompts.
 - All calls must be logged.

Suggested line for office staff to use to respond to queries:

“At this point in time, we are unable to confirm your concern or question. We have received a report and we are treating it seriously. The principal is involved, and the school community will be informed by him/her/them as soon we have all the relevant information.”

- If the wellbeing team has provided a list of close peers, check the list to determine if the call is a priority and, if necessary, pass on to an IMT member immediately.
- More information and some supporting material will be posted/emailed to parents/carers shortly.
- If you wish your child to leave early, they'll need to be picked up. At this point we'd prefer if students didn't travel home by themselves.
- Put calls through to voicemails but suggest that sending an email would be better at this point. Remind callers to leave their name and to be aware there may be many calls to respond to and the relevant staff member will respond as soon as possible.
- Any queries from the media must be referred to the principal.



Suggested questions

Questions	Response
What's your name?	
Who are you the parent of?	
What are your concerns?	
Where did your concerns come from?	
Do you have specific concerns about your child/ children that need to be passed on the wellbeing team? If they wish for their child to leave early, ask why.	
Best contact number?	

Please reiterate that:

- not all calls will be responded to immediately at this time
- if a call is to be returned, there may some delay.



Remember

As an employee of the Department you and your immediate family members (18 years and older) can access professional, counselling and mental wellbeing support through the Employee Assistance Program (EAP). Confidential counselling is delivered virtually, by phone or face-to-face at a time that is convenient for you. To organise support call **1300 361 008 – 24 hours a day 7 days a week**. This service is fully funded by the Department.



Self-care for school staff following exposure to a suicide

The suicide of a student is a particularly challenging experience and will impact people in different ways. In order to appropriately support students, your colleagues and the broader school community, it is essential that you prioritise your own mental health and wellbeing.

Your response will be influenced by a range of factors and may impact your ability to act in your current role. School staff will be called upon to support the school's efforts to implement the Emergency Management Plan (EMP) but, at any point in the response, it is important to recognise that you have the option to opt out in order to preserve your own wellbeing.

Enacting your own self-care strategies and support network will be critical during this time.

Remember

As an employee of the Department you and your immediate family members (18 years and older) can access professional, counselling and mental wellbeing support through the Employee Assistance Program (EAP). Confidential counselling is delivered virtually, by phone or face-to-face at a time that is convenient for you. To organise support call **1300 361 008 – 24 hours a day 7 days a week**. This service is fully funded by the Department.

Alternatively, speak with your GP to arrange a Medicare-rebated Mental Health Care Plan.

Self-care strategies to maintain and restore wellbeing following exposure to a suicide

- Look out for signs of traumatic stress (including burnout and vicarious trauma).
- Make time for rest as this is critical for your resilience.
- Contact friends and increase time with those whose company you enjoy.
- Schedule pleasant events and maintain a schedule and routine.
- Reduce the intake of stimulants (e.g. coffee, alcohol, energy drinks) to help maintain arousal levels within a manageable range.
- Eat well-balanced regular meals to help you maintain physical and emotional wellbeing, energy and balance. There is increasing evidence linking a good diet to mental health.
- Add some physical exercise into your daily routine.
- Use your support networks at home and at school (including reaching out to personal and professional mentors).
- Use relaxation activities (e.g. meditation or mindfulness).
- Pace yourself. Responding to an incident can be time consuming. It may take weeks, and bring with it an unusually heavy workload. It may be necessary to ask a colleague for help to restore normality and recovery at school.
- Talk through your experiences with someone you trust and use available support mechanisms to avoid being overwhelmed.

Source: *Managing Trauma: A guide to responding to a critical incident*



Supporting resources

[Be You](#) has a range of [wellbeing tools and resources](#) for educators to support their mental health and wellbeing needs.

[5 Ways to wellbeing](#), an initiative of the Royal Melbourne Hospital, has a range of tips and suggestions that promote positive mental health and wellbeing.

Further supports and information can be found at: [Human resources: Employee Health, Safety and Wellbeing Services \(education.vic.gov.au\)](#)

Health and wellbeing services for principals (including assistant and acting) are available. For more information, see: [Principal Health and Wellbeing Strategy](#).

Email/letter to families

This script has been informed by and is consistent with [Be You](#) resources and the Department's [Guide to Managing Trauma](#).

Remember

Only refer to the death as a suicide if permission to do so has been granted by the bereaved family. If permission hasn't been given use 'sudden death' or 'tragic death'.

In the event the bereaved family does not consent to sharing the student's name, inform the school community that a student has died/died by suicide (where you have consent to refer to the cause of death).

Dear parent/guardian,

I am writing to you with some very sad news about a member of our school community. Today our school received the news that **[name of student if bereaved family have provided consent]** has died/died **[by suicide]**.

Our thoughts are with **[name of student]** family and friends. We have been in contact with his/her/their family and have offered them the heartfelt sympathy of our whole school community and offered to provide any support we can.

Over the coming days, you and your child may be affected in many ways. Every child will react in different ways. Some may cry and want to talk about the death; others will not want to speak about it. Their reaction may also change over time. This is all a normal part of grieving. If your child is already using the service of a mental health professional, you should ensure this information is passed on to them.

We encourage you to let your child know that you are aware of the death and that you are available to them at any time. Your child may want to ask questions and talk about the death.

Two important messages to share with your child are:

- we should all seek help if we don't feel okay or if we feel vulnerable or distressed
- they need to talk to a trusted adult, such as a parent or teacher, if they are worried about themselves or a friend.

Over the coming months, we will be concentrating on supporting our students and staff. Our focus is on restoring wellbeing and ensuring everyone's safety.

We know students are going to be affected in different ways and for varying periods of time. As well as support from the Department of Education and Training, our wellbeing team and other mental health professionals are available students and staff.

As part of restoring wellbeing, it is also important that we return to normal routines as soon as possible.

At this stage, we don't have any information about the funeral arrangements for **[insert name of student]**. Depending on the wishes of the family, we may provide more information about this when we can.

There may also be information about what has happened on social media. If you notice anything harmful, please let us know and contact the social media platform to have it removed.

If you have questions about the support available or information about your child's needs, please contact the staff named below. This will ensure you receive consistent and accurate information and that the support we offer your child is appropriate.

[Insert staff members name/ contact details/ and times available]

I have included/attached some information and helpful links to support you to have a safe conversation with your child about the death of a peer.

Yours sincerely

[insert signature block]



Helpful links

If you are concerned about your child's wellbeing, or your own, there are a range of services and supports you can access. Your General Practitioner (GP) is also a good person to talk to about your concerns.

[headspace](#) or [ehespace](#) – professional online and phone mental health support services to young people aged 12–25 years old. For information about grief, see: [Dealing With Grief And Loss & The Effects on Mental Health](#)

[ReachOut](#) – an online mental health organisation for young people and parents/carers. For information about grief, see: [Grief and Loss](#)

[Beyond Blue](#) – information and support to help people achieve their best possible mental health. For information about grief, see: [Suicide and grief – Beyond Blue](#)

[Kids Helpline](#) – a free, private and confidential 24/7 phone and online counselling service for young people aged 5 to 25.

[Free one-on-one counselling](#) – the Department's partnership with headspace allows Victorian Government secondary school students to access telephone and video counselling services.

[Lifeline](#) – 24-hour crisis support and suicide prevention strategies.

[Parentline](#) – an anonymous and confidential phone service for parents and carers of children from birth to 18 years old.

[Be You](#) – the national mental health in education initiative delivered by Beyond Blue, in collaboration with Early Childhood Australia and headspace. For information about grief, see: [Grief – Be You](#).



Supporting resources about suicide

If the bereaved family has given permission to refer to the death as a suicide, a range of resources are available for parents/carers. Some suggestions that you could download and share include:

- Be You:
 - Grief: how young people respond to suicide
 - Suicide in schools: information for families
 - Supporting young people after a suicide
- Conversations Matter Community Resource [Those bereaved by suicide](#)



Identifying young people at risk

After a suicide the main priority is to identify, monitor, refer and support students from the school community. Having a clear and collaborative process is critical to ensuring that safety is restored, and the risk of suicide contagion reduced. While everyone has a role to play in the process, members of the IMT will take the lead and the subsequent tasks required will be differentiated by role.

The table below can assist in identifying those students who may be at increased risk or vulnerability due to the relationship they had with the deceased.

- **Social proximity:** refers to the relationship someone had with the deceased, inclusive of those perceived relationships with the deceased. Social proximity refers to how close someone feels to the deceased.
- **Geographical proximity:** refers to those who are exposed to or witnessed the death, had recent contact with the deceased. This includes phone and online contact.
- **Psychological proximity:** those who relate to/identify with the deceased. This includes cultural identification and/or shared experiences.

Populations of young people who might be at increased risk

Data indicates that some population groups are overrepresented in suicide statistics. Those populations at increased risk and vulnerability to suicide include:

- community members who identify as LGBTIQ+ (Robinson et. al., 2014)
- students living in Out of Home Care
- students with a disability
- Aboriginal and Torres Strait Islander students (Dudgeon et al., 2016)
- those living in rural and remote areas (Hazell et. al., 2017)
- those from culturally and linguistically diverse backgrounds (Life in Mind, 2020).

Identifying as a member of any one of these population groups is not what places an individual at increased risk of suicide, but rather the experiences and adversity that can be associated with their membership to a specific population.

Young people known to be at risk	Young people thought to be vulnerable
Siblings or family member of the deceased	Close friends of the deceased
Young people with a history of suicide attempts	Acquaintances of the deceased, including those young people connected by sporting clubs
Young people who are already accessing support (internally at school or externally in the community)	Those young people who had recent contact (positive or negative) with the deceased
Young people known to have experienced a recent trauma, challenge or adversity	Those young people who have shared experiences (same primary school or bus route)
Person who witnessed and/or found the deceased	Friends or romantic partners of the deceased from other schools



Supporting resource

Be You can assist with coordination, resources, and support in preparing for, responding to and recovering from a suicide or suspected suicide.

It is important to note that many members of these population groups will not experience a mental health difficulty or go on to develop suicidal ideation. Rather, increasing your knowledge about potential vulnerabilities that young people are experiencing may assist you in providing timely and appropriate support, reducing future difficulties.

Role of educators in identifying young people at risk

The role of educators is to observe and identify changes in their student's presentation and/or behaviour that may indicate a need for additional support and to let their school wellbeing team or Mental Health Practitioner (MHP) know of any concerns.

This is not to suggest that educators have a role to play in diagnosing or treating young people following exposure to a suicide, but rather to increase awareness of the things that they can do, within the boundaries of their role, that can result in a timely and appropriate response to increased distress and/or suicidal ideation in students.

Remember

This is particularly important given the research that demonstrates young people are more vulnerable to suicide contagion, whereby exposure to, or knowledge of, suicide or a suicidal act within a school, community or geographical area increases risk of suicide for other people in the school community.

Understanding mental health along a continuum

To assist with identifying vulnerable students following exposure to suicide, it is helpful to understand mental health and mental ill-health as existing at opposite ends along a continuum of mental health.

The process of recognising where students are positioned along the continuum of mental health and engaging them in a conversation to understand the factors that are contributing to their current mental health and wellbeing is consistent with the SAFEMinds early intervention approach of *NIP* it in the bud! (Notice, Inquire, Plan).

Our position along the continuum is influenced by social, emotional and environmental factors (Be You), and exposure to a suicide will likely influence a person's movement along the continuum. In this instance, recognising changes and enquiring about a student's current mental health and wellbeing is a preventative strategy reducing the potential for subsequent suicide events.

Effective postvention support is a suicide prevention strategy among those people exposed to, and bereaved by suicide. Postvention, is therefore, prevention for the future (Andriessen, 2009).

The World Health Organisation (WHO), as referenced in the Department's Mental Health Toolkit, defines health as 'a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity'. With this in mind, mental health is an essential component of overall health and one cannot exist without the other.

Children and young people will typically sit at the end of the continuum of flourishing and going okay. This means that for the most part they have the resilience to cope with daily stressors. The promotion of help-seeking messages and increasing awareness of the strategies that foster positive mental health is fundamental to early intervention and prevention of future mental health difficulties.

The Mental Health Continuum

Flourishing



If our mental health and wellbeing is *flourishing* we are:

- in a state of optimal functioning
- engaged with our environment
- connected to our community.

In a **school setting** this is a child who:

- is engaged in learning
- has good coping strategies
- is connected socially
- has the ability to problem-solve
- can maintain their energy and participation throughout the day.

Going okay



When our mental health and wellbeing is *going okay* we are:

- able to complete our daily activities such as work and study
- experiencing positive mental health with the absence of frequent or significant distress.

In a **school setting** this is a child who:

- maintains regular attendance
- approaches their learning with curiosity
- is socially connected
- experiences small observable changes in behaviour/emotions and/or social connection.

Going through a tough time



At the point in the continuum of emerging mental health concerns we are:

- experiencing difficulties maintaining daily activities
- experiencing *noticeable changes* in one of the domains of social, emotional and/or environment factors, evidenced by changes to behaviour, emotions and/or social connections.

In a **school setting** this is a student who:

- has come to the attention of an educator and/or a member of the wellbeing team
- is experiencing mild disruptions to their ability to engage in learning, behaviour, and social connections
- experiences periods of disruption and impact to their behaviour, emotions and/or social connections.

Severely impacting everyday activities



At the far end of the continuum where our mental health and wellbeing is *severely impacting everyday activities* we are:

- experiencing thoughts, and emotions that are distressing
- demonstrating behaviours out of the norm for that student
- experiencing persistent negative emotions
- requiring additional support to alleviate the distress experienced.

In a **school setting** this is a student who:

- may be unable to maintain regular attendance
- is socially disengaged
- is not engaged in learning
- has identifiable emotional distress.

Important considerations for talking to students in emotional distress

Conditional confidentiality

When a student discloses their intent to self-harm or expresses their emotional distress through self-harm, school staff should carefully explain the limits to the student's privacy and confidentiality. That is, that their personal and health information may be used or disclosed, even without their consent, in certain circumstances such as the following:

- to other school staff to enable school staff to appropriately manage the health, wellbeing and education of a child or group of children
- to external agencies or parents/carers if there is a serious risk to their health, safety or welfare
- to external agencies or parents/carers if there is a serious risk to another person's health, safety or welfare
- to other school staff in order to be able to provide a suitable and safe workplace for all school staff (occupational health and safety obligations).

From more information, see: [Privacy and Information Sharing Policy](#).

- Asking someone if they are thinking of harming themselves and ending their life will not put the idea in their head, but rather facilitates a conversation that will allow the appropriate level of supports to be enacted.
- Having the conversation is the first step to alleviate the intense psychological pain they are experiencing.
- Prioritising your mental health and wellbeing is paramount.
- Where possible, referring the student to another member of staff who can appropriately and safely engage in a conversation regarding suicide is recommended.

The school may have a preferred approach to how these conversations are managed. Being aware of which members of staff have the skills required to have a conversation with a young person regarding suicide vulnerability is critical.

In a school context, some young people will be less impacted by the suicide impacting the school community and will rely on their educators to maintain a sense of normality and routine. Routine and familiar structures provide a sense of safety for young people and any disruption to those may result in adverse mental health and wellbeing outcomes for them.

Short-term response checklist



This stage focuses on the strategies and actions that will foster recovery and restore mental health and wellbeing.

This phase assumes:

- that the school has been informed of a death, and the death is confirmed
- that the staff, students and the wider school community been appropriately informed of the death.

Effective postvention support is a suicide prevention strategy among those people exposed to, and bereaved by suicide. Postvention, is therefore, prevention for the future (Andriessen, 2009).

Key actions in this stage include:

- ongoing support of student and staff wellbeing
- continuing to closely monitor and follow up on student absences
- restoring the school to its regular routine
- enhancing the confidence of educators to restore safety and enhance wellbeing by:
 - understanding how young people might experience grief and loss
 - addressing behaviours in the classroom that may indicate that additional support is required
- preparing for the funeral
- managing and monitoring spontaneous memorials
- reviewing the student support room and sensitively closing (usually after the funeral).
- conducting in an operational debrief.

Remember

As an employee of the Department you and your immediate family members (18 years and older) can access professional, counselling and mental wellbeing support through the Employee Assistance Program (EAP). Confidential counselling is delivered virtually, by phone or face-to-face at a time that is convenient for you. To organise support call **1300 361 008 – 24 hours a day 7 days a week**. This service is fully funded by the Department.

Action	Person responsible
<input type="checkbox"/> Student Support Room <ul style="list-style-type: none"> • continue to run the student support room, reviewing it regularly • sensitively close when appropriate (usually after the funeral). 	
<input type="checkbox"/> Consideration and review of spontaneous memorials at school.	
<input type="checkbox"/> Preparing for the funeral <ul style="list-style-type: none"> • prepare for participation and/or attendance at the funeral where the bereaved family have invited family, friends and community members • consider how information pertaining to the funeral will be communicated to students • communicate to parents/carers: <ul style="list-style-type: none"> – parental supervision at the funeral is essential if student attendance is welcomed by the beavered family and students chose to attend – that staff attending the funeral will be there in a personal capacity and will not be supervising students – students who attend the funeral should not return to school and should be supervised at home by parents/carers – normal school processes for informing the school of a student absence, attending an appointment off-site or leaving school early apply. 	
<input type="checkbox"/> Ensure all staff: <ul style="list-style-type: none"> • are familiar with the headspace information on <u>understanding grief and loss</u> • are observing how students may be processing the loss and adjusting to the news of a suicide • are making the necessary referrals for additional support • understand that grief is a normal response to a loss; there is no right way to grieve and our experience is unique and will be influenced by a range of factors • look out for students and staff experiencing prolonged symptoms of grief impacting their ability to engage in regular activities (beyond 2–4 weeks after exposure to a suicide) and facilitate access to appropriate support. 	
<input type="checkbox"/> Facilitate appropriate support for staff and students experiencing prolonged symptoms of grief (beyond 2–4 weeks) that is impact their ability to engage in regular activities.	
<input type="checkbox"/> Continue to monitor and support the mental health and wellbeing of students.	
<input type="checkbox"/> Continue to monitor and support the mental health and wellbeing of staff.	
<input type="checkbox"/> Continue documentation	
<input type="checkbox"/> Conduct an operational debrief	

Follow-up actions:

Person responsible:

Date:

Time:

Longer-term response checklist

24hrs–48hrs

Immediate

This stage will aid the school's recovery and focuses the school community along the continuum of mental health and wellbeing from response, through recovery and back to promoting positive mental health and wellbeing. Research indicates that, with time and appropriate supports provided in the initial days, weeks and months following exposure to the suicide, for the most part, your community will be able to return to normal functioning.

It is recommended that you reflect on the incident and identify the strategies and areas of growth that will strengthen your school's capacity to respond to an incident in the future.

Effective postvention support is a suicide prevention strategy among those people exposed to, and bereaved by suicide. Postvention, is therefore, prevention for the future (Andriessen, 2009).

1 week–3 months

Short-term

Key actions in this stage include:

- ongoing monitoring of student and staff wellbeing
- responding to and assessing requests for permanent memorials
- strategies to maintain the mental health and wellbeing of your school community
- consideration of relevant information sessions
- planned response to anniversaries (3, 6, 12 months following suicide) and other important events
- on-going documentation of relevant mental health and wellbeing activities and support provided.

3 months–12 months

Longer-term

Remember

As an employee of the Department you and your immediate family members (18 years and older) can access professional, counselling and mental wellbeing support through the Employee Assistance Program (EAP). Confidential counselling is delivered virtually, by phone or face-to-face at a time that is convenient for you. To organise support call **1300 361 008 – 24 hours a day 7 days a week**. This service is fully funded by the Department.

Actions	Person responsible
<input type="checkbox"/> Consideration and review of permanent memorials <ul style="list-style-type: none"> • Consider your school’s precedent regarding permanent memorials in the event a student dies. Responding to a suicide death should be recognised in the same way to avoid stigmatising of the death; however, safety takes priority and may influence the response. • Where possible avoid permanent memorials on school grounds to minimise the potential for students to be continually re-triggered by the death. • Any decision should be made in consultation with school leadership, SSS and the bereaved family. 	
<input type="checkbox"/> Maintaining the mental health and wellbeing of your school community (students, staff and parents/carers)	
<input type="checkbox"/> Consider hosting information sessions for staff, parents/carers and students <ul style="list-style-type: none"> • Any session offered should be responding to an identified need and be facilitated by an appropriately trained and evidenced-based speaker/service. • Consider the appropriate timing and additional resources that would be required to ensure safety and follow-up support is available if level of distress increases. 	
<input type="checkbox"/> Engage in regular communication with your staff to provide any updates or modifications that will occur in response to the incident.	
<input type="checkbox"/> Plan for anniversaries and other important dates	
<input type="checkbox"/> Build the capacity of your school by implementing a whole-school approach to mental health and wellbeing	
<input type="checkbox"/> Continue documentation	

Follow-up actions:

.....

.....

.....

.....

.....

Person responsible:

.....

Date:

Time:

.....

Operational debrief reflection guide



Supporting resource

The following resources are available to you in the staffroom and are intended to provide you with suggestions and information that may assist you to navigate conversations that arise.

- Be You
 - Staff grief after suicide
 - Responding to a death that cannot be referred to as a suicide (appropriate in those instances the bereaved family have not given permission for the death to be referred to as a suicide).
 - Supporting young people after a suicide
 - Grief: how young people respond to a suicide.
- Conversations Matter: community resources
 - When communities are affected by suicide
 - Those bereaved by suicide

Conducting an operational debrief provides schools with the opportunity to:

- Obtain valuable insight and lessons about how to strengthen the school’s existing mental health and wellbeing practices and policies to respond in the future. For example, a review might highlight the need to enhance the detail of what is included in the school’s induction program regarding the tasks that teachers might be called on to undertake, such as informing students via a pre-prepared script in the event the school is exposed to a suicide.
- Highlight opportunities to build the capacity of staff to identify and support the mental health and wellbeing needs of students by enhancing their mental health literacy and their skills in supporting students in emotional distress.
- Identify and strengthen Departmental relationships, facilitating improved access to appropriate mental health and wellbeing support for students.

Please note your thoughts and any ideas for improvement on the following topics:

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Any additional concerns or ideas that have not been covered in your comments above.

Identify a priority action for:

- your role
- the school, including staff, students and/or parents and carers.

Date:

Follow-up actions:

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Planning for the operational debrief

Before engaging in an operational debrief, it is important that members of the IMT are given an opportunity to prepare effectively. It may be helpful to encourage them to consider the following:

Responsiveness

Did we have the appropriate structures, processes and training in place to ensure we were able to respond in a timely manner?

For example, staff communication tree up to date, staff familiar with the school's EMP and their role in implementing the actions identified, prior consideration of the structures and policies in place to convene staff briefings quickly.

Communication

- Perceptions on how the school managed informing the staff, student and parent/carer cohorts.
- What modifications would result in improved communication in the future?
- Was the language used safe and consistent with best practice principles ([The National Communications Charter – MindFrame](#))?
- Is this an opportunity for further professional learning?
- Did the pre-prepared scripts support staff to inform their students?
- Would staff benefit from familiarising themselves with this script (not to memorise it) and their role in communicating this information to students annually.

Support

- Reflections on how we identified, monitored and supported young people at risk of suicide or experiencing a mental health difficulty.
- Do we have the structures in place to appropriately share information about risk and vulnerability?
- Do staff and students understand what to do when they are concerned about a young person's safety?
- Do staff feel confident in their ability and skills to engage students in conversations where mental health difficulties have been observed?
- Is this an opportunity for professional learning? ([SAFEMinds](#) and/or [Suicide Risk Continuum Trainings](#).)
- Do we have coverage over the school week of appropriately trained staff who can conduct risk assessments with young people who have disclosed suicidal ideation and/or suicidal behaviour?
- Are our existing mental health and wellbeing approaches complementary to the activities required to support our community through response, recovery and back to positive mental health and wellbeing?

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