

After suicide: A resource for GPs



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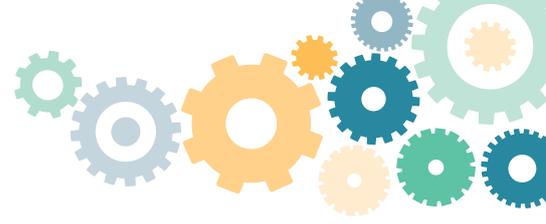
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We recognise the traditional custodians of the land and sea on which we work and live.



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1. Introduction

What is this resource?

Every day, almost eight people in Australia die by suicide.¹ For each of those people, the impact on those around them, including clinicians, may be profound and prolonged.²⁻⁴ Being bereaved by suicide has been described as 'grief with the volume turned up'.⁵

After suicide: A resource for GPs is designed to help general practitioners (GPs) respond to suicide in their communities – particularly those in Australia's rural and remote regions. It contains useful information, links and resources to add to your tool kit to help bereaved patients, your community and yourself. It is not a replacement for comprehensive mental health training, nor is it a clinical practice guide.

The GPMHSC has developed a second resource – *Suicide prevention and first aid: A resource for GPs*, which aims to support GPs to recognise and respond to patients whose mental health issues might be risk factors for suicide. This resource is available on the [GPMHSC website](#).

Responding to suicide

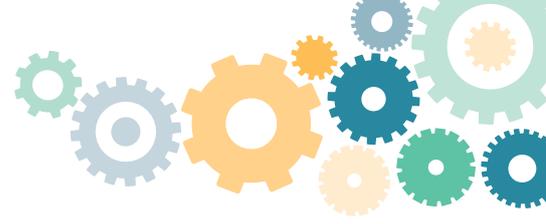
The process of responding to suicide is known as postvention.

This term was coined in 1972 by Edwin Shneidman (founder of contemporary suicidology) to describe interventions to 'help bereaved persons through the grief process'. Today, postvention is also seen as a way to prevent future suicides.⁶⁻⁸

Postvention aims to:

- promote healthy grieving
- provide comfort for those who are distressed
- minimise adverse personal outcomes, such as complicated grief, depression and post-traumatic stress disorder (PTSD)
- reduce the risk of suicide imitation
- help restore community functioning
- use the experience as an opportunity to educate the community about mental health, factors contributing to suicide, and the availability of resources to get help.⁹

You may notice that various resources refer to those affected by the suicide of another person as 'survivors' or as the 'bereaved'. As the term 'suicide survivor' could be used to describe someone who has attempted suicide, we will avoid confusion and use the term 'bereaved'.



GPs and postvention

Postvention is not the responsibility of one person or organisation, but within each community affected by suicide, GPs play an important role.^{10,11} On an individual level, many people turn to their GP when they need support during bereavement.¹² At the community level, the role of GPs may include education and preventive activities.¹³

When caring for people bereaved by suicide, it is important to:

- understand potential grief experience and duration
- be able to recognise bereavement-related mental health disorders, like complicated grief, PTSD and bereavement-related depression
- direct people to appropriate resources and services
- understand what interventions are likely to benefit.^{14,15}

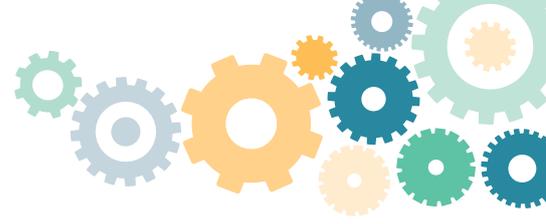
Who has developed this resource?

This resource has been developed by the General Practice Mental Health Standards Collaboration (GPMHSC), which is funded by the Department of Health to accredit and promote GP mental health training and to support GPs to provide quality mental healthcare to patients.

Resources for your tool kit

Mental health training

- GPMHSC accredited mental health training, <https://gpmhsc.org.au/InfoSection/Index/984e7fa6-0fb3-466d-9826-3d89ec25e8c6>
- Living Is For Everyone (LIFE), www.livingisforeveryone.com.au/Training.html



2. Suicide statistics

Australian statistics

Suicide is the leading cause of death for Australian's aged 15–44 years.¹⁶ Around three-quarters of the people who die by suicide are male, although females attempt suicide more frequently.^{1,16}

Every day in Australia, it is estimated that:

1000

around 1000 people think about suicide

250

approximately 250 people make a suicide plan

200

around 200 people attempt suicide (more than one new attempt every 10 minutes)

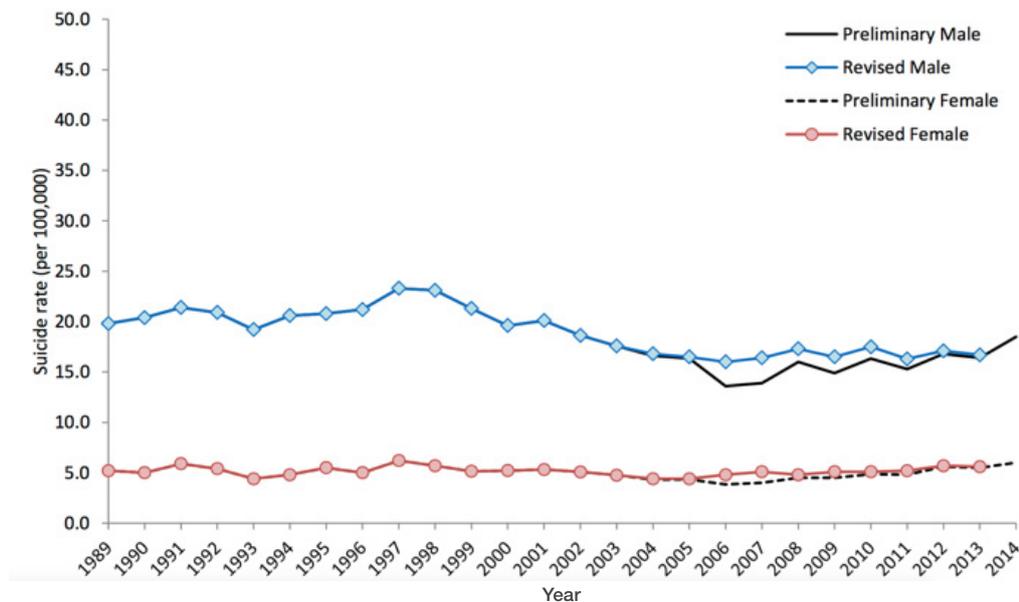
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almost eight people die by suicide (accounting for 1.7% of death from all causes)¹

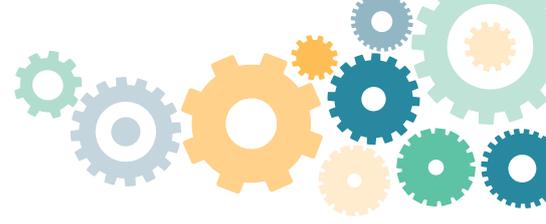
Source: Lifeline – Statistics on suicide in Australia, <https://www.lifeline.org.au/about-lifeline/media-centre/lifeline-fast-facts>

Suicide rates have generally trended downwards since a peak in 1997 (14.6 per 100,000 people); however, between 2013 and 2014 the rate increased from 10.9 per 100,000 to 12.0 per 100,000.¹⁷

Preliminary and revised suicide rates (1989–2014)



Reproduced with permission from: Mindframe. Facts and stats about suicide in Australia. Newcastle, NSW: Mindframe, 2016. Available at <https://mindframe.org.au/suicide/data-statistics> [Accessed 6 May 2016]; based on data from Australian Bureau of Statistics. Causes of death, Australia, 2014. Cat. No. 3303.0. Belconnen, ACT: ABS, 2015. Available at www.abs.gov.au/ausstats/abs@.nsf/mf/3303.0 [Accessed 6 May 2016].



Rural and remote statistics

Suicide rates – particularly of men – in rural and remote areas of Australia are significantly higher than the national average, and very remote regions have suicide rates more than double that of major capital cities.¹⁸⁻²¹ Additionally, while national suicide rates have declined (since a peak in 1997),²² rates among Australia's remote communities is increasing.²⁰

It is important to note that there is no one rural or remote community, and no singular rural community experience. People living in rural and remote regions are not a homogenous group and 'remoteness' is not always a geographical concept; it can also refer to isolation in terms of access to information, resources, communications and social networks.²³

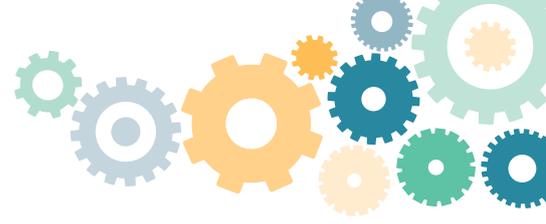
Resources for your toolkit

Suicide statistics – Australia

- Mindframe – Provides summarised data from the Australian Bureau of Statistics (ABS), <https://mindframe.org.au/suicide/data-statistics/abs-data-summary-2017>
- Living Is For Everyone (LIFE) – Fact sheet 3: Statistics on suicide in Australia, www.livingisforeveryone.com.au/uploads/LIFE_fact_sheet_3_final.pdf
- Lifeline – Statistics on suicide in Australia, www.lifeline.org.au/About-Lifeline/Media-Centre/Media-Releases/National-suicide-toll-reaches-tragic-high

Suicide statistics – Rural and remote

- Living Is For Everyone (LIFE) – Fact sheet 18: Suicide in rural and remote communities, <http://livingisforeveryone.com.au/uploads/docs/LIFE-Fact%20sheet%2018.pdf>



3. Suicide risk factors

Overview

Suicide is not the result of one thing – there are always multiple factors that act together to increase a person's vulnerability to suicidal behaviour.²⁴

Compared to the general population, people at greater risk of suicide include those:

- with a previous history of attempted suicide (strongest single predictive factor)
- with a mental health disorder such as depression, bipolar disorder, schizophrenia, and/or an alcohol or drug use disorder – the early weeks of treatment are also a time of increased vulnerability
- who are Aboriginal and/or Torres Strait Islander peoples.^{18,25–28}

Hopelessness, despair and impulsivity are also strongly associated with suicide.²⁵

In many cases of suicide, not all of the factors are known; it's like a jigsaw puzzle and sometimes pieces are missing (and may never be found).

Other risk factors include interpersonal conflict, divorce, unemployment, financial problems, bereavement, legal issues and physical illness (eg cancer, coronary heart disease, osteoporosis).^{20,29–31} Conversely, self-forgiveness, family and religious social bonds and access to GP services are important protective factors.^{20,25,32}

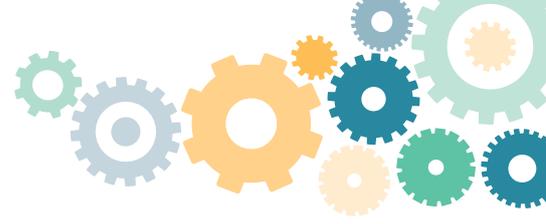
For those with mental illness, starting and discontinuing antidepressant medication are key risk periods for suicide.³³

Rural and remote context

Despite the higher suicide rates, living in a rural area itself alone may not be a risk factor, as many factors attached to suicide are similar, irrespective of geographical location. However, some risk factors appear to impact more significantly in rural areas.²⁰

Factors proposed for the high rate of suicide in rural Australia, include:

- lower help-seeking behaviour – especially in men
- higher rates of mental illness – particularly substance-use disorders
- availability of lethal suicide methods (eg firearms)
- cultural stressors – particularly in areas with a high proportion of Aboriginal and Torres Strait Islander peoples
- climate-related factors
- relatively limited availability and accessibility to mental health services and support
- higher levels of social isolation.^{19,20,23}



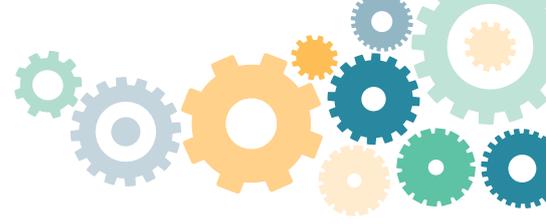
Resources for your tool kit

Risk factor information

- Mindframe – Information about mental illness and suicide in different population groups, <https://mindframe.org.au/priority-populations>
- Suicide Prevention Australia (SPA) – Provides a number of relevant position statements, including:
 - Men and suicide: Future directions
 - Work and suicide prevention
 - Suicide and suicidal behaviour in women – Issues and prevention
 - Chronic illness, chronic pain and suicide
 - Alcohol, drugs and suicide prevention
 - Mental illness and suicide
- Australian Institute of Male Health and Studies – Fact sheets highlighting factors involved in male suicide, www.aimhs.com.au/cms/uploads/AIMHS%20Suicide%20Fact%20Sheet.pdf

Mental health and suicide prevention resources

- The Department of Health's LIFE Communications (national suicide prevention strategy project) – This site has a number of suicide prevention resources for healthcare professionals and the public, www.livingisforeveryone.com.au/About-LIFE.html
- The Royal Australian College of General Practitioners (RACGP) – The RACGP has developed *e-Mental health: A guide for GPs* to assist you in using e-mental health interventions with your patients when it is safe to do so, www.racgp.org.au/your-practice/guidelines/e-mental-health



4. Suicide bereavement

What is suicide bereavement?

The terms grief, bereavement and mourning are often used interchangeably to refer to either the state of having lost someone to death, or the response to death.³⁴ More specifically:

- **bereavement** is the situation in which someone who is close dies (see 'who are the bereaved', regarding the notion of 'close')
- **grief** is the natural response to bereavement (ie the thoughts, feelings, behaviours and physiological reactions to the death of someone close)
- **mourning** is the process of adapting to a loss and integrating grief.³⁵

Studies asking whether suicide bereavement is different to other types are unclear, as findings vary depending on what suicide bereavement is compared to (eg natural causes, homicide, violent death) and methodology used.¹⁵

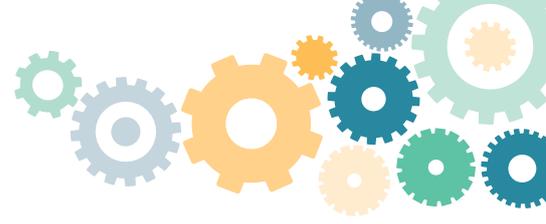
Overall, it appears that bereavement from suicide is quite similar to bereavement experiences with other traumatic losses, although with suicide some of those affected will experience:

- greater feelings of rejection and abandonment
- greater feelings of shame and stigma (which may lead to hiding the cause of death and reduced help-seeking)
- increased self-destructiveness and suicidality
- greater feelings of guilt and self-blame
- activism and obsession with suicide.^{8,15,36}

The bereavement journey following a suicide is typically prolonged. This highlights the need for continuity of care of the bereaved, that extends beyond immediate follow-up after a suicide to longer-term, even lifelong, care.⁸

Who are the bereaved?

An early pioneer in suicidology, Edwin Shneidman, estimated that for every person who completes suicide, there are six people who suffer from a significant grief reaction.³⁷ Over time, this figure has become stated as fact, however the actual number of people affected is unknown.^{8,38} Not all suicides have the same impact and the degree of impact is not just a function of 'closeness'.³⁸



When a person dies by suicide, those affected include:

- family and friends
- colleagues
- those involved in his/her clinical care
- people who appear quite removed from the deceased (eg a person in the community with depression and suicidal thoughts).³⁸

Therefore, the term 'bereaved' may apply to 'anyone who experiences a high level of self-perceived psychological, physical, and/or social distress for a considerable length of time after exposure to the suicide of another person'.³⁸

If you were involved in the care of the person who has suicided, you might also be affected by suicide bereavement. In this case, you face managing your emotions (eg sense of loss, personal or professional failure), often while needing to provide support to the bereaved family and community members.⁸

What are the impacts of suicide?

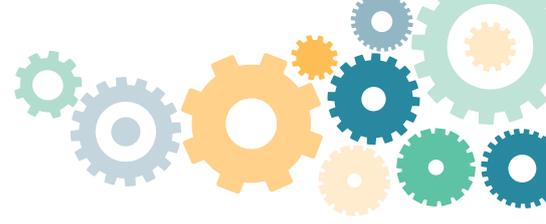
Bereavement is one of life's most stressful experiences. In addition to the loss itself, bereavement often requires major adjustments to restore a functional and meaningful life (eg raising children as a single parent, living on one income, loss of social support).

Suicide bereaved individuals are at increased risk of developing adverse physical and mental health reactions including:

- suicidal ideation and suicide
- complicated grief or prolonged grief disorder
- PTSD
- depression
- substance-use disorders.^{8,25,35,38-41}

Suicide-bereaved children are also at increased risk of depression, anxiety and PTSD.⁴²

The social stigma that many suicide-bereaved individuals experience can be a major inhibiting factor to help-seeking and may prevent participation in suicide postvention interventions.⁸



Impacts of patient suicide on clinicians

It is estimated that at least one in five mental health professionals loses a patient to suicide.⁴³ Given that people who die by suicide are 2.5 times more likely to have seen a primary care provider than a mental health specialist in the month preceding their death, losing a patient to suicide could be considered an occupational hazard for GPs⁴⁴ and may be one of the most profoundly disturbing events in their career.⁴

In many ways, the experience of a clinician after a patient suicide is similar to that of other bereaved people.⁴ However, suicide bereavement in clinicians is often accompanied by questioning around professional responsibility and ability to prevent suicide, fear of being blamed for the suicide, and concerns about family and community reactions.⁴

In the event of a patient suicide, the treating GP will likely be contacted by the coroner's office. It is advisable for GPs to contact their professional indemnity insurer for advice in anticipation of being contacted by the coroner.

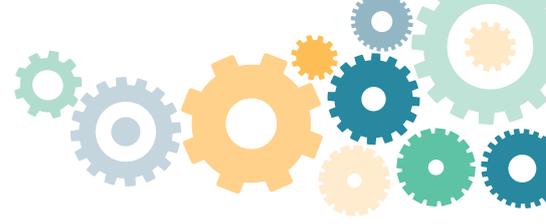
The effects of patient suicide on clinicians include:

- stress
- feelings of guilt, anger, shame and isolation
- social withdrawal and disruption to relationships
- reduction in self-esteem and decreased self-confidence
- symptoms of PTSD
- fears of litigation and retribution
- more defensive approaches to patient risk
- consideration of leaving the job.^{4,45}

Resources for your tool kit

Suicide bereavement and postvention resources

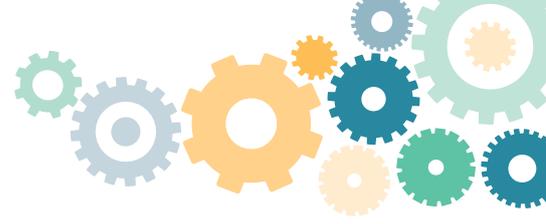
- beyondblue – Examples (with videos) of what people recently bereaved by suicide might experience, www.beyondblue.org.au/the-facts/suicide/understanding-suicide-and-grief/recently-bereaved-by-suicide
- beyondblue – 'Finding our way back', a resource for Aboriginal and Torres Strait Islander peoples after a suicide attempt, www.beyondblue.org.au/the-facts/suicide-prevention/recovery-and-support-strategies/support-after-a-suicide-attempt/finding-our-way-back
- beyondblue – 'Finding your way back', a resource for people who have attempted suicide, www.beyondblue.org.au/the-facts/suicide-prevention/recovery-and-support-strategies/support-after-a-suicide-attempt/finding-your-way-back
- beyondblue – 'Guiding their way back', a resource for people who are supporting someone after a suicide attempt, www.beyondblue.org.au/the-facts/suicide-prevention/recovery-and-support-strategies/support-after-a-suicide-attempt/guiding-their-way-back
- beyondblue – How to support someone who is bereaved, www.beyondblue.org.au/the-facts/suicide/understanding-suicide-and-grief/supporting-someone-bereaved-by-suicide
- beyondblue – Understanding suicide and grief, www.beyondblue.org.au/the-facts/suicide/understanding-suicide-and-grief
- headspace – The Postvention Toolkit is a guide for secondary schools on how to respond to a student suicide, www.headspace.org.au/assets/School-Support/Compressed-Postvention-Toolkit-May-2012-FA2-LR.pdf



- Living is For Everyone (LIFE) – The LIFE Library is a national initiative aimed to improve access to information about suicide and provide state and territory resources to support those bereaved by suicide, <https://livingisforeveryone.com.au/>
- The Salvation Army – A suicide prevention and bereavement support resource that includes free online training to support people at risk of suicide, www.suicideprevention.salvos.org.au
- Tasmanian Department of Health and Human Services – A resource for people who have lost a loved one in a sudden or unexpected way, www.dhhs.tas.gov.au/__data/assets/pdf_file/0005/47354/DHHS_Sudden_Loss_Kit_Booklet_v3.pdf
- Support After Suicide – Education for health and welfare professionals, resources for counselling and group support for those bereaved by suicide www.supportaftersuicide.org.au
- SANE – Podcast entitled ‘Has someone close to you died by suicide?’, www.sane.org/mental-health-and-illness/facts-and-guides/has-someone-close-to-you-died-by-suicide
- SANE – Podcast entitled ‘Is someone close to you bereaved by suicide?’, www.sane.org/mental-health-and-illness/facts-and-guides/is-someone-close-to-you-bereaved-by-suicide
- Lifeline – Provides suicide bereavement downloads such as:
 - Fact sheet: What is suicide bereavement?
 - Survivors of suicide
 - Towards good practice: Standards and guidelines for suicide bereavement support groups
 - Practice handbook: Suicide bereavement support group facilitationwww.lifeline.org.au/Get-Help/Facts--Information/Suicide-Bereavement/Suicide-Bereavement
- Lifeline – Several tool kits, including:
 - Helping someone at risk of suicide
 - Coping with sorrow, loss and grief
 - Suicide prevention for Aboriginal and Torres Strait Islander peoples
 - Getting through floods, drought and extreme climate events<https://www.lifeline.org.au/get-help/get-help-home>

Clinician resources

- *Psychiatric Times* – A special report on the impact of patient suicide on clinicians, www.psychiatrictimes.com/special-reports/patient-suicide-impact-clinicians/page/0/1#sthash.sOauzTfC.dpuf
- Clinician Survivor Task Force (CSTF) – Created by the American Association of Suicidology (AAS) to support the needs of clinicians after the loss of a patient to suicide or for clinicians who have lost family members to suicide, <http://mypage.iu.edu/~jmcintos/basicinfo.htm>



5. Supporting the bereaved

General principles

Appropriate support will depend on individual needs, recognising that suicide-bereaved people:

- are often severely depressed and traumatised in the initial stages of their grief, and may be unable to mobilise themselves to seek help – proactive outreach may be needed⁴⁶
- have common experiences such as wanting to know why the suicide occurred and feeling stigmatised, but that **grief experiences are variable and fluid** – they differ considerably in intensity and length among cultural groups and from person to person³⁴
- may benefit from **discussing the complex and painful grieving process** associated with suicide and learning that different family members will use different coping methods at different times⁴⁷
- are at **increased risk for suicide and mental illness**, and may benefit from an open discussion about this and the offer of monitoring and provision of support and resources.^{46,47}

If you have been involved in the care of a patient who has suicided, you may also be affected by suicide bereavement. You may face trying to cope with intense grief and at the same time suppressing these feelings to continue to help the bereaved family and community members, and sometimes for fear of professional disapproval.^{8,45}

Postvention interventions

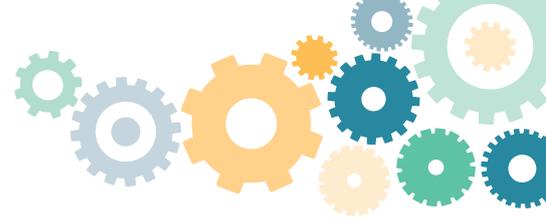
Interventions are both individual (eg psychotherapy, pharmacological treatment) and community based (eg alcohol restriction policies, family outreach programs, gatekeeper training, education programs).^{48,49}

Postvention interventions are intended to:

- help the bereaved understand why the person suicided
- support the bereaved through the grief process
- identify those at risk of suicide, as well as prevent/recognise complicated grief, depressive syndromes and PTSD.²⁵

There is no one-size-fits-all intervention or service that will benefit all suicide-bereaved individuals.⁴⁶

Although monitoring for complicated grief, depression, PTSD and suicide risk factors is recommended, there is currently little evidence available regarding the effects of interventions after suicide.^{25,39,50}



Proactive outreach

Before contacting bereaved people, critically consider the circumstances of the suicide, the relationship between the deceased and the people you are contacting, the cultural values of those people, and their familiarity with you.⁴⁷

Options to reach out to the bereaved people include:

- writing a condolence card
- calling the family/offering to meet with the family
- attending the funeral
- speaking at the funeral.⁴⁷

You may also consider holding a community meeting.

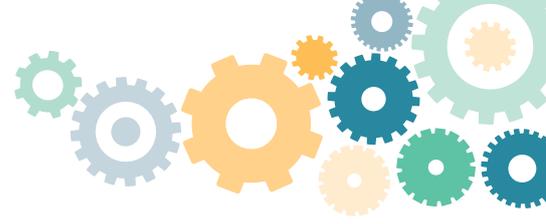
Remember, to be helpful to the bereaved, you need to acknowledge and manage your own grief.⁴⁷

Answering the question 'why?'

After a suicide, it is common for the bereaved to want to talk about why and how – especially with the deceased's doctor.⁴⁷ Sometimes, it may be appropriate to discuss which factors were important in the deceased's situation, although beware of explanations when there have been relationship problems. It may be more useful to point out how mental pain and illness can affect judgement and why they felt trapped in the path they followed.⁹

When talking about suicide:

- discuss risk factors but avoid oversimplifying the causes of suicide – emphasise that suicide is not the result of a single event or factor; rather it is a complex and complicated interplay of events
- avoid presenting the 'causes' as inexplicable or unavoidable – emphasise that there are alternatives to suicide when one is feeling distressed, despairing or hopeless, and make it clear what resources are available for getting help
- emphasise the correlation between mental illness and suicide, and stress that help or treatment is available
- avoid portraying the deceased as a hero or having died a noble or romantic death, but also do not portray the deceased as a villain or worthy of contempt. Emphasise the act of suicide as a serious mistake in judgement due to psychological pain causing impaired recognition of alternatives and resources for help
- provide a structure that facilitates ongoing suicide prevention efforts
- discourage focus on the method of the suicide – report the method factually (eg he hanged himself), but emphasise that the person mistakenly felt that he or she could not get help for his or her problem – when in fact help was available.⁹



Another 'why?' that the bereaved may ask is 'why didn't I see the signs?' While talking about warning signs can increase recognition of those signs in the bereaved, it is important to highlight that sometimes there aren't any.

Remember that agreements about confidentiality continue after a patient's death unless there are overriding legal considerations. Although legal aspects regarding confidentiality are relatively straightforward, they need to be balanced with the family's need for answers. Usually this can be done by empathetically acknowledging the family's needs, explaining why confidentiality exists and responding to questions with understanding and non-defensive openness.⁴⁷

Providing grief education and support

Most people will not have experienced suicide bereavement previously. Educating them on what to expect may help them to manage the intense, distressing, and even shameful and frightening, emotions. Additionally, it is important to be able to judge whether a patient's grief is progressing adaptively in order to make decisions about whether to intervene or not.³⁴ Therefore, you need a good understanding of the range of grief experiences different people can have.³⁴

Grief is different for each person and for each loss. For some, grief reactions will appear barely noticeable, while others will experience profound anguish and dysfunction on multiple levels (eg emotional, cognitive, physical, functional). The intensity and duration of grief is determined by multiple factors such as the nature of the relationship, personality, age, health, spirituality and cultural identity, supports and resources, and the type of loss (sudden and unanticipated versus gradual and anticipated).³⁴

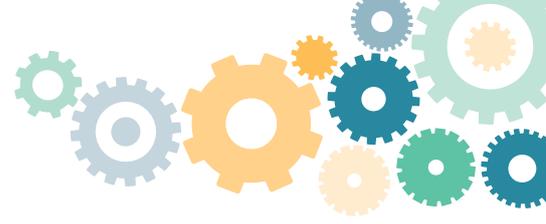
People experiencing suicide bereavement describe:

- shock
- anger
- guilt and regret (eg 'Why didn't I notice something?', 'Why didn't I do something?', 'I did do something but it didn't work, why?')
- loss and loneliness
- fear
- anxiety and depression
- intrusive images
- depersonalisation
- feeling overwhelmed.³⁴

These feelings may intermingle with relief, joy, peace and happiness – these 'positive' emotions too can cause distress and guilt.³⁴ The grieving process may feel like a roller-coaster.

It is not uncommon for people to dream of the deceased, half look for them in crowds, sense their presence, or feel them watching out for them.³⁴

After acute grief (when feelings may be present constantly) comes integrated grief, where the deceased no longer preoccupies thoughts, but is easily called to mind, and feelings of sadness and longing predominate.³⁴ This transition usually begins within a few months after the death. Even when the grief is fully integrated, people do not forget the person they lost or stop feeling sadness or stop missing them.³⁴



Complicated grief

About 10% of bereaved people experience complicated grief (also referred to as prolonged grief disorder and persistent complex bereavement-related disorder).^{34,51,52} This is a syndrome of prolonged (ie well beyond six months) or intense grief, resulting from a failure to transition from acute to integrated grief. Complicated grief is associated with substantial impairment in work, health and social functioning.³⁴ Some feel that complicated grief is not a separate condition but a component of PTSD.^{53,54}

Symptoms of complicated grief include:

- difficulty accepting the death
- separation distress (recurrent pangs of painful emotions with intense longing for and preoccupation with the deceased and over-involvement in activities related to the deceased)
- traumatic distress (eg disbelief, anger and bitterness, pronounced avoidance of reminders of the loss).^{34,51}

People with complicated grief are at increased risk for cardiac disease, cancer, hypertension, substance-use disorders and suicidality.³⁴

Several assessment instruments have been developed to screen and diagnose people with complicated grief. The Inventory of Complicated Grief⁵⁵ is the instrument that has been most commonly used to identify complicated grief symptoms in research.⁵²

Standard grief-focused supportive psychotherapies and psychotropic medications such as antidepressants do not appear to be effective for complicated grief. However, targeted complicated grief treatment has shown significant benefit.^{39,52,56-58} There do not appear to be effective preventive interventions.⁵⁹

Depression and bereavement

Grief and depression share some of the same features (low mood, sadness, and social withdrawal), making clinical depression sometimes difficult to diagnose in the context of bereavement.³⁴ While many believe that some form of depression is a normal consequence of bereavement, there are also clear differences between the two states.^{34,60}

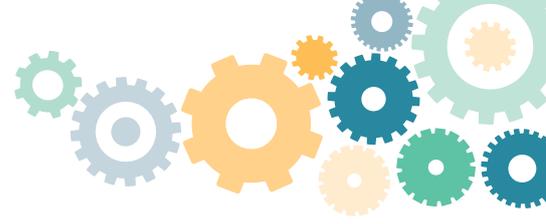
Grief

- Painful feelings come in waves, often intermixed with positive memories of the deceased (emotional ups and downs).
- Individual variability and fluctuation with progressive cognitive and behavioural adjustments until a satisfying life can be resumed (emotional downs become less frequent and less deep).
- Self-esteem is usually preserved.^{34,60}

Depression

- Mood and ideation are almost constantly negative.
- Pervasive difficulty in experiencing positive feelings.
- Recognisable and stable cluster of debilitating symptoms.
- Feelings of worthlessness and self-loathing are common.^{34,60}

Depression may be screened for using standard screening tests and diagnosed based on recognised criteria. Note that using standardised psychiatric measures has greater sensitivity in detecting depression than unassisted GP judgements.⁶¹



The fifth edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-5) has removed 'bereavement exclusion', which meant that depression could not be diagnosed within the first two months after the death of a loved one.⁴⁰ This was done to prevent major depression from being overlooked and appropriately treated.⁶⁰

The key to successful treatment is the recognition that bereavement related depression is similar to other types of major depression. Both drug (antidepressant) and non-drug therapies may be effective.⁶⁰

Post-traumatic stress disorder and bereavement

Around one-third of PTSD presentations are the result of 'interpersonal-network traumatic experiences', which include death of a loved one.⁶² Most bereaved people will react to some degree when experiencing reminders of the suicide, however those with PTSD experience marked cognitive, affective and behavioural responses, which lead to considerable social, occupational and interpersonal dysfunction.⁶³

PTSD is characterised by:

- intrusive thoughts
- nightmares and flashbacks of past traumatic events
- avoidance of reminders of trauma
- hypervigilance
- sleep disturbance.^{40,63}

PTSD screening is recommended for suicide bereaved individuals, but screening is only likely to be beneficial when high quality services are available.^{64,65} The PTSD checklist (PCL-5), a 20-item self-report measure, can be used to screen patients for PTSD and monitor the severity of symptoms over time.⁶⁶

Both pharmacotherapy and psychotherapy (eg cognitive behavioural therapy, exposure therapy) have been shown to have benefits in PTSD.^{67,68}

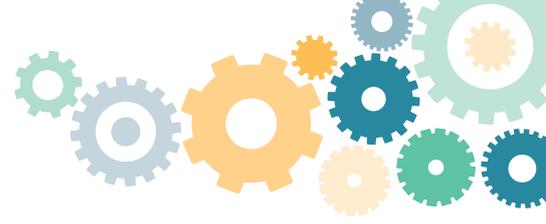
Suicidal thoughts in bereaved patients

While it is appropriate to have a case-finding approach to suicidal thoughts and behaviour in bereaved patients, there is no data to show that screening for suicide in primary care reduces mortality.^{25,69} Additionally, predicting which patients with suicidal thoughts will go on to attempt suicide cannot be achieved with a high degree of sensitivity or specificity.²⁵

Assessing suicide risk involves direct and unambiguous questioning about suicide ideation, plan, and intent. While patients may be reluctant to bring up thoughts of suicide on their own, those with suicidal ideation will generally tell their clinicians about such thoughts when asked.^{25,70}

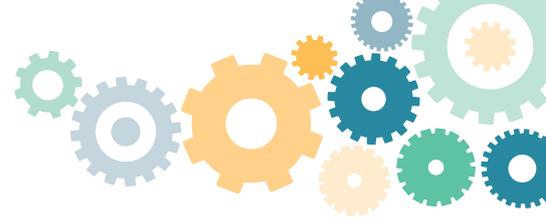
When patients express thoughts of suicide:

- acknowledge the patient's distress and communicate concern
- elicit information (plan, intent and psychosocial factors contributing to thoughts)
- clearly articulate a treatment plan and/or structured follow-up.⁷¹



To view the video, visit racgp.cachefly.net/racgp/SuicidePrevention/Suicide-Risk-Assessment-1.m4v

This video was developed by the Black Dog Institute as part of their Advanced Training in Suicide Prevention, which is accredited with the GPMHSC as Mental Health Continuing Professional Development (MH CPD). Access more information about this training here <https://www.blackdoginstitute.org.au/docs/default-source/default-document-library/edu-advanced-training-in-suicide-prevention-program-description-2015-2016.pdf?sfvrsn=2>



Resources for your tool kit

Talking about suicide and bereavement

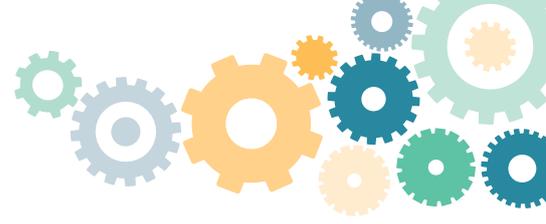
- Conversations Matter – Resources for discussing suicide, www.conversationsmatter.com.au
- Conversations Matter – Resources for those bereaved by suicide, www.conversationsmatter.com.au/resources-community/those-bereaved-by-suicide
- Mindframe – Resources for talking to the media about suicide and talking publicly about suicide, <https://mindframe.org.au/suicide/communicating-about-suicide>
- Australian Medical Association (AMA) – Resources about confidentiality guidelines and disclosing medical records to third parties, www.ama.com.au/article/guidelines-doctors-disclosing-medical-records-third-parties-2010
- MDA National – Information about accessing medical records of a deceased patient, www.mdanational.com.au/~media/Files/MDAN-Corp/Medico-Legal/Medical-Records.pdf?la=en

Complicated grief resources

- The Department of Veterans' Affairs – Provides a GP summary on complicated grief, <https://at-ease.dva.gov.au/professionals/client-resources/summary-advice-gps-complicated-grief>
- The Centre for Complicated Grief – Provides complicated grief assessment instruments, <https://complicatedgrief.columbia.edu/for-the-public/resources/>

PSTD resources

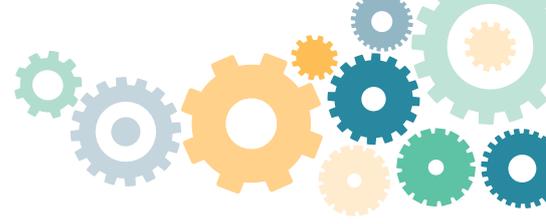
- Phoenix Australia: Centre for Posttraumatic Mental Health – Access to PTSD guidelines, www.phoenixaustralia.org/resources/ptsd-guidelines



6. Summary

While suicide prevention work has improved, many families and communities continue to be bereaved by suicide.

With almost eight people per day dying by suicide, perhaps hundreds of people are being profoundly impacted. GPs play a vital role in supporting these people through the grieving process and in preventing future suicides. This resource has aimed to provide information and advice to help GPs perform this role.



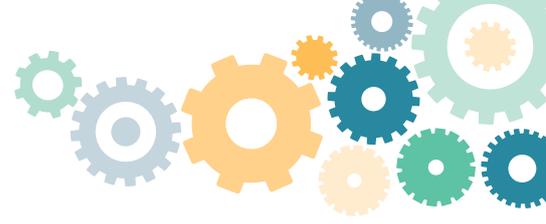
7. Your tool kit – Links to all resources

Crisis and bereavement support services

- Lifeline – Provides crisis support and information about suicide bereavement support groups and services, www.lifeline.org.au/Get-Help/Facts---Information/Lifeline-Services
- Salvation Army Hope for Life – Provides information, resources and training for those that support people who are at risk of suicide or have lost a loved one to suicide, www.suicideprevention.salvos.org.au
- SANE Helpline – Provides access to a mental health professionals on 1800 18 SANE (7263) or online, www.sane.org

Suicide bereavement and postvention resources

- Suicide Call Back Service – A free, professional, national 24/7 telephone, video and on-line counselling service dedicated to those feeling suicidal, bereaved by suicide, and medical professionals working with suicidal patients, www.suicidecallbackservice.org.au
- beyondblue – Examples (with videos) of what people recently bereaved by suicide might experience, www.beyondblue.org.au/the-facts/suicide/understanding-suicide-and-grief/recently-bereaved-by-suicide
- beyondblue – ‘Finding our way back’, a resource for Aboriginal and Torres Strait Islander peoples after a suicide attempt, www.beyondblue.org.au/the-facts/suicide-prevention/recovery-and-support-strategies/support-after-a-suicide-attempt/finding-our-way-back
- beyondblue – ‘Finding your way back’, a resource for people who have attempted suicide, www.beyondblue.org.au/the-facts/suicide-prevention/recovery-and-support-strategies/support-after-a-suicide-attempt/finding-your-way-back
- beyondblue – ‘Guiding their way back’, a resource for people who are supporting someone after a suicide attempt, www.beyondblue.org.au/the-facts/suicide-prevention/recovery-and-support-strategies/support-after-a-suicide-attempt/guiding-their-way-back
- beyondblue – How to support someone who is bereaved, www.beyondblue.org.au/the-facts/suicide/understanding-suicide-and-grief/supporting-someone-bereaved-by-suicide
- beyondblue – Understanding suicide and grief, www.beyondblue.org.au/the-facts/suicide/understanding-suicide-and-grief
- Living is For Everyone (LIFE) – The LIFE Library is a national initiative aimed to improve access to information about suicide and provide state and territory resources to support those bereaved by suicide, www.livingisforeveryone.com.au/library.html
- headspace – The Postvention Toolkit is a guide for secondary schools on how to respond to a student suicide, www.headspace.org.au/assets/School-Support/Compressed-Postvention-Toolkit-May-2012-FA2-LR.pdf
- The Salvation Army – A suicide prevention and bereavement support resource which includes free online training to support people at risk of suicide, www.suicideprevention.salvos.org.au
- Tasmanian Department of Health and Human Services – A resource for people who have lost a loved one in a sudden or unexpected way, www.dhhs.tas.gov.au/__data/assets/pdf_file/0005/47354/DHHS_Sudden_Loss_Kit_Booklet_v3.pdf
- Jesuit Social Services – Education for health and welfare professionals, resources for counselling and group support for those bereaved by suicide www.supportaftersuicide.org.au
- SANE – Podcast entitled ‘Has someone close to you died by suicide?’, www.sane.org/mental-health-and-illness/facts-and-guides/has-someone-close-to-you-died-by-suicide
- SANE – Podcast entitled ‘Is someone close to you bereaved by suicide?’, www.sane.org/mental-health-and-illness/facts-and-guides/is-someone-close-to-you-bereaved-by-suicide



- Lifeline – Provides suicide bereavement downloads such as:
 - Fact sheet: What is suicide bereavement?
 - Survivors of suicide
 - Towards good practice: Standards and guidelines for suicide bereavement support groups
 - Practice handbook: Suicide bereavement support group facilitation

www.lifeline.org.au/Get-Help/Facts---Information/Suicide-Bereavement/Suicide-Bereavement

- Lifeline – Includes several tool kits including:
 - Helping someone at risk of suicide
 - Coping with sorrow, loss and grief
 - Suicide prevention for Aboriginal and Torres Strait Islander peoples
 - Getting through floods, drought and extreme climate events

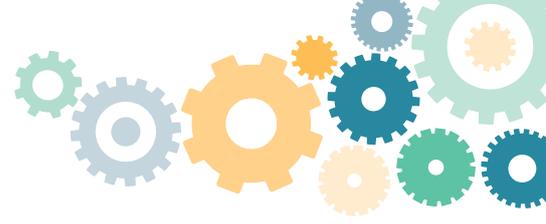
<https://www.lifeline.org.au/Get-Help/Self-Help-Tools/Tool-Kits/Tool-Kits>

Mental health and suicide prevention resources

- Living Is For Everyone (LIFE), About – Suicide prevention resources for healthcare professionals and the public, www.livingisforeveryone.com.au/About-LIFE.html
- Living Is For Everyone (LIFE), Training – Training options available nationally for suicide prevention in Australia, www.livingisforeveryone.com.au/Training.html
- The Royal Australian College of General Practitioners (RACGP) – The RACGP has developed *e-Mental health: A guide for GPs* to assist you in using e-mental health interventions with your patients when it is safe to do so, www.racgp.org.au/your-practice/guidelines/e-mental-health
- GPMHSC accredited mental health training, <https://gpmhsc.org.au/InfoSection/Index/984e7fa6-0fb3-466d-9826-3d89ec25e8c6>

Complicated grief resources

- Department of Veterans' Affairs – GP summary on complicated grief, <https://at-ease.dva.gov.au/professionals/client-resources/summary-advice-gps-complicated-grief>
- Centre for Complicated Grief – Complicated grief assessment instruments, <https://complicatedgrief.columbia.edu/for-the-public/resources/>



• PTSD resources

- Phoenix Australia: Centre for Posttraumatic Mental Health – *Australian Guidelines for the Treatment of Acute Stress Disorder and Posttraumatic Stress Disorder*, <http://phoenixaustralia.org/wp-content/uploads/2015/03/Phoenix-ASD-PTSD-Guidelines.pdf>

Suicide statistics – Australia

- Mindframe – Summarised data from the Australian Bureau of Statistics (ABS), www.mindframe-media.info/for-media/reporting-suicide/facts-and-stats#sthash.8gjACVqd.dpuf
- Living Is For Everyone (LIFE) – Fact sheet 3: Statistics on suicide in Australia, www.livingisforeveryone.com.au/uploads/LIFE_fact_sheet_3_final.pdf
- Lifeline – Statistics on suicide in Australia, www.lifeline.org.au/About-Lifeline/Media-Centre/Media-Releases/National-suicide-toll-reaches-tragic-high

Suicide statistics – Rural and remote

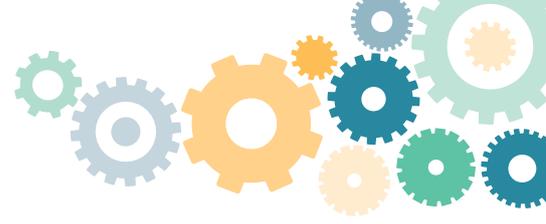
- Living Is For Everyone (LIFE) – Fact sheet 18: Suicide in rural and remote communities, <http://livingisforeveryone.com.au/uploads/docs/LIFE-Fact%20sheet%2018.pdf>

Risk factor information

- Mindframe – Information about mental illness and suicide in different population groups, <https://mindframe.org.au/mental-health/communicating-about-mental-ill-health>
- Suicide Prevention Australia (SPA) – Provides a number of relevant position statements, including:
 - Men and suicide: Future directions
 - Suicide and suicidal behaviour in women – Issues and prevention
 - Work and suicide prevention
 - Chronic illness, chronic pain and suicide
 - Alcohol, drugs and suicide prevention
 - Mental illness and suicide
- Australian Institute of Male Health and Studies – Fact sheets highlighting factors involved in male suicide, www.aimhs.com.au/cms/uploads/AIMHS%20Suicide%20Fact%20Sheet.pdf

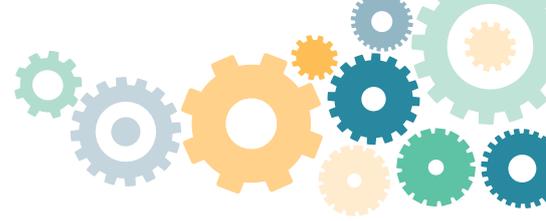
Talking about suicide and bereavement

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- Conversations Matter – Resources for those bereaved by suicide, www.conversationsmatter.com.au/resources-community/those-bereaved-by-suicide
- Mindframe – Resources for talking to the media about suicide and talking publicly about suicide, <https://mindframe.org.au/industry-hubs/for-media>
- Australian Medical Association (AMA) – Resources about confidentiality guidelines and disclosing medical records to third parties, www.ama.com.au/article/guidelines-doctors-disclosing-medical-records-third-parties-2010
- MDA National – Information about accessing medical records of a deceased patient, www.mdanational.com.au/~/-/media/Files/MDAN-Corp/Medico-Legal/Medical-Records.pdf?la=en



Clinician resources

- *Psychiatric Times* – A special report on the impact of patient suicide on clinicians, www.psychiatrictimes.com/special-reports/patient-suicide-impact-clinicians/page/0/1#sthash.sOauzTfC.dpuf
- Clinician Survivor Task Force (CSTF) – Created by the American Association of Suicidology (AAS) to support the needs of clinicians after the loss of a patient to suicide or for clinicians who have lost family members to suicide, http://mypage.iu.edu/~jmcintos/therapists_mainpg.htm

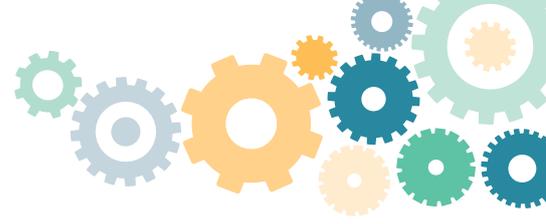


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