SENATE COMMUNITY AFFAIRS REFERENCE COMMITTEE INQUIRY INTO SUICIDE IN AUSTRALIA

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UNITED SYNERGIES LTD

StandBy RESPONSE SERVICE

POSTVENTION SUICIDE PREVENTION FOR THE FUTURE

20 November 2009

SENATE COMMUNITY AFFAIRS REFERENCE COMMITTEE

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POSTVENTION – SUICIDE PREVENTION FOR THE FUTURE

INTRODUCTION

Suicide is major cause of mortality, both internationally and in Australia. Across Australia, between 1,500 and 2,000 people of all ages lose their lives through suicide every year[1]. Almost 80% of those who suicide are men. Suicide is the leading cause of death for males aged between 25 and 44 years and the second leading cause of death for males aged between 15 and 24 years. In 2007, 1,880 deaths were recorded as suicides, which is more than those deaths due to road traffic accidents or skin cancer[2]. Regrettably, the position is worse than these statistics indicate with it generally accepted that deaths by suicide are underreported by a factor of 20-30 percent.

For every death through suicide, it is estimated that there are at least six people who are significantly affected, including immediate and extended family members and close friends. This totals to more than 10,000 Australians who are directly affected by a death through suicide each year. Many more people experience substantial feelings of grief and loss, such as relatives, friends, colleagues, teachers and acquaintances. There are also many community members who must deal with suicide events when they occur, such as emergency services personnel (e.g. police and ambulance officers), funeral directors, counsellors, health workers and community services personnel. As such, the effects of a death through suicide are often likened to the impact of a stone thrown into a river, no matter how large or small the splash, every single stone creates ripples that are wide reaching and continue long beyond the initial impact.

Postvention describes activities and services that aim to assist people who have experienced the loss of a loved one through suicide. These programs aim to reduce the incidence of adverse health outcomes amongst the bereaved, including reducing the risk of further suicides. Postvention also refers to activities that aim to build the capacity of communities to respond appropriately to suicide incidents and better support those who are grieving. Although a number of postvention services currently exist in Australia, support services for people bereaved by suicide are hardly wide-spread and further funding, resources and research is essential in order to ensure that any Australian who is bereaved by suicide has ready access to well-structured, timely and appropriate postvention support and care. Investment in postvention will provide multiple returns on investment, including reducing adverse health outcomes, decreasing government and community spending, increasing community capacity, coordination and empowerment and, most importantly, reduce the unnecessary loss of life through suicide.

THE IMPACT OF SUICIDE BEREAVEMENT

As mentioned above, suicide has broad-ranging effects for many people within a community. There are also numerous costs associated with suicide and suicide bereavement, including emotional, social and economic costs to individuals, communities and the nation as a whole. Recent international studies estimate that the economic cost of suicide lies well into the hundreds of thousands of dollars, taking into consideration the direct (e.g. ambulance costs, hospital treatment and post-mortem costs, police attendance, funeral costs), indirect (loss of life years, lost productivity and

earnings), and intangible costs (the costs associated with human suffering and grief experienced by family and friends). A study conducted in Northern Ireland in 2007 estimates that each suicide costs the community over £100,000 (approximately $A180,000) in direct and indirect costs and a further £990,000 (approximately $A1.75 million) in costs associated with bereavement (Australian values calculated based on current exchange rate). Research undertaken in New Zealand estimates that the direct and indirect costs of each suicide total more than $NZ1.3 million (approximately $1 million), which includes the cost of years of life lost. With approximately 2,000 people dying through suicide each year in Australia, it is reasonable to conclude that in economic costs alone, suicide and suicide bereavement costs the Australian community between $1 billion and $2 billion every year. Furthermore, there are substantial emotional and social costs that are difficult to quantify in economic terms.

Impact on family and friends

Although bereavement through suicide has many similarities with other forms of bereavement, there are also some distinct differences that differentiate suicide bereavement from other forms of loss, which can complicate the grief process. Those left behind following a death through suicide often find themselves asking "Why?" or "What could I have done?", with many people struggling to understand the often complex and inter-related reasons that may have caused the death. People bereaved by suicide may experience a range of intense emotions such as alarm, disbelief, detachment, anger, blame, surprise, rejection, shame and guilt. There may also be the added trauma of witnessing the suicide or finding the body of the deceased.

One of the most concerning features of suicide bereavement is the finding from numerous studies that people who have lost a loved one to suicide are themselves more at risk of experiencing suicidal thoughts and/or attempting suicide. This is likely to be due to a variety of factors. People who are bereaved through suicide may have been exposed to or possess similar suicide risk factors as the deceased person (e.g. genetic factors, family environment), thus placing them at a greater risk of suicidality. In addition, experiencing a loss through suicide can precipitate suicidal behaviour, increasing the risk of contagion, imitation or cluster suicides. (Contagion or imitation suicidal behaviours are those behaviours that occur following exposure to another suicide, either through first-hand experience or through media reports, or other forms of media (e.g. television, music, film, video games). A "cluster" describes when a number of suicides occur within a specific geographic area or short period of time.)

Furthermore, research comparing loss through suicide with other forms of bereavement reveals that the grief process may be more intense and/or take substantially longer for people bereaved by suicide. Recent research shows that compared with people who had experienced another types of trauma or loss, people bereaved by suicide have a lower quality of life, higher rates of sadness and depression and a reduced ability to learn to live with their loss over time. These aspects also show little improvement over time, with some people showing a considerable decline in quality of life more than ten years following the loss.

The high incidence of adverse health outcomes for people bereaved by suicide has considerable costs for the individual, their families and the community. The reduction in quality of life and the possibility for complicated or chronic grief for people bereaved by suicide can negatively impact on their productivity, community involvement and economic output. For instance, people bereaved by suicide may require substantial time off from work, decreasing their earnings and increasing their reliance on social welfare support and other community services. Even if a bereaved person does attend work, studies show that feelings of grief, loss and sadness can impact on an individual's productivity and functioning. Young people are particularly impacted by the suicide of a family member, which often causes a significant interruption to their education. This disengagement can be long lasting or permanent if not appropriately managed.

People bereaved by suicide are also at an increased risk of experiencing a mental health condition (e.g. depression, anxiety, post-traumatic stress disorder), which will likely require ongoing health care, treatment and/or therapy. They may also require additional services, such as access to community support services or government welfare. These services bear considerable costs to both the individual and the community at large.

Research shows that people handle their grief in many different ways. However, without appropriate support, these differences have the potential to put enormous strain on family and community relationships, particularly when few people have the knowledge and skills to deal with suicide events appropriately. This can have serious detrimental effects, such as family conflict, potential family breakdown and community rifts, which, in turn, bears substantial social costs for the family themselves and the community (e.g. child support costs, costs associated with government services, treatment and health care costs for mental health conditions, additional housing costs etc.).

Impact on communities, schools, workplaces and community groups

Communities may also suffer the negative effects of suicide. A death through suicide can cause a feeling of collective grief, particularly in small, close-knit communities, such as those located in rural/remote areas or those communities with strong cultural identities (e.g. Indigenous or ethnic communities). In fact, there is some evidence to suggest that in communities where there have been a number of suicides, this collective grief can become entrenched and may lead to other social and economic problems and even a total loss of cohesion or a breakdown of the community.

Across Australia, there is poor awareness and understanding of the risk factors and warning signs for suicide and the most appropriate responses or actions to take to prevent suicide or following a suicide event. This can lead to feelings of stigma and shame for people bereaved by suicide and reduce their capacity or willingness to seek help and support. The lack of capacity to respond appropriately to suicide incidents can also create a sense of disempowerment within a community, with local emergency and community services' personnel feeling powerless to prevent suicide from occurring and helpless through not knowing how to support the bereaved.

Some communities may also experience cluster or contagion suicides, where the occurrence of one suicide leads to more suicides or suicide attempts. This is particularly common within or between schools located in a particular region, where the suicide of a student or teacher has the potential to trigger other suicides. The occurrence of contagion and/or cluster suicides can be extremely traumatic for a community and bears considerable emotional, social and economic costs for families, schools, workplaces and community groups.

Schools and workplaces often have difficulty dealing with the suicide of a student, teacher or employee, often unaware of how to discuss the issue or provide appropriate support for others within the community. This can result in lost productivity, the occurrence of complicated grief and/or other mental health conditions amongst other students, teachers or employees and may increase the risk of further suicidal behaviours.

There are various other people and organisations that may be impacted by a death through suicide. For example, health professionals, such as general practitioners, psychologists, psychiatrists and other mental health and health professionals, are known to experience considerable feelings of grief, guilt and professional failure following the suicide of a patient. However, many are unable to express their grief, often having to provide objective support to family and friends and, in some cases, face claims of negligence or incompetence and/or feelings of blame from the deceased's loved ones.

Impact on emergency service providers and resourcing

Emergency service providers, such as police and ambulance services, are placed in a position of immense responsibility to deal with a range of difficult and traumatic situations and circumstances, often relying on limited time, resources and funding. In relation to suicide incidents, emergency services personnel often assume the tasks of assessing the scene, providing emergency health care, assisting the person/people who discovered the body, informing the family of the death and liaising with other services, such as the local coroner's office and funeral directors. Police officers, paramedics and other emergency workers are often not adequately trained or educated in suicide prevention, intervention or postvention and may not be aware of how to respond appropriately or at all. Limited time and resources and a lack of coordination between emergency and community services often means that emergency services personnel must forego assisting the bereaved in order to complete their work and are often left feeling helpless and detached following a suicide event. Emergency services workers may also experience significant trauma associated

with exposure to the scene and they often have limited access to de-briefing or counselling to manage their experiences.

Insufficient or ineffective partnerships and cooperation between emergency and other community services can also lead to the duplication of effort and significant gaps in service availability. This leads to inefficiencies in the management and use of existing resources and services that may become unsustainable in the long-term. Inherent inaccurate views or myths regarding suicide within a community can further hinder effective support for bereaved people, through stigma, discrimination or the provision of inappropriate or inadequate services.

PROVIDING SUPPORT TO PEOPLE BEREAVED BY SUICIDE

Because people grieve in a variety of ways, people bereaved by suicide often require a range of information, support and assistance during their grief process. This may include:

- telephone counselling and/or support
- face-to-face crisis intervention
- access to support groups with other bereaved people
- information and assistance regarding the coronial process and funeral arrangements
- practical and/or financial assistance (e.g. temporary alternate accommodation, meals, clean-up, child care)
- ongoing emotional support
- professional services (e.g. counselling, professional therapy)
- access to information and resources, including those available via web-based resources.

Surveys of people bereaved by suicide indicate that the most important forms of assistance at the time of the suicide event are emotional support and access to someone who understands what they're going through. However, research also shows that different people may require different types of support and assistance at different times during their bereavement. Due to the often prolonged grief process following a suicide, some people bereaved by suicide will require ongoing support over an extended period of time, particularly after initial support systems (e.g. family and friends) have diminished. As such, there is a need for a *continuity of care* for people bereaved by suicide, which provides ongoing support and assistance across a range of activities and which includes *safety nets* that ensure the safe and secure transition of people between different types of services.

A number of guidelines regarding the effective and best practice operation of postvention activities exist, particularly those that guide the appropriate procedures for organising and running a bereavement support group. These guidelines aim to assure the quality and safety of postvention services. As people bereaved by suicide are a highly vulnerable and at-risk group, protecting them from potential harm is of the highest priority when offering support and assistance. As such, all postvention services should operate under the principle of *"first, do no harm"*. In addition, postvention initiatives should be based on scientifically-based evidence and regularly consult suicide prevention and postvention experts and literature for up-to-date data that confirms the efficacy of the service model or approach. Postvention services should also be multi-modal and complementary, involving all relevant stakeholders to build ownership and engagement. Where necessary, postvention services should be tailored to each community, culture and/or target group, employing customised techniques and local understandings of suicide and suicide bereavement. This includes the development of specific techniques, resources and services that cater for children and adolescents, Indigenous populations, people from culturally and linguistically diverse backgrounds and other at-risk or diverse groups.

There are a number of services across Australia providing support for people bereaved by suicide, however, often services are located solely in metropolitan areas, with limited access and availability for people living in regional, rural and remote areas. In addition, broad-scale services (e.g. national telephone help lines) may not be culturally

appropriate for different ethnic or cultural groups or take into consideration the particular circumstances within a particular local area or community. Often, there is limited information about how or where to access the available services, making it very difficult for bereaved people, who may not know where to start in order to find and receive support. This has been confirmed through national consultations conducted with people bereaved by suicide, which revealed that many experience significant barriers to seeking, finding and receiving assistance and support. The most common barriers were depression, or a lack of energy to seek help, a reluctance, fear or shame about asking for help and a lack of information about where to find support[3] [4]. Critically, only about one in four people bereaved by suicide reported that they did not experience any difficulty in finding support and assistance.

Most bereaved also reported that immediate family and friends provided them with the most support following the death of their loved one, with additional assistance from a range of other sources within their community. However, the abovementioned study showed that approximately one-third of people bereaved by suicide felt that they did not receive the support they needed at the time of the suicide event and one in five do not feel that they currently receive the support they need from immediate family and friends. Due to ongoing misunderstandings and lack of awareness regarding suicide (and mental illness), some people bereaved by suicide report feelings of stigma and social isolation from their family, friends and community that may prevent them from finding or receiving support. These statistics suggest that, across Australia, only a small proportion of those individuals dealing with suicide bereavement have access to well-structured, affordable, evidence-based postvention services. The vast majority of people bereaved by suicide are left to manage their complex and often traumatic grief reactions with inadequate or inappropriate or non-existent support and assistance. This would indicate that much more needs to be done to ensure that anyone bereaved by suicide has access to the support they need, including increased research, funding, resources and evaluation of existing services.

THE STANDBY RESPONSE SERVICE – AN EFFECTIVE AND EFFICIENT MODEL TO DELIVER POSTVENTION CARE

The StandBy Response Service is a community-based active postvention program that provides a 24-hour coordinated crisis response to assist families, friends and associates who have been bereaved by suicide. The service operates in eight locations across Australia: the Sunshine and Cooloola Coasts, QLD; Cairns, QLD; North Brisbane, QLD; Canberra and the A.C.T.; the Pilbara region, WA; the Kimberleys, WA; Southern Tasmania; and North/North Western Tasmania (The Cairns Service is currently in care-taker mode pending a decision to appoint a locally based auspice agency). The StandBy program is managed by United Synergies Ltd, a not-for-profit organisation and is auspiced by a number of other organisations across Australia. United Synergies have been operating the StandBy Response Service on the Sunshine Coast in Queensland since 2002. In 2006, with the assistance of the Australian Government Department of Health and Ageing, a trial project was commenced to replicate the program in three additional communities – Cairns, Canberra and North Brisbane. In 2009, further expansion of the program occurred, with the establishment of services in Western Australia and Tasmania. Discussions are underway with community groups in Rockhampton and Wagga Wagga regarding the possible introduction of the Service into those areas.

The StandBy Response Service is founded and operates on the principle of community respect, understanding and support for the health and wellbeing of people bereaved by suicide. StandBy provides people bereaved by suicide with access to timely support and clear pathways to care. The service provides an immediate response to people bereaved by suicide via a locally based and staffed 24-hour crisis response telephone number. From there, people bereaved by suicide can receive face-to-face outreach service provided by a skilled crisis response team and/or referral to appropriate support services matched to their needs, coordinated by a highly-qualified program coordinator. In addition, the service also supports emergency and community services providers who respond to suicide events and helps to build community capacity and resources to deal with both suicide postvention and prevention. Furthermore,

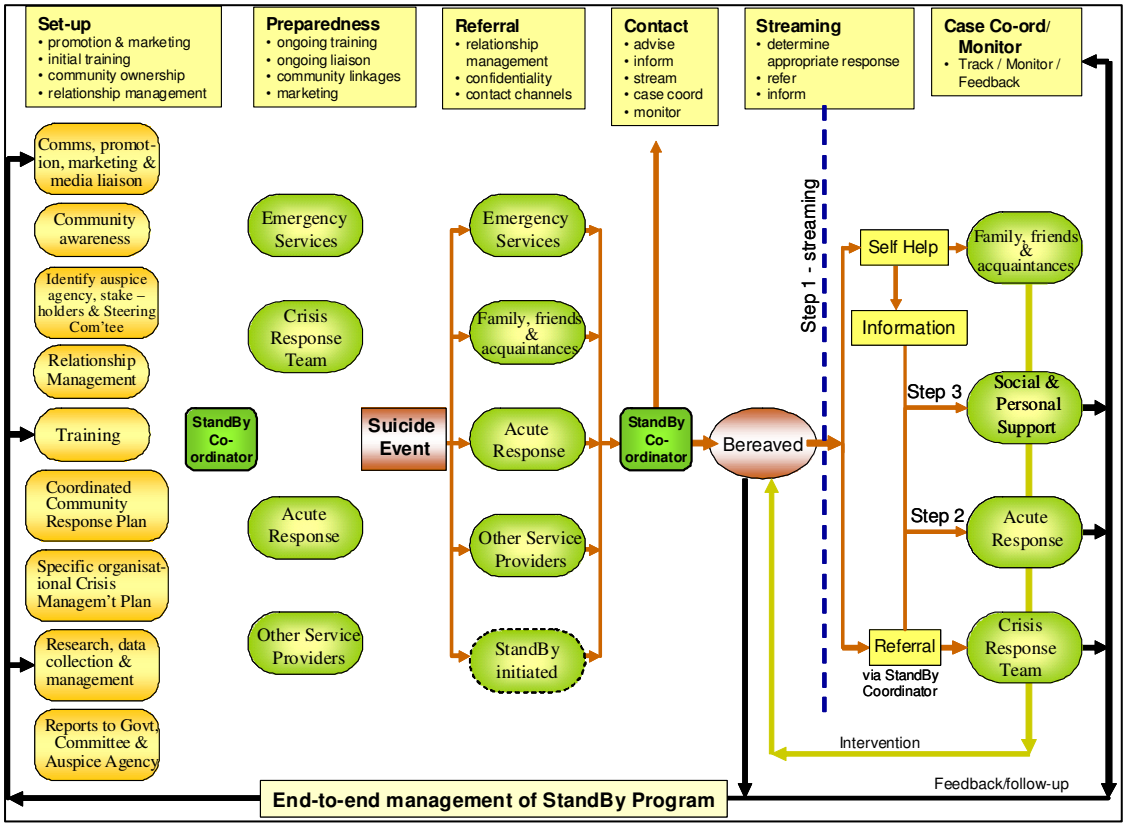
StandBy also has the capacity to assist schools, workplaces and community groups to manage a suicide incident, providing support ranging from information and guidance through to workshops, training and crisis management.

The StandBy process map (see Figure 1) illustrates both the community capacity building activities undertaken by StandBy (left-hand side of the diagram) and the intervention process that takes place when responding to requests from people bereaved by suicide (right-hand side of the diagram). The StandBy Response Service also incorporates ongoing monitoring, follow-up and feedback from all parties (e.g. people bereaved by suicide, emergency responders, community agencies, etc.). This monitoring process ensures that the service undergoes continuous improvement and effectively responds to emerging trends and the changing needs of each community.

The StandBy Response Service differs from many other existing postvention services in a number of ways. Because the program is community-based, it harnesses and develops the skills, experiences, resources and knowledge that already exists within a community. This means that the program is both cost-effective and reduces the duplication of effort that so often occurs within the community sector in Australia. It also creates a strong sense of ownership of the program within the community, creating feelings of empowerment and cooperation amongst local people.

Within each community, the program is guided by a Steering Committee, consisting of a range of representatives from across the local area, including police officers, ambulance staff, funeral directors, coronial staff, counsellors, cultural representatives and bereaved people. The Steering Committee works with the StandBy Coordinator and staff to identify current community issues, potential partnerships and existing service gaps. Through ongoing community liaison and a range of evidence-based training programs, StandBy works with local people, organisations and government agencies to build capacity and skills and empower communities to work together to respond quickly and appropriately to suicide incidents. Training programs offered by StandBy include a range of suicide prevention, grief and postvention training and education in the areas of health promotion, critical incident response, bereavement, cultural awareness and communication and other areas related to traumatic loss. StandBy also establishes formal partnerships, arrangements and memorandums of understanding with other local services, which enables referrals between StandBy and other agencies.

Figure 1: The StandBy Process Map



Information about the services offered by the StandBy Response Service are distributed throughout community networks and referrals are made through these networks. In addition, police and ambulance vehicles are equipped with a specially designed pack that sits on the vehicle's sun visor. This pack contains brochures, magnets and other information and allows police and ambulance officers to disseminate StandBy's contact details to bereaved people easily, discreetly and without any pressure on the bereaved. If required, StandBy staff can be rapidly on-site to coordinate and offer support to both bereaved and emergency responders. Or people bereaved by suicide are able to contact the StandBy service in their own time. Alternatively, a community responder may refer individuals or families to the service, upon their request. StandBy only responds to those people who have specifically requested the service, believing that people bereaved by suicide have the right to choose when, where, how and if they receive support. As such, StandBy's postvention services are provided always and only by invitation from the bereaved.

Through the program's active engagement of other organisations and services within the community, the StandBy Response Service provides people bereaved by suicide with a "one-stop-shop" point of contact for all their support needs. In addition to crisis intervention and support, StandBy can provide bereaved people with access to a variety of services, including suicide bereavement support groups, information and assistance regarding the coronial process and funeral arrangements, practical assistance, such as clean-up of the scene, temporary accommodation, meals and child care, professional counsellors and psychologists, information and resources and ongoing emotional support. This also prevents bereaved people from having to "retell their story" to every organisation and agency they deal with, which can be both a distressing and frustrating experience at an already difficult time. There is no time limit on when a bereaved person can access StandBy's services and StandBy responds to both local suicide incidents, as well as local people who have experienced a suicide elsewhere.

All of StandBy's staff are paid, highly qualified professionals, with specialised training across a variety of fields, including crisis response and management, suicide prevention, intervention and postvention, grief and bereavement, community development, public relations, social work and counselling. Team members come from a variety of cultural and professional backgrounds and both genders and are selected for particular interventions based on the needs of the bereaved. There is typically a full-time StandBy coordinator in each community and a small group of casual employees, who act as the crisis intervention team. Interventions are conducted in teams of two, which protects the safety of both the bereaved and the StandBy workers.

The StandBy Response Service has received many accolades for its innovative approach and its unique model of service delivery. This has resulted in a high level of demand from other communities around Australia that are seeking to replicate the StandBy model in their local area. In addition to the comprehensive replication of the StandBy model in eight communities across Australia, StandBy has also developed and trialled an 8-week Critical Postvention Response (CPR) micro model, for rapid implementation in communities experiencing a number of suicide losses, which may indicate a potential cluster or contagion phenomena or where long-term, chronic suicide losses have occurred. This response includes a concurrent community needs assessment.

EVALUATION OF THE STANDBY RESPONSE SERVICE

The trial replication of the StandBy Response Service that began in 2006 was accompanied by an extensive, independent, longitudinal evaluation process. The evaluation took place across four locations (Sunshine and Cooloola Coasts, Cairns, North Brisbane and Canberra). The evaluation aimed to find out whether the StandBy Response Service has a positive impact for people bereaved by suicide and improves the community's capacity to respond to suicide events. The evaluation findings provided important information for the organisations within each trial site to help them improve and refine the StandBy Response Service model.

The evaluation also provided the opportunity to systematically measure the effectiveness and efficacy of the StandBy model, which provides government with valuable information to assist in prioritising and allocating resources for suicide bereavement programs nationally. In addition, the evaluation findings provide greater knowledge for all communities for developing and implementing strategies at the local level that support the sustainability of community-based suicide postvention programs.

The evaluation involved measuring the impact of the StandBy Response Service on both StandBy clients and also the emergency and community services that respond to suicide events within each region (e.g. police, ambulance, counsellors, funeral directors, etc). All people bereaved by suicide who had contact with the StandBy Response Service since July 2007 were invited to participate in the evaluation. The results of StandBy clients were compared to people bereaved by suicide who had not accessed the StandBy Response Service and also people who had experienced another type of traumatic or upsetting life event (i.e. not a loss through suicide). In addition, people who respond to suicide incidents within the community or assist people bereaved by suicide were asked to be involved in the evaluation. This allowed measurement of whether the StandBy Response Service helps a community to respond appropriately and adequately assist people bereaved by suicide. Overall, 52 people bereaved by suicide who had accessed the StandBy Response Service between July 2007 and March 2009 were involved in the evaluation. Over 150 emergency and community responders across all four communities also participated in the study.

The evaluation consisted of three phases over a two and a half year period:

1. ***Phase 1: Baseline Evaluation*** – assessing the trial site communities prior to the implementation of the StandBy Response Service.
2. ***Phase 2: Process Evaluation*** – assessing the internal processes of establishing the StandBy Response Service; and
3. ***Phase 3: Impact Evaluation*** – assessing the impact of the StandBy Response Service for people bereaved by suicide and the community's capacity to respond to suicide incidents.

Four specifically designed surveys were developed to measure and monitor the key concepts being evaluated. These surveys were:

- Two surveys that measured the quality of life and levels of grief and loss (*"Quality of Life"* and *"How I Feel"* surveys;
- One survey that measured StandBy clients' satisfaction with the StandBy Response Service (*"StandBy Response Service"* survey); and
- One survey that measured the extent of coordination and cooperation between emergency and community services (*"Emergency Response to Suicide Events"* survey).

The evaluation findings revealed that the StandBy Response Service has a positive impact for both bereaved people and the communities in which it is established, which was demonstrated across a range of measures.

Building of community capacity

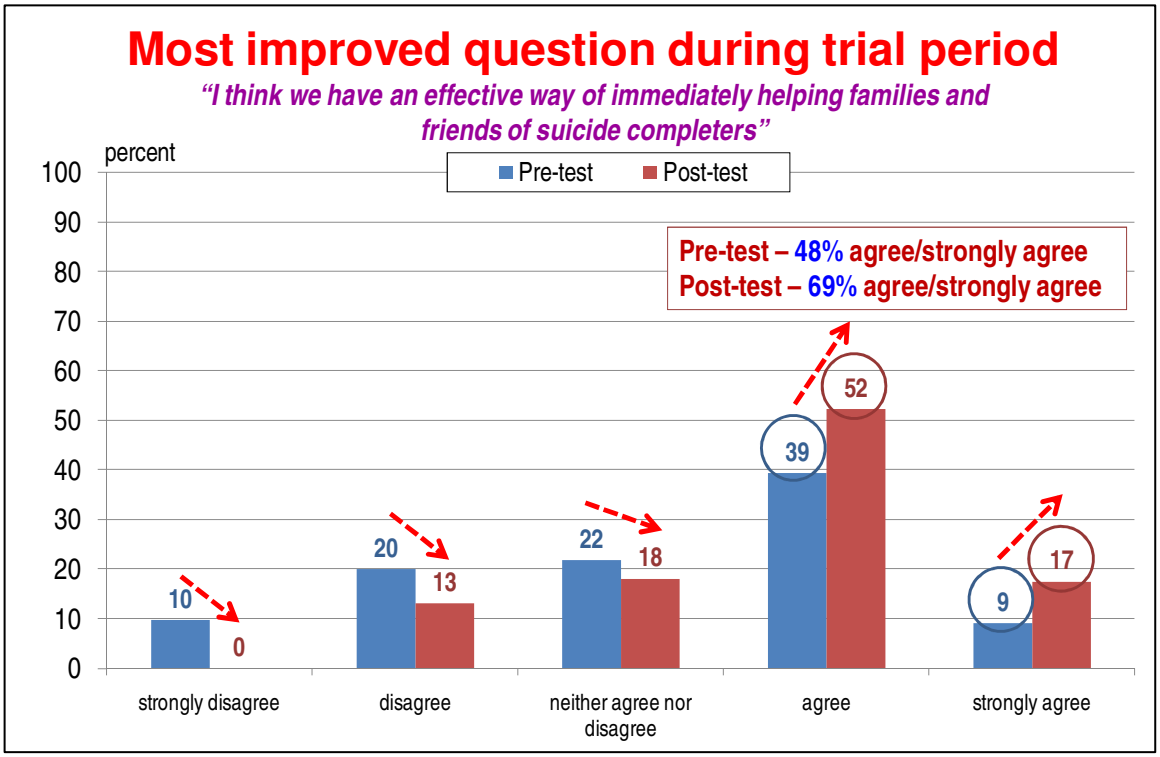
The evaluation team used on-site interviews with StandBy staff and observations in trial locations (qualitative methods) and surveys from emergency and community services personnel (quantitative methods) before the introduction of StandBy (pre-test) and two years after the establishment of StandBy (post-test) to determine StandBy's impact on each community's capacity to respond to suicide events. The qualitative and quantitative findings from the evaluation suggest that the StandBy Response Service does increase a community's capacity to respond appropriately and effectively to suicide incidents and suicide bereavement. In particular, the establishment of the StandBy Response Service appears to increase the belief within the community that there are effective mechanisms for assisting people bereaved by suicide in their community and that they are well-connected to their local community networks (see Figure

2). Following the establishment of StandBy, emergency and community responders expressed an appreciation for the improved local networking and cooperation, the clearer demarcation of roles and responsibilities and a reliable, single point of contact for issues related to suicide bereavement. The existence of StandBy reduced their frustration related to feelings of helplessness and the lack of resources to assist people bereaved by suicide and allowed them to get on with their jobs knowing that there was adequate support available for anyone who is bereaved.

StandBy's success in building community capacity to respond to suicide incidents appears to depend on three main factors:

1. A single, over-arching auspice agency for all trial sites – the agency can ensure the correct implementation of the model and provide consistent guidance regarding issues related to staffing, community development, procedures and practices and other potential challenges.
2. Strong existing community networks – formal and informal arrangements and partnerships between the StandBy Response Service and other community organisations (including emergency services) are essential for building awareness of the program and developing referral pathways.
3. Job satisfaction amongst different job/roles and specific sectors/services – dissatisfaction and low morale amongst emergency and community services personnel can reduce the ability of StandBy to build effective networks and partnerships.

Figure 2: Most improved aspect of community capacity over the course of the evaluation



Supporting people bereaved by suicide

As discussed earlier, studies have shown that people bereaved by suicide may have an increased risk of suicide themselves. One way to assess the risk of suicide is to measure people's level of suicide ideation, or suicidal thoughts. Over the course of the evaluation, the results show that StandBy clients have a reduced incidence of suicide ideation when compared with other people bereaved by suicide who did not have contact with the StandBy Response Service

(see Figure 3). Furthermore, the results indicated that this positive attitude improves over time to levels equal to or above those of the general population who had not experienced a suicide-related trauma. This suggest that the StandBy Response Service plays an important role in reducing suicide risk factors and increasing protective factors for people bereaved by suicide and may reduce the occurrence of contagion or cluster suicides.

In addition to reducing suicide ideation, the results from the evaluation also suggest that the StandBy Response Service reduces the incidence of adverse health reactions, such as depression, anxiety and chronic/complicated grief. The evaluation findings showed that although StandBy clients experienced substantial feelings of sadness, grief and depression following their loss through suicide, their results were considerably more positive than those of bereaved people who did not have access to the StandBy Response Service. Standby clients' results also improved substantially over time and were similar to the results of people from the general population who had experienced a recent non-suicide trauma or loss (see Figure 4). This suggests that the support and assistance from the StandBy Response Service appears to "normalise" the grief experience for people bereaved by suicide, increasing levels of happiness and vitality to levels similar to the general population. The results also suggest that the services provided by the StandBy Response Service gave bereaved people room to grieve in their own way and enabled them to learn to live with their loss over time.

Over 80% of StandBy clients involved in the evaluation said that they received the support they needed at the time of the event, compared with only two-thirds of bereaved people who did not have contact with the StandBy Response Service. StandBy clients reported higher levels of social support, social engagement and friendship networks and their results improved over the course of the evaluation. StandBy clients also reported fewer barriers to seeking and finding support during their bereavement. These results suggest that contact with the StandBy Response Service increases people's awareness of available services within their community and improves their ability to activate their own social networks.

Overall, StandBy clients were extremely satisfied with the support and assistance they received from the StandBy Response Service and they recognise the need for such a service within their community. Across all four trial site regions, all people bereaved by suicide who accessed the StandBy Response Service found the StandBy team helpful and courteous and were able to get assistance and advice from the service. The vast majority of StandBy clients would recommend that others in a similar situation contact StandBy for support and feel that the service is an essential part of building a better community response to suicide events.

Figure 3: Overall effect of the StandBy Response Service on clients' level of suicide ideation

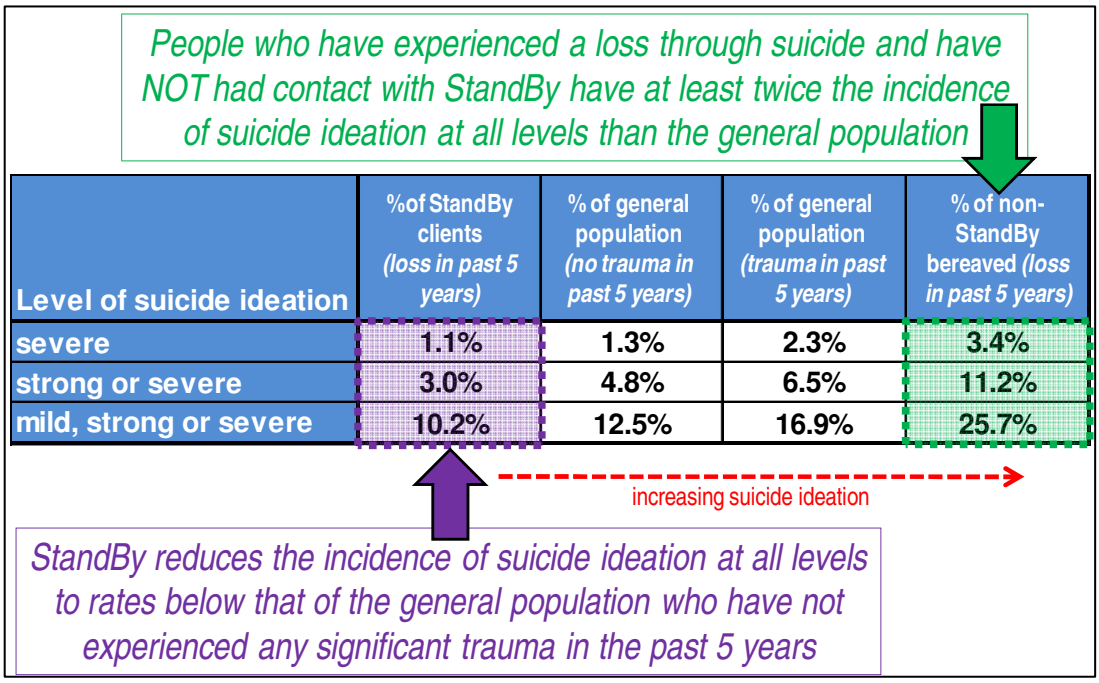


Figure 4: Overall effect of the StandBy Response Service on clients' attitude to life

Level of sadness (opposite of happiness)	%of StandBy clients *(loss in past 5 years)*	% of general population *(no trauma in past 5 years)*	% of general population *(trauma in past 5 years)*	% of non-StandBy bereaved *(loss in past 5 years)*
strong		2.4%	2.8%	
mild or strong		8.5%	14.0%	

Level of depression (opposite of vitality)	%of StandBy clients *(loss in past 5 years)*	% of general population *(no trauma in past 5 years)*	% of general population *(trauma in past 5 years)*	% of non-StandBy bereaved *(loss in past 5 years)*
strong		3.7%	7.5%	
mild or strong		15.8%	24.2%	

StandBy reduces the incidence of strong feelings of sadness and depression when compared with the general population who have not experienced any recent trauma and reduces the incidence of mild/strong feelings of sadness and depression to levels similar to those experienced following other (i.e. non-suicide) forms of recent trauma

People who have experienced a loss through suicide and have not had contact with StandBy have approximately twice the incidence of feelings of sadness and depression than the general population

A WORTHWHILE INVESTMENT

The longitudinal evaluation of the StandBy Replication Project not only highlighted the effectiveness of the StandBy Response Service in assisting people bereaved by suicide and the communities in which they live, but also the ***efficiency*** of the program. Because the program is built upon existing services offered by local organisations and agencies, the StandBy Response Service is a cost-effective solution for postvention. In addition, through StandBy's community training programs and coordination of services within the community, communities are more adept at harnessing the skills, expertise and resources that are already present. The evaluation of StandBy showed that emergency services, such as police and ambulance, value the presence of the program, as it enables them to continue with their jobs, knowing that those people who have experienced the tragic loss of suicide are supported. Furthermore, emergency and community services personnel are better able to work together to ensure that anyone who is bereaved through suicide has access to the support they need.

The crisis intervention and referral services provided by the StandBy Response Service to people bereaved by suicide are also delivered efficiently. Although StandBy clients are welcome to access the service on multiple occasions should they require further support, both the independent evaluation and ongoing internal monitoring of the program indicate that very few people who access StandBy's services require ongoing assistance following their initial contact with StandBy. This suggests that, in most cases, the StandBy service model can reduce the likelihood of suicide and other adverse health reactions for people bereaved by suicide through only one face-to-face interaction with the client combined with the development and ongoing coordination of appropriate referral pathways. Thus, the StandBy Response Service has a significant positive impact within the community, while operating efficiently and economically. This provides savings to both the government (who fund the program) and the community as a whole.

The demonstrated benefits of the program for both people bereaved by suicide and the local community responders and organisations are likely to substantially reduce the costs associated with bereavement and suicide. For example, as mentioned earlier, every death through suicide is estimated to bear an economic cost totalling well into the hundreds

of thousands of dollars, including the direct costs associated with the death (e.g. ambulance and hospital fees, police attendance, funeral costs) and the indirect costs incurred through lost productivity and/or earnings (e.g. employment, volunteer work, housework). A reduction in suicide ideation for people bereaved by suicide will potentially reduce the occurrence of suicide and the enormous emotional, social and economic burden this brings.

The StandBy Response Service is also likely to reduce the considerable emotional, social and economic costs incurred through bereavement, such as those relating to health care and treatment for physical and mental health conditions, lost productivity and earnings through absenteeism and extended bereavement leave and potential family conflict and/or breakdown. Through reducing the incidence of negative health outcomes, such as depression and complicated grief and improving clients' quality of life and ability to manage their grief, StandBy clients will likely have quicker functional re-participation in the community (including paid employment, volunteer work and family duties), reduced need for ongoing health and community care (e.g. mental health treatment) and higher levels of social support and engagement.

Finally, the increased coordination and cooperation between local emergency services and community agencies is also likely to result in cost savings and the better utilisation of resources (including time, funds, personnel) in dealing with suicide events, as well as other traumatic or difficult incidents within the community. An improved awareness and understanding of the key issues related to suicide prevention, intervention and postvention within the community may also assist in reducing the incidence of suicide, suicide attempts and self-harm in the local area, thus further benefiting the community and reducing the burden of suicide across Australia.

CONCLUSION

Bereavement through suicide has considerable emotional, social and economic impacts for the Australian community. With more than 10,000 per year in Australia experiencing a significant loss through suicide, providing adequate and appropriate support and assistance for bereaved people is an issue that requires ongoing recognition and attention. Professional, timely, coordinated assistance that enables bereaved people to access the types of support they need has been shown to reduce adverse health reactions, including chronic or complicated grief, an increased rate of depression, anxiety and other mental health issues and a higher risk of suicidal thoughts and/or behaviours.

The StandBy Response Service is a community-based model of postvention care that builds cooperative networks and partnerships within the community to facilitate more effective and efficient response to suicide incidents. In addition, the service provides immediate support and referral services, twenty-hours a day, seven days a week, for anyone bereaved by suicide.

Longitudinal independent evaluation of the efficacy of the StandBy Response Service showed that the program has the potential to reduce the loss of life through suicide, as well as reducing the potential costs associated with ongoing support and treatment, loss of productivity and family and community breakdown. The program provides a "one-stop-shop" for people bereaved by suicide, linking them with the right support, at the right time. In addition, StandBy improves the capacity of communities' to respond effectively to suicide events. Through specialised training and fostering greater linkages and working relationships between existing services and agencies, StandBy empowers communities to better know how to appropriately deal with suicide and to provide pathways to care and support for the bereaved.

As the program relies heavily on harnessing the existing resources and services within the community and employs qualified, professional staff with expertise in suicide postvention and community development, the StandBy service operates in a cost-effective and efficient manner. As such, the significant emotional, social and economic costs associated with suicide and suicide bereavement can be substantially reduced, without the program incurring a large cost to the Australian community.

The availability of evidence-based, well-structured models of postvention, such as the StandBy Response Service have the potential to provide the Australian community with multiple returns on investment, including reducing adverse health outcomes, decreasing government and community spending, increasing community capacity, coordination and empowerment and, most importantly, reduce the unnecessary loss of life through suicide. However, at this stage, only limited postvention services like the StandBy Response Service are available across Australian communities. Further investment in best practice postvention services is necessary to save lives and provide a better quality of life for people who have experienced the tragedy of suicide.

[1] ABS (2009). Causes of Death 2007.

[2] ABS (2009). Causes of Death 2007.

[3] McMenamy, J.M., Jordan, J.R. & Mitchell, A.M. (2008). What do suicide survivors tell us they need? Results of a pilot study. *Suicide and Life-Threatening Behavior,* 38(4), pp. 375-389.

[4] Corporate Diagnostics (2009). *StandBy Replication Project. Final Evaluation Report.*

ABOUT UNITED SYNERGIES

United Synergies Ltd is a not-for-profit human services organisation committed to making a difference to the lives of others. Our services support young people, families and communities around Australia, with particular emphasis on those experiencing some form of disadvantage, to assist them in achieving their full potential.

We work with our clients to help them achieve stability in their lives, along with a sense of wellbeing and happiness. We work directly with those in need and also provide advice, consultancy and partnership opportunities to other agencies and government.

Our programs and services include:

- Accommodation for young people – providing accommodation support from 24hr/7day supervised care to transitional accommodation
- Alternative education – providing formal schooling from years 9 to 12 in an informal, supportive environment in partnership with Edmund Rice Education Australia, Flexible Learning Network
- Youth support programs – working in partnership with local schools to ensure young people stay connected to their education
- Younger parent support programs – equipping young parents with the skills and support required to ensure their children have the best start in life
- Suicide prevention and bereavement support – providing suicide prevention and bereavement support via the StandBy program to communities and individuals dealing with the tragedy of suicide
- Mentoring – the Connect2 Mentoring program connects young people with talented and experienced people in our community
- Pre-employment and training services – individual assistance for young people transitioning to further education or work
- Work experience - working with employers to secure specialised work placement for young people
- Volunteer management – harnessing the talent and wealth of experience in our local community to support young people and the day to day work undertaken by United Synergies
- Counselling and referral – provided by United Synergies and other partner organisations to help young people and families meet the challenges in their lives
- Consulting and training to the human services sector and other industries (inc workplaces)

We work directly with people in need, but also through providing advice, consultancy and partnering with other human service organisations, we contribute to a broader society where everyone is given the opportunity to achieve their full potential.

Our vision is to provide for all our clients a: sense of self, sense of place, sense of purpose and sense of belonging.