Macedon Ranges Suicide and Sudden Death Response Protocol

Version control

Protocol and document review period: Annual by the Response Working Group

Version #	Date	Notes
1	May 2019	Protocol developed by Pauline Neil and Karen Dunstan
2	February 2020	Protocol reviewed by Melissa Knight, North Western Melbourne Primary Health Network
3	April 2021	Protocol updated by Deepa Patel on behalf of the Response Working Group
4	June 2022	Protocol updated by Deepa Patel on behalf of the Response Working Group

Contents

Acronyms and Abbreviations

Acronym / Abbreviation	Meaning
MRH	Macedon Ranges Health
MRSC	Macedon Ranges Shire Council
MRSPAG	Macedon Ranges Suicide Prevention Action Group
Postvention	The provision of support services to people bereaved by suicide
Protocol	Macedon Ranges Suicide and Sudden Death Response Protocol
RWG	Response Working Group
SPC	Standby Program Coordinator
Suicide	Includes suspected suicide
VicPol	Victoria Police

Introduction

In the days and months following a suicide or sudden death within the Macedon Ranges, ensuring affected family and community members are supported is critical.

One researcher has identified a model of suicide bereavement which recognises that a suicide death can impact on anyone whose life or activities intersect with the deceased. Evidence also suggests that when someone takes their own life, it can increase the risk of suicide and attempted suicide in other vulnerable people in the family, community, workplace or school.

The purpose of the Suicide and Sudden Death Response Protocol (the Protocol) is to support agencies activate a coordinated response that ensures:

- All those impacted by a suicide or sudden death know where and how to access clinical and non-clinical support and can do so easily

- Community members or cohorts within the community at increased risk of suicide are supported

- Workplaces, schools, sports clubs and other organisations impacted by a suicide or sudden death are supported to have sensitive and timely conversations using appropriate resources

The reference to sudden death in the protocol is intentional and recognises that in some instances it may take some time before a death can be confirmed as a suicide by the coroners office. It can also be the case that the family do not wish for the death to be spoken about or acknowledged publicly as a suicide. In both of these instances, the RWG may still need to coordinate supports where there is evidence of an impact on cohorts in the community.

Recognising that those impacted by a suicide death are likely to need some form of support, this response protocol covers both young people and adults.

This Protocol covers two distinct stages; *immediate response* to support those impacted in the weeks and months following the death and *longer-term prevention*, which promotes suicide prevention more broadly amongst those bereaved and the wider community.

All schools and workplaces should have processes in place for dealing with suicide and sudden death. This protocol intends to strengthen any existing processes and ensure impacted community members have access to local, timely and flexible supports which meet their needs - whether this is a debriefing session at a school, community club or workplace, counseling through local health services, or connection to a peer with a lived experience of suicide.

This Protocol also seeks to ensure a coordinated response so that where there is an impact on multiple organisations or cohorts within the community, no community members fall through the gaps.

The Response Working Group (RWG) acknowledges that a sudden death or suicide of a person can impact the neighbouring community and vice versa. This Protocol will include reaching out to services in neighbouring communities where appropriate.

Figure 1: Activating the Protocol

VicPol, a local organisation or a community member notifies the Standby Program Coordinator (SPC) of a suspected suicide or sudden death.

SPC seeks confirmation of facts from VicPol and notifies the Chair of the Response Working Group (RWG) and together they determine need to activate protocol **(use activation criteria)**

PROTOCOL NOT ACTIVATED

SPC communicates decision to RWG by email

RESPONSIBILITIES OF VICPOL ATTENDING OFFICER(S)

- Ensure they notify the family of the death
- Notify the senior sergeant and inspector by email (as part of normal internal police procedures)
- Make support referrals for the deceased's immediate family and significant others (by consent), and for any others who located the deceased
- Distribute information on local supports
- Seek permission (if possible from the family members to contact the SPC)
- Notify the SPC to ensure timely activation of the response plan
- Collect information (where possible) on circumstances relating to the death (this information should be sharer with the Local Area Commander)
- Arrange for follow up contact with impacted parties to pursue support referral consent in the event that it is declined at first contact (recommended 3-4 days later).

RESPONSIBILITIES OF SPC

- Act as the initial contact point for notification
- Confirm facts of suspected suicide with police
- Work with Chair of the RWG to determine whether to activate a response protocol based on information provided by police
- Arrange a meeting of RWG members (and other relevant stakeholders) within 5 days of receiving police notification
- Provide secretariat support to the RWG including documenting and monitoring completion of agreed support activities
- Capture lessons learns to inform annual review of the protocol

PROTOCOL ACTIVATED

Chair of the RWG convenes a meeting with relevant partners & activates **immediate supports** (2 weeks - 3 months)

LONGER TERM PREVENTION PLANNING

The RWG is responsible for supporting identified community resilience activities

RESPONSIBILITIES OF RWG - IMMEDIATE SUPPORTS

- Coordinate and monitor agreed agency response to a suicide or sudden death in the Shire
- Facilitate and support effective communication and conversations in community about the death
- Seek additional resourcing and funding if required
- Determine when to deactivate immediate supports

RESPONSIBILITIES OF RWG - LONGER TERM PREVENTION PLANNING

Annual workshop to review the protocol which considers:

- Lessons learnt from activation of the protocol in the last 12 months
- Activities required to promote community resilience when there is a suicide (for example ensuring all schools have postvention plants, or appropriate training for first line responders or developing resources or developing resources to share with community)
- Any connections or particular risk facts associated with deaths that can inform future responses or prevention activities

Notification of suicide or sudden death

In the event police attend an incident involving the suspected suicide or sudden death of a person in the Macedon Ranges, the attending police patrol supervisor will need to ensure they undertake the activities set out in **Figure 1 page 6.**

Notifications can be made 24/7 to the Standby Program Coordinator (SPC) Emma Knapp, by email at eknapp@wellways.org

When making the notification, police should include the information in the template at **Appendix 1.**

Where a notification or information relating to a suicide or sudden death comes from a source other than Victoria Police, (for example through a community member or partner organisation) the SPC should be contacted so that they can make enquiries with VicPol to verify facts using the template at **Appendix 1.**

Activation of protocol

Based on the information gathered by the SPC, the SPC and Chair of the RWG, will decide whether to activate the protocol. Factors to consider when determining whether to activate the protocol include:

•   The deceased was well known or well-connected within the community

•   The death occurred in a public space

•   The death of a young person (a suicide death can make the notion of suicide more accessible to other young people putting them at heighten risk)

•   Timing of the death (Christmas and other holidays can leave community members feeling more isolated).

This list serves as a guide only. Macedon Ranges is a small close-knit community. This can amplify the impact of a suicide on local community members. The scale of supports activated should be proportionate to the impact on the community.

Meeting of the Response Working Group

Immediate bereavement supports

Supported by the Standby Program Coordinator, the Chair of the RWG will convene a meeting within 5 days of the death. See **Appendix 2** for terms of reference and membership of the RWG.

The RWG will use this meeting to determine the likely impact from the incident on the community and develop an appropriate response. The RWG's initial focus will be on determining the immediate actions and supports that they need to activate. This will include agreeing who takes responsibility for each identified task. See **Appendix 3** for a suggested agenda which can support these discussions.

As part of ensuring timely access to local supports the response should include how local health services and/or private psychologists can prioritise access to counseling and support, and what peer support services are available through Macedon Ranges Suicide Preventive Action Group (MRSPAG). The response should identify resources available through Standby and Jesuits Support after Suicide.

Where there is a suicide or sudden death of a secondary school pupil or someone in the school community, it is important to engage the BeYou (Headspace) and/or Department of Education and Training contacts. They are well positioned to provide support particularly in instances *where they have an existing relationship with the school.* In a small regional area, networks of school friends can often expand across individual school boundaries. As part of their discussions, the RWG will need to consider the impact the death of a pupil in one school may have on other schools in the area.

*Information adapted from following sources:
Headspace www.headspace.org.au/assets/School-Support/Suicide-contagion-web.pdf
Clinical Advisory Services Aotearoa www.casa.org.nz/resources/public/3-circles-of-vulnerability-vr2/file
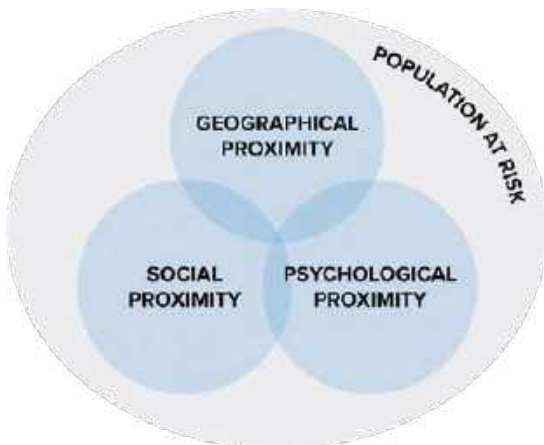
Privacy and confidentiality requirements

At the beginning of each meeting, the Chair will remind members of the RWG of their obligations to protect the personal information of individuals in accordance with applicable privacy legislation and statutory obligations. These obligations are summarised in the information sharing principles at **Appendix 4.**

Identifying those that may be impacted

After a death by suicide, those impacted by the event may be at increased vulnerability of developing a mental illness or engaging in suicidal behaviour.

The RWG can use the Circles of Vulnerability model to help ensure that they have considered all those who may be potentially more vulnerable to suicide and may need support.

Geographical proximity:

Physical distance between the person and the incident (note that social media can extend the geographical boundaries of those that are vulnerable).

- Those that live in the same household
- Those who discover the body
- Those who have contact with the person shortly before they died
- Those that live in the same street
- Those who are exposed to the immediate aftermath (including first responders)

Psychological proximity:

People who identify with the deceased or perceive themselves to be like the deceased in some way. For example, individuals of a similar age, sexual orientation, or those who have a cultural or religious connection. In instances where others see the deceased as a role model, there may be a wider circle of individuals that identify with them

- Class mates or others attending the same school/college or workplace
- Those attending the same sports club or other activity group
- Those who perceive they have similar life problems to the deceased
- Those that identify as being part of the LGBTIQA+ community

Social proximity:

The relationship someone had with the deceased, including family members, friends, social circles and romantic partners. Even if they don't appear to have had a relationship with the person who died, a young person's perception of closeness (for example, feeling close to the person because they traveled on the same bus together for years, even if they never spoke) has been found to significantly influence their level of risk.

- Family members (for LGBTIQA+ community members, this may not be limited to kin.)
- Friends
- Romantic partner or interest
- Previous partner
- Part of the same peer group or social circle
- Team members at work
- Health or other professionals who had been working with the deceased

Resources which support safe communication in the community

There are a range of resources available to support safe and appropriate communication in the community following a suicide. As part of their response, the RWG should identify which resources are most appropriate to share and who is responsible for supporting the distribution of these.

RWG members should share resources sensitively, so that those impacted by the death feel supported, rather than overwhelmed with information. Talking directly with the impacted school, workplace, sports club etc. will help inform what information is most useful.

See **Appendix 5** for a list of community resources.

Using social media to share information on support services

Developing suicide prevention messages is complex. People may interpret messages differently to the intention behind them - particularly when they are struggling with the emotions and thoughts that can arise after losing someone to suicide.*

The RWG will need to determine the appropriateness and timing of social media messages after a suicide death in the community.

Local services and organisations can promote information on mental health and bereavement support services they offer through their social media pages. For a selection of media messages which promote help seeking and encourage community members to look out for each other, see **Appendix 6.**

The RWG will also need to agree who is responsible for monitoring community forums and other relevant known social media sites at their first meeting, and share help seeking information as appropriate through these.

See **Appendix 5** for resources to support safe and responsible social media communication.

Crafting safe and effective suicide prevention media messages: outcomes from a workshop in Australia, InternationalJournal of Mental Health Systems 2018

Deactivating the protocol

The RWG needs to deactivate the protocol at an appropriate time. This is likely to coincide with the completion of all activities identified to support impacted community members. As part of the deactivation meeting the RWG should:

- Review all agreed support actions and ensure any outstanding issues are followed up

- Identify any ongoing services/resources that maybe required and who will supply them

- Reflect on and document any learnings which can strengthen future response planning activities

- Debrief and ensure RWG members have access to further supports if they need them (debriefing could be supported by Jesuits Support After Suicide or Standby Murray)

As part of the deactivation meeting, it is important to acknowledge the impact of working within the field of suicide, so that RWG members are aware of and know how to recognise compassion fatigue, burn out and vicarious trauma.*

Postvention Australia Guidelines 2017

Longer term prevention planning

Annual workshop

The purpose of the RWG annual workshop will be to:

- Reflect on activated events and critically review the relevance of the protocol for any changes that need to be made

- Ensure all information relating to support services remains accurate and up-to-date

- Consider activities to promote community resilience and preparedness (for example ensuring all schools have postvention plans in place and that they are regularly reviewed)

- Consider any training that either the RWG members or others involved in supporting those bereaved by suicide may need (such as appropriate training for first line responders or funeral directors)

- Consider any connections or particular risk factors associated with deaths that can inform future response planning or prevention activities.

Appendix 1: Information collected by police

Interviewing VicPol officers in Macedon Ranges can use the table below to assist in their interactions with the suicide bereaved and to inform their coronial investigations. VicPol can share this information with the SPC to ensure those impacted in the community receive supports.

VicPol must protect personal information of individuals and ensure they comply with all applicable privacy legislation and statutory obligations.

*indicates information that police routinely collect for all deaths

Age*	
Gender*	
Sexual Identity	
ATSI*	
CALD	
Next of kin*	
(partner, children)	
Suburb of residence*	
Found dead by*	
Location of death*	
Suicide method	
Occupation*	
School/University attended (if young person)	
Place of work	
Deceased's doctor*	
Engagement with sporting/other social clubs	
Engagement with Religion/Church group	
VPeR referrals made (names and relationship with deceased)	

Appendix 2: Response Working Group Terms of Reference

Purpose

To activate a timely, coordinated, best practice response that provides appropriate resources and supports to those impacted by a suicide or sudden death in the Macedon Ranges.

Objectives

Agencies and organisations collaborate to:

- Ensure all those impacted by a suicide know where and how to easily access clinical and non-clinical supports

- Ensure support to community members or cohorts at increased risk of suicide

- Support appropriate, sensitive and timely communication with and between people impacted by the suicide or sudden death

- Capture and reflect on lessons learnt following each activation of the response protocol to inform future responses

- Seek additional resources where required

Membership

Permanent members:

Sunbury & Cobaw Community Health (Chair)
Macedon Ranges Health
Jesuits Support After Suicide
Standby

As a collaborative multi-organisational response, the RWG will call on other organisations to support the activation of agreed supports. These organisations may include (but are not limited to):

- Macedon Ranges Shire Council
- School Leadership/ Wellbeing Teams
- Be You (Headspace)
- Independent Schools Victoria
- Catholic Education Commission Victoria
- Department of Education (School Support Officer)
- Ambulance Victoria

- General Practitioners
- Central Rural Highlands Health
- Switchboard
- Victorian Council of Churches
- General Practitioners
- North Western Melbourne and/or Murray PHN
- Bendigo Health

Expectations and commitment of RWG members

- **Attendance at Meetings:** Permanent members of the RWG should be represented at all post-incident meetings. Note: Where a RWG member is unable to attend a meeting, the SPC should contact them afterwards and ensure they are briefed on discussions and have an opportunity to provide feedback on any proposed actions as part of the response. Where a RWG member leaves an organisation they are responsible for articulating who will attend in their place and providing sufficient handover to the incoming RWG member.

- **Confidentiality:** The Chair of the RWG will remind members of their confidentiality obligations at the start of each meeting. RWG members are responsible for ensuring they protect any personal information of individuals in accordance with applicable privacy legislation and statutory obligations.

- **Delegation and responsibilities:**
  RWG Members should take appropriate actions to ensure they represent the views of their organisation. RWG members are also responsible for briefing others in their organisation on agreed actions where required.

- **Action follow-up:** RWG members should complete actions in the agreed time frame.

Tenure

The RWG will continue to meet until all identified support actions are complete. The Chair will liaise with members to confirm a suitable time frame to deactivate the protocol.

Secretariat and resourcing

The SPC will provide secretariat support for RWG meetings, including keeping a record of agreed actions and liaising with partners to ensure actions are completed.

In line with confidentiality obligations, any written notes from the meeting will be stored on a secure drive by Standby.

Appendix 3: Suggested agenda for initial Response Working Group meeting

Adapted from Identifying and responding to suicide clusters – A practice resource, Appendix 3

Public Health England, original publication 2015, updated Sept 2019.

> The SPC will take notes of the meeting and provide ongoing administrative support (i.e. ensure allocated actions are completed)

Date:

Minutes:

Attendees:

1	**Privacy, confidentiality, and duty of care requirements** • Remind all attendees that the personal information of individuals must be protected, and dealt with in accordance with all applicable privacy legislation and statutory obligations.	Chair
2	**Confirm purpose of meeting** • Establish facts in relation to the suicide or sudden death • Lead the coordination of supports to community following a suicide or sudden death in the Shire (this includes identifying where additional resources may be required) to support those impacted and minimise any risk of contagion • Agree, record and monitor actions (noting responsible person and completion timescales).	Chair
3	**Surveillance – confirm facts surrounding death** • Share known details and circumstances surrounding death • Confirm key contacts and check they have been notified • Identify any information still required and how/who will source this	Police/All
4	**Bereavement and other supports** • Identify bereavement and other supports that are already been offered or provided • Identify individuals and groups in community who may be distressed/at increased risk of suicide • Determine what supports can be made available locally and who will liaise with individuals/groups identified to connect them with supports where required • Identify any shortfall in support and determine if a request for additional resourcing needs to be made (via PHNs, DET, or local provider).	All

5	**Communication and media** • Confirm who will act as media communication lead in case of inquiries (all inquiries should be directed to this person) • Agree who will support distribution of communication resources to impacted audiences such as schools, workplace, football clubs, broader community etc. • Agree who is responsible for monitoring community forums and other relevant known social media sites. • Agree help seeking messages that local partners can distribute across their social media channels.	All
6	**Monitoring agreed actions** • SPPO to monitor agreed response activities • Agree date of next meeting(s)	Chair

Subsequent meetings will monitor progress with agreed actions

Appendix 4: Requirements of privacy, confidentiality and duty of care

Responsibilities of those participating in response planning activities

All those involved in supporting the protocol must ensure they protect the personal information of individuals in accordance with applicable privacy legislation and statutory obligations*. These obligations are summarised in the information sharing principles below.

- All those performing a function under this protocol shall treat personal, health and sensitive information of deceased persons with respect.

- Information collected and used must be held in a manner that protects it from loss, unauthorised access, modification or disclosure.

- Collection, use or disclosure of personal information is generally permitted in situations where 'the entity reasonably believes that the collection, use or disclosure is necessary to lessen or prevent a serious threat to the life,health or safety of any individual, or to public health or safety.'

- Collection, use and disclosure of personal information is generally permitted in health situations where: the information is necessary to provide a health service to the individual; the collection is necessary for research, compilation or analysis of statistics relevant to public health or safety; is necessary to lessen or prevent a serious threat to the life, health or safety of another individual who is a genetic relative of the first individual; the collection is for manage mentor monitoring of a health service and that purpose can't be served by information that is de-identified or it is impracticable to obtain the individual's consent. In law enforcement it is permitted for the purposes of community policing or in relation to any other law enforcement agency's functions or activities.

The Chair of the RWG will remind participants of these obligations at the beginning of each meeting.

*Privacy Act 1988 (Cth), Privacy and Data Protection Act 2014 (Vic), Health Records Act 2001 (Vic), and Mental HealthAct 2014 (Vic). These Acts mean that all participants involved in postvention planning are required to comply, regardless if they are from a federal or state government agency, an independent organisation or participating as an individual.

Appendix 5: Community information resources

This list provides information on available resources that the RWG can distribute to community as part of its support response.

Audience	Resource	Purpose
Information on support services		
All community members	**Support After Suicide** **Keeping Mentally Well**	• Information on support services and resources for those bereaved by suicide. • Information on a range of local, state-wide and national services to support mental health and wellbeing and those bereaved by suicide.
Supporting safe conversations and communication in community		
All community members	**Fact Sheet: Supporting a Person Bereaved by suicide** **Conversations Matter, Talking to those Bereaved by Suicide** **When communities are affected by suicide**	• Tips on practical support you can offer • Provides information on what to do and say if you are talking to someone bereaved by suicide • Support to help you have a conversation about a suicide death in a workplace or other setting
Sports clubs	**What to do if a club member dies by suicide toolkit**	• Where a club is impacted by a suicide death
Parents, carers & teachers of (pre-teen) children	**Conversations Matter, Telling a Child About Suicide** **A book just for me – grief journal** **Communicating with suicide bereaved children**	• Tips for telling a child about suicide • Helps children to identify their feelings. • Support parents carers and teachers to have a conversation with children and young people. • Support for parents on how to talk to their child
Parents, carers & teachers of teenage children	**How a young person might respond to suicide** **A Young Person's guide to communicating safely online about suicide** **For grieving teens** **Support your young person during the holidays**	• Information to help support a young person grieving a suicide. • Provide tools and tips for young people to help them communicate safely online about suicide. • Activities to help teens work through their feelings • Information on supporting young people during school holidays.
Secondary Schools *(schools will have their own process in place following the death of a young person by suicide. The BeYou consultant and resources listed here can provide additional support where needed)*	0458 559 736 BeYou Consultant (between 9am-5pm, Mon – Fri) **Suicide Postvention Toolkit fact sheets and resources**	• Supports the operation of a comprehensive postvention response. • Factsheets include information on communicating with and supporting young people, families and school staff. • Templates and scripts to notify staff, students and parents/families.

Supporting safe conversations and communication in community		
Media/online *(local newspapers, administrators for online community forums, communication teams in local organisations)*	**Mindframe Guidelines for Communicating and Reporting about Suicide** **A guide for communities: using social media following the suicide of a young person**	• To provide advice on safe, responsible and appropriate communications. • Help ensure safe social media messaging for 16-24 year olds following a suicide death in the community
Workplaces	**Workplace toolkit** **Factsheet: Returning to Work**	• Workplace response and support following the suicide of an employee. • Support for an employee bereaved by suicide • What employers and work colleagues can do to help you return to work.
GPs	**After Suicide: A Resource for GPs**	• Helps GPs to respond to suicide in their communities including supporting those bereaved.
LBGTIQA+ community	**Let's Talk About Suicide** **LGBTIQA+ Suicide Prevention Postvention Planning**	• Podcast that provides support, conversation, and comfort to people affected by suicide. • Provides general guidelines to LGBTIQA+ communities and peer organisations involved in providing postvention support following suicide death of a LGBTIQA+ person.

Appendix 6: Suggested social media messaging following a suicide in the Macedon Ranges

Local services and organisations can promote information on the mental health and bereavement support services they offer through their social media pages. Some additional messages which encourage help seeking and promote self-care are below.

The RWG will need to determine the appropriateness and timing of social media messages after a suicide death in the community.

	Specific to suicide bereavement
1	**The grief experienced after suicide is often unique and complex** Losing someone to suicide can be overwhelming and confusing and can leave you with a wide range of emotions. There is help and there are places to share your story. Peer support presentation 2017 - YouTube For more information email us at peer support@mrspag.com.au If you or someone you know needs help, call Lifeline on 13 11 14 or text 0477 13 11 14
2	**Connect with others affected by suicide** Jesuit's Support After Suicide online community is a space to share your experience, hear from others who are going through a similar experience and provide support to others. To join the community visit this link If you or someone you know needs help, call Lifeline on 13 11 14 or text 0477 13 11 14
3	**The suicide of a loved one is an experience that is often intense and overwhelming** Many people struggle to deal with the emotions and thoughts that arise. Local health and community services in the Macedon Ranges are working together to support family, friends and local residents impacted by a suicide. For reliable information on supports and resources download a copy of our support after suicide leaflet. If you or someone you know needs help, call Lifeline on 13 11 14 or text 0477 13 11 14
	Promoting help-seeking
4	**Worried about your mental health? It's okay to ask for help** Watch this video for advice from local experts on seeking help and supporting others. Click to watch For more information about support services in Macedon Ranges, download a copy of the Keeping Mentally Well resource If you or someone you know needs help, call Lifeline on 13 11 14 or text 0477 13 11 14

5	**Feeling anxious, worried, overwhelmed or stressed?** It's okay if you are not feeling okay. For more information about where you can get help in Macedon Ranges, download a copy of the Keeping Mentally Well resource
6	Did you know that eheadspace provides free online and telephone support and counseling to young people 12 - 25 and their families and friends? If you're going through a tough time and need to talk to someone, eheadspace can help. Click to watch Visit Connect with a clinician (headspace.org.au)

Promoting self care

7	**Are you looking after yourself?** Al Meldrum, a local football coach shares how he manages his mental health and what he finds 'good for the soul'. Click to watch It's ok not to be ok! Call Lifeline on 13 11 14 or text 0477 13 11 14

Encouraging community to look out for each other

8	**Have you been there for someone this week?** Following a stressful event, offers of practical support and a sense of community may be just what someone needs to help them cope. Dropping off a meal or helping with other practical tasks is a great way to support someone you are worried about. Take the opportunity to let them know you care and check in on how they are feeling. If you or someone you know needs help, call Lifeline on 13 11 14 or text 0477 13 11 14
9	**Our words and actions can impact others #bekind** Being unkind to others can negatively affect their mental health. With just a few words we can make or break someone's day. Be mindful of the language you use and how you treat others, as we don't know what someone has gone through that hour, week or day. Choose kindness. If you or someone you know needs help, call Lifeline on 13 11 14 or text 0477 13 11 14
10	**There's no harm in asking #listen** If someone doesn't seem themselves, don't be afraid to ask the question. "Are you okay? Click to watch For more information and resources on having a conversation visit www.ruok.org.au If you need additional support, call Lifeline on 13 11 14 or text 0477 13 11 14

Challenging stigma

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Words are important

Whenever we are speaking about suicide we must be mindful of the language that we use. The person we are speaking to may have been bereaved by suicide, have their own experience of suicide attempts or be caring for someone who has thoughts of suicide.

The National Communications Charter promotes a common language which shows sensitivity and respect, and challenges stigma.

National Communications Charter

Tool one: Language guide - suicide

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

Visit The Charter - Life in Mind Australia to find out more

Promoting training opportunities for community members

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Did you know that if you live or work in Macedon Ranges, there are opportunities for you to participate in locally delivered mental health training?

To find out more about what's on offer contact info@mrspag.com.au

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LivingWorks Start is a FREE 90-minute online training program for workplaces and community members looking to build skills in recognising when someone is having thoughts of suicide and responding to keep them safe.

Click to watch

If you would like to access this training, please email info@mrspag.com.au