Evaluation of the effectiveness of postvention initiatives in New South Wales secondary schools

FINAL REPORT

MARCH 2021

EVERYMIND

Contents

EXECUTIVE SUMMARY

Background

Suicide is the leading cause of death for young Australians aged 15–24, and suicide rates in this group are increasing (1). The suicide of a school student may have a significant impact on the wellbeing of other students and school staff, as well as the broader school community. Young people are susceptible to suicide contagion and a student's suicide may start or contribute to a suicide cluster (2). It is therefore crucial to equip schools to respond in a prompt and adequate manner to a student's death (postvention).

The Responding to Student Suicide – Support Guidelines for Schools postvention guidelines were developed in 2015 and updated in 2016 by the New South Wales Department of Education (henceforth, the Department) (3). In early 2020, the Department commissioned researchers at Orygen and Everymind to evaluate these guidelines, including the effectiveness of such initiatives in preventing suicide clusters.

Aims and evaluation questions

The primary aim of the evaluation was to examine the effectiveness of postvention initiatives in New South Wales public secondary schools and conduct a process evaluation that explores the implementation of the guidelines.

The process evaluation questions were:

1. To what extent have the guidelines reached the intended target population?
2. How effective were the guidelines in ensuring school staff were well equipped and supported when managing a postvention response?
3. To what extent did school staff follow the advice and recommendations of the guidelines?

4. To what extent did the implementation and use of the guidelines help school staff coordinate effectively with other programs and agencies involved in postvention response after a student suicide?
5. To what extent were school staff satisfied with the guidelines?

The secondary aim was to explore the extent to which the guidelines achieved short- and medium-term impacts as outlined in the Program Logic Model. The impact evaluation questions were:

6. To what extent have the guidelines and related postvention services helped school staff respond to a student suicide?
7. To what extent have the guidelines improved the knowledge, skills and capacity of school staff in managing issues related to postvention and minimising the risk of suicide contagion?
8. To what extent have the guidelines helped secondary schools to improve links with their local services and supports, in order to enable appropriate and timely referrals following student suicide?

To address these aims the evaluation collected data on the activities, outputs and outcomes associated with the guidelines.

The evaluation will make recommendations in relation to the current guidelines including specific updates required, key considerations to include in a review process following a suicide death, and how to enhance the effectiveness of postvention responses in schools based on current evidence-based approaches.

Methods and design

The evaluation employed a mixed methods approach underpinned by a review of the peer-reviewed and grey literature to identify best practice regarding postvention and suicide cluster responses in schools. This mixed methods approach combined quantitative and qualitative elements, and a number of data sources were analysed for the period 2015–2020. This approach was chosen in order to ensure the reliability and richness of data, and the validity of findings and recommendations.

Results

Since 2015, there have been 61 student suicides in New South Wales public secondary schools. Incidents of suicide attempt, self-harm and suicidal intentions have increased each year, though this may reflect improved record keeping over the last five years.

The evaluation found that the Department postvention guidelines were closely aligned with international best practice and current evidence. The guidelines were well received by school staff and associated stakeholders both within and external to the Department. The guidelines were found to be effective in supporting schools to manage postvention responses, as evidenced by school staff responses to both the online survey and interviews. Survey and interview respondents reported that the guidelines were accessible and available when required, clearly written and easy-to-follow. Respondents reported that following the guidelines in the aftermath of a student suicide helped to remove the burden of complex decision making during a highly emotional time for the school community.

Overall, school staff reported being satisfied with the quality of the guidelines, although a number of suggestions were made for updating the content, such as the inclusion of cultural considerations as well as more thorough guidance on managing social media and memorials for the deceased.

Limitations

It was beyond the scope of the current evaluation to make any findings in relation to the efficacy of the guidelines in preventing suicide or suicide clusters in New South Wales secondary schools. As suicide is a low base-rate event, and there are a number of other cumulative and dynamic factors that may contribute to an individual's risk of suicide, evaluation of the effectiveness of postvention programs, including response to clusters, cannot rely solely on reduced numbers or rates of suicide in young people.

Conclusions

The guidelines have met a high standard for implementation and application in supporting school communities impacted by student suicide. The guidelines represent international best practice and have been adapted to meet the needs of New South Wales government secondary school settings. A number of areas were identified as being avenues for improvements or to make updates to the current guidelines. A summary of key recommendations is included below.

Key recommendations

In light of the findings of this evaluation, the Department may consider the following:

UPDATING THE GUIDELINES

- Update the guidelines to reflect a current contemporary evidence base, including language use, technology and embedded cultural references. Ensure all references and resources are current and readily accessible.
- Review processes for informing the school community of a student suicide, and facilitation of efficient flow of communication between school staff and parents.
- Increase clear access to the guidelines. This may include a more digestible or accessible version for school staff and stakeholders, such as the development of quick reference guides.
- Integrate guidance on monitoring and managing social media after a student suicide. Such guidance should focus on empowering students and community members to engage in safe online conversations rather than taking a prohibitive response, as per best practice and current evidence.

CONSIDERATIONS FOLLOWING A STUDENT DEATH BY SUICIDE

- Include in the guidelines advice on the establishment of an emergency response team at each school. This team would be responsible for formulating an emergency response plan. These should be developed prior to a suicide incident and should appropriately cater to the school's local context and available resources.
- Regular review by the department of each school's emergency response plan, and support schools to identify any opportunities for enhancements.
- Include in the emergency response plan, templates for processes of critical incident reviews that schools can use in the months following a student suicide, with a particular emphasis on the impact on those closely connected to the deceased student and ongoing monitoring of their wellbeing.
- Review guidance for staff reporting suicide related incidents to the Health and Safety Directorate in order to ensure consistency of reporting, sensitivity of language, accuracy in incident classification and minimum standards for required text descriptions.

ENHANCING THE EFFECTIVENESS OF POSTVENTION RESPONSES IN SCHOOLS

- Update training for school wellbeing staff to support awareness and knowledge of the guidelines, their implementation and practical application.
- Establish or clarify the purpose, scope and audience for incident reporting specifically related to suicide and suicide-related behaviours, noting any factors which may differ in importance from other standard incident reporting practices.
- Regular review and internal reporting on incident data, with a view to utilising this information to examine risk factors and antecedents to incidents, identify common stressors or catalysts in the lead up to an incident. This information could be used to identify high risk students and/or vulnerable student populations or school communities, mitigate the risks of escalating behaviour in cases of repetitive incidents, strategically target intervention or preventative programs or strategies, and/or complement critical incident review processes.
- Undertake consultations and meaningful dialogue with Aboriginal and Torres Strait Islander and culturally and linguistically diverse communities to inform guidance on cultural practice in relation to suicide bereavement, including memorials and mourning. Develop specific guidance for schools in relation to postvention that is culturally sensitive and inclusive.
- Commission and publish primary research into suicide prevention and postvention in education settings, with a particular focus on preventative or early interventional approaches, to address existing limitations of the current evidence base.
- Support schools to adopt a whole of community approach to suicide prevention and postvention that incorporates universal, selective and indicated interventions and strengthens access and referral pathways to local services.

Report structure

The report is structured as follows:

- Executive summary
- Evaluation background, aims, scope and setting
- Overarching methodology
- Literature review
- Benchmarking
- Mapping activity
- Survey of school staff
- Health and Safety Directorate incident data
- Qualitative interviews
- Case study
- Discussion and conclusions
- References
- Appendices

BACKGROUND, EVALUATION AIMS, SETTING AND SCOPE

Background

SUICIDE AMONG YOUNG PEOPLE IN NEW SOUTH WALES

Suicide is the leading cause of death for young Australians aged 15–24, and suicide rates in this group are increasing (1). Based on the New South Wales Register of Child Deaths data, 281 young people under the age of 18 died by suicide in New South Wales between 2003 and 2017 (4). Since 2003, there has been a significant increase in the suicide rate of young people in New South Wales, and the suicide rate in 2017 (3.8 per 100,000 people) was the highest observed in this 15-year period (1).

AFTERMATH OF A STUDENT'S SUICIDE AND SCHOOL-BASED POSTVENTION

Many young people who die by suicide attend school, and their death can have a significant impact on other students and the broader school community. Exposure to peer suicide has been linked to feelings of guilt and depression, and symptoms of post-traumatic stress disorder as well as increased risk of suicidal ideation and behaviour (5). Indeed, young people are particularly susceptible to suicide contagion and a student's suicide may contribute to the development, or maintenance, of a suicide cluster within the wider school community. A suicide cluster can be defined as "a group of suicides or suicide attempts, or both, that occur closer together in time and space than would normally be expected on the basis of either statistical prediction or community expectation" (6).

It is imperative that schools are equipped to respond in a timely and effective manner to a student's suicide in order to reduce distress in the school community and to minimise the risk of a suicide cluster developing.

POSTVENTION RESPONSE IN SCHOOLS IN NEW SOUTH WALES

The New South Wales Department of Education (the Department) works closely with schools and key stakeholders in facilitating responses to a student's suicide (postvention). In July 2016, after originally being published in 2015, the Department updated Responding to Student Suicide – Support Guidelines for Schools (3).

This resource was developed in collaboration with the headspace School Support Service, the New South Wales Ministry of Health, and principals from schools impacted by a suicide of a student. It provided guidance to schools to facilitate a timely and comprehensive response and pathways to support in the aftermath of a suicide, including strategies to mitigate the risk of suicide contagion. Between 2016 and 2018, release of these school postvention guidelines was supported by professional learning seminars targeting school leaders across the state. Currently, Be You teams provide postvention planning workshops in school settings across Australia.

Other student wellbeing and suicide prevention programs also support postvention initiatives and policies in New South Wales secondary schools. These include the Beyond Blue Suicide Response Toolkit, School-Link, Project Air for Schools, Youth Aware of Mental Health, safeTALK in schools, Youth in Distress, Question, Persuade and Refer, SAFEMinds (Schools and Families Enhancing Minds) and batyr@school.

Evaluation aims, setting and scope

AIMS AND EVALUATION QUESTIONS

The Department commissioned an evaluation of their postvention guidelines for schools – Responding to Student Suicide - Support Guidelines for Schools – in order to assess their implementation and utility in assisting schools to manage student suicide. The evaluation was to consider the guidelines in the context of other postvention initiatives being used by New South Wales schools and to consider their potential contribution to the prevention of future suicide clusters in school students.

The primary aim of the evaluation was to conduct a process evaluation to examine the implementation of the guidelines. The evaluation questions were based on a Program Logic Model developed for this purpose (Appendix A) and are as follows:

SETTING, ETHICS AND GOVERNANCE

The evaluation was led by Orygen in partnership with Everymind. Orygen is the world's leading research and knowledge translation organisation focusing on mental ill-health in young people.

Everymind is a leading not-for-profit institute, dedicated to reducing mental ill-health, reducing suicide and improving wellbeing in Australian communities.

The project team included:

- Associate Professor Jo Robinson, Head Suicide Prevention, Orygen;
- Michelle Lamblin, Project Manager, Suicide Prevention, Orygen;
- Dr Marianne Webb, Research Fellow, Suicide Prevention, Orygen;
- Dr Karolina Krysinska, Research Fellow, Suicide Prevention, Orygen;
- Associate Professor Carmel Loughland, Acting Director, Everymind, Hunter New England LHD;
- Dr Sally Fitzpatrick, Program Manager, Everymind, Hunter New England LHD;
- Dr Tiffany Bodiam, Project Lead, Everymind, Hunter New England LHD;
- Dr Romany McGuffog, Research Officer, Everymind, Hunter New England LHD; and
- Dr Nicole Hill, Research Fellow, Suicide Prevention, Telethon Kids Institute.

The project received ethical approval from The University of Melbourne's Human Research Ethics Committee (ID 2056791.1) and the New South Wales State Education Research Applications Process (SERAP, ID: 2020215). An application to the Department of Justice and Community Safety Human Research Ethics Committee (JHREC, ID: CF 20/17507) was submitted and is pending at the time of writing.

EXPERT ADVISORY GROUP

An expert advisory group was formed to operate for the duration of the project and support the success of the project by facilitating linkages with local agencies and stakeholders, and by guiding and contributing to the project's directions and activities. The Expert Advisory Group Terms of Reference is included as Appendix B.

SCOPE OF THE EVALUATION

The following parameters were set around the scope of the evaluation:

Given that youth suicide is a low base rate event and suicide clusters account for 5.6% of youth suicides (2), evaluation of the effectiveness of postvention programs, including response to clusters, cannot rely solely on reduced numbers or rates of suicide in young people. Consequently, a process evaluation was conducted to examine the ways in which schools utilise Responding to Student Suicide – Support Guidelines for Schools and other postvention responses.

With regard to outcomes set out in the Program Logic Model, the evaluation focused on exploring the extent to which short-term outcomes were achieved. Some data relating to medium-and long-term outcomes was collected and analysed (including analysis of suicide mortality data from the National Coronial Information System and the Health and Safety Directorate incident data), but an in-depth examination of these outcomes was beyond the scope of the evaluation. Nonetheless, this data provides a descriptive profile of suicidal behaviour in school-aged young people in New South Wales over time.

Additionally, the evaluation did not examine impacts at a student or parent level. Instead, the evaluation focused on impacts on the key target group of the guidelines, for instance school staff. Nonetheless, the Program Logic Model outlines expected impacts for students and parents of students at schools, which have used the guidelines.

OVERARCHING METHODOLOGY

Evaluation design

The evaluation employed a mixed methods approach underpinned by a review of the peer-reviewed and grey literature to identify best practice regarding postvention and suicide cluster responses in schools. This approach combined quantitative and qualitative approaches and a number of data sources; these are described below.

To provide a context for the evaluation we conducted: a literature review that examined postvention best practice internationally; a benchmarking activity to evaluate the Responding to Student Suicide - Support Guidelines for Schools (3) against what is considered best practice in postvention in Australia; and a mapping exercise to identify additional postvention and cluster response activities in New South Wales high schools.

Data from these activities was then combined with quantitative and qualitative data from the following sources: an online state-wide survey of school staff; an analysis of Department data on suicide, suicide attempt or self-harm incidents; an analysis of suicide data in the National Coronial Information System regarding suicides in school-aged young people in New South Wales; consultations with key stakeholders involved in postvention/ cluster response activities in New South Wales high schools; consultations with schools plus key informant interviews with school staff; and an in-depth case study.

Methods

REVIEW OF THE LITERATURE

A search was conducted in June 2020 in accordance with the PRISMA guidelines (7). Medline, PsycINFO and Embase were searched for English language peer-reviewed publications using search string (suicid* AND (school* OR student*) AND (postvention OR bereave* OR grief or griev* OR contagion OR cluster)). There was no limit on study design or date of publication.

Additionally, a grey literature search was conducted in June 2020 using common Google search terms in Australia, New Zealand, the United Kingdom and United States of America to identify any evaluations of suicide postvention and suicide cluster responses in schools, which were not identified through the database search. The grey literature search used phrases 'suicide postvention in schools', 'suicide clusters in schools', and 'suicide contagion in schools'.

Studies were eligible for inclusion if they: a) evaluated any activity designed to prepare schools for, or be implemented in schools after, the suicide of a student (postvention) and/or an intervention for the management of suicide clusters; b) evaluated general crisis interventions (including crisis preparedness training) which emphasised suicide as a possible crisis; and/or c) the postvention activity was implemented in a secondary school.

Studies were excluded if they: a) did not evaluate a postvention activity and/or an intervention for the management of suicide clusters; b) were not focused on a secondary school (a college or university); c) reported interventions for responding to suicide clusters in a setting other than a school (a wider community or prison); or d) reported on risk factors and/or the statistical detection of a suicide cluster, but did not report any activities to respond to or manage the suicide cluster.

The following data was extracted from eligible studies: author, year, country, description of postvention and/or cluster management activity/program, specific setting implemented (number of schools), method of evaluation, outcomes assessed and findings. Quality was assessed as per the National Health and Medical Research Council (NHMRC) (8) levels of evidence, which assigns levels of evidence based on the type of research design appropriate to a research question.

BENCHMARKING SCHOOL POSTVENTION GUIDELINES

An appraisal of the New South Wales Department of Education Responding to Student Suicide – Support Guidelines for Schools (3) was conducted in order to determine whether they accurately reflect current best practice.

This resource was developed in collaboration with the headspace School Support Service, the New South Wales Ministry of Health, and principals from schools impacted by the suicide of a student. It provides guidance to schools to facilitate a timely and comprehensive response and pathways to support in the aftermath of a suicide; starting with immediate response, actions in the first 24–72 hours after the death and the longer-term response. A copy of the New South Wales Department of Education postvention guidelines is provided to a school principal following the notification of a suicide or suicide attempt in their school.

This appraisal activity involved benchmarking the Department of Education's postvention guidelines against; a) the headspace School Support postvention guidelines; and b) outcomes of the literature review presented above. The headspace School Support postvention guidelines were selected for benchmarking as they were the first worldwide to use a Delphi expert consensus process to establish what actions schools should take following the suicide of a student (9, 10). The guidelines formed the basis of the headspace School Support Toolkit which was made freely available to all Australian government and non-government schools via the headspace website.

In 2017, headspace School Support was incorporated into Beyond Blue and a new edition of the guidelines, Suicide Postvention Resources: Complete Toolkit (11), is currently available. Nonetheless, the original headspace School Support postvention guidelines remain the gold standard for postvention response in Australian schools.

Benchmarking the New South Wales Department of Education postvention guidelines against the headspace School Support postvention guidelines involved comparing sections and contents of the two sets of guidelines. Benchmarking the New South Wales Department of Education postvention guidelines against the current literature on postvention response and management of suicide clusters in schools involved comparing research outcomes with the contents of the guidelines.

MAPPING POSTVENTION AND CLUSTER RESPONSE ACTIVITIES

The objective of the desktop analysis and mapping activity was to contextualise the Department's postvention guidelines alongside other policies, practices, support services and information sources. This mapping activity in particular aimed to identify existing postvention activities, programs and training, including prevention and responses to suicide clusters, in New South Wales high schools. The activity also sought to identify postvention resources for populations at higher risk of suicide, such as Aboriginal and Torres Strait Islander students and lesbian, gay, bisexual, transgender, intersex and queer (LGBTIQ) youth.

Documentation was sourced from: the New South Wales Department of Education; a search of online and grey literature; and via consultation with school staff, stakeholders and the expert advisory committee. All documents were read and analysed according to the aims above. Resources were classified and tabulated using an extraction template created using Excel software with the following fields: name, category, type, author, audience, website URL, description, postvention content relevance, suicide content relevance and mental health content relevance. Simple descriptive statistics were used to summarise the results.

QUANTITATIVE COMPONENTS

STATE-WIDE ONLINE SURVEY FOR SCHOOL STAFF

Online surveys were conducted with secondary school staff across New South Wales. The aim of the survey was to examine the level of awareness and use of the guidelines among school staff. Staff members were invited to participate in an online survey during the period August 2020 through December 2020.

The survey asked secondary staff for information and feedback on the following:

1. training of respondents;
2. awareness and access to the guidelines;
3. response to the death of a student by suicide; and
4. support for implementation of the guidelines.

Demographic information – including respondents' age, gender, school, current role, and length of time in education – was also collected.

The Department promoted the survey through the New South Wales Principals' Association, school executives and the Department of Education intranet. The promotion invited any staff member within New South Wales government secondary schools to participate. The survey was hosted on REDCap and took approximately 5–10 minutes for respondents to complete.

The data was downloaded from REDCap into SPSS and analysed using descriptive statistics.

To encourage survey completion, the questions in the survey were not compulsory (except for the consent item). As a result, a number of questions have missing responses. There is also some attrition from respondents throughout the survey. Respondents who did not provide consent were excluded. For the purposes of consistency and clarity, the majority of the survey results are reported as percentages.

AN ANALYSIS OF THE HEALTH AND SAFETY DIRECTORATE INCIDENT DATA

In line with the Department's Incident Notification and Response Policy, school staff are required to record any incidents of suicide or suicide-related behaviour to the Department's Health and Safety Directorate. The policy stipulates the role and function of these reporting practices, as well as the relevant responsibilities and delegations in responding to such incidents. The Directorate maintains a database of incidents across all government primary and secondary education settings in New South Wales.

In examining the Health and Safety Directorate's Incident Data, the objective was to identify the number of suicide and suicide-related incidents in government secondary schools in New South Wales from 2015–2020 and to summarise the frequency and characteristics of these incidents.

Incident data from the Department's Health and Safety Directorate was requested for the period January 2015–August 2020. Anonymised data was securely transferred between the Department and Orygen via encrypted servers. All incidents involving suicidal intentions, self-harm, attempted suicide and death by suicide in secondary schools was provided by the Department.

Data was coded to remove any repeat incidents (multiple reports of the same incident), to remove incidents involving non-secondary school students (primary school students, former students, parents) and to code the year level and gender of the students involved. This resulted in a total of 1751 cases: 61 being death by suicide, 658 self-harm, 287 attempted suicide and 745 coded as suicidal intentions.

AN ANALYSIS OF THE NATIONAL CORONIAL INFORMATION SYSTEM SUICIDE DATA

Established in 2001, the National Coronial Information System is an internet-based data storage and retrieval system of Australian coronial records on all reportable deaths. It provides demographic information collected from coronial files as well as coding of ICD-10 cause of death assigned by the Australian Bureau of Statistics.

The analysis of National Coronial Information System data will allow us to: a) characterise suicides in school-aged young people in New South Wales; b) compare these New South Wales suicide data to the rest of the country; and c) analyse time trends in regard to suicide mortality in this group.

This component of the evaluation will include an analysis of data on deaths in school-aged young people in New South Wales. We will identify deaths recorded in the National Coronial Information System database that are due to intentional self-harm (ICD-10 codes X60–X84) occurring in school-aged young people across Australia between 2006 and 2019 and will examine demographic variables (including year of death, sex, age at death, indigenous origin, metro/regional/remote location) and cause of death details (including ICD-10 cause of death code). The analysis will compare risk factors associated with suicide and suicide cluster in New South Wales compared to other Australian states and territories.

An ethics application was submitted in September 2020 and reviewed by the Department of Justice and Community Safety's Human Research Ethics Committee. The approval of this application was provided on 1 March 2021. Due to the delays in receiving ethical approval, analysis of this data was not completed in time for publication of this report. A supplementary report of these analyses will be provided to the Department at a later date.

QUALITATIVE COMPONENTS

CONSULTATION WITH KEY SECONDARY SCHOOL STAFF AND KEY POSTVENTION STAKEHOLDERS

In-depth semi-structured interviews were conducted with New South Wales secondary school staff who had a direct and/or informing role in a postvention response, as well as stakeholders involved in the postvention response. Stakeholders were defined as organisations who worked with the Department, young people, mental health and/or the local community in New South Wales.

Interviews sought to further contextualise the experiences of school communities using the guidelines. The interview schedule used for school staff and stakeholders covered the following domains:

1. awareness and accessibility of the guidelines;
2. preparedness for responding to a student suicide;
3. implementation of the guidelines (including barriers and gaps);
4. suggestions for changes to the guidelines; and
5. training related to suicide prevention.

The Department provided Orygen with the Health and Safety Directorate incident data, from which a list of New South Wales schools who had experienced a student suicide over the past five years were drawn (N = 52). Recruitment targeted these schools and key staff groups within these schools. A snowballing sampling approach identified additional staff participants and also facilitated the inclusion of large state-wide/local stakeholders. Suggestions for stakeholders were also provided by the Department and the Expert Advisory Group.

Interviews were conducted from October–December 2020. All 52 schools that had experienced a student suicide over the past five years were contacted and invited to participate. The interviews were semi-structured and conducted face-to-face via Zoom. The length of the interviews ranged from 15 minutes to 50 minutes (mean 33.67 minutes). The interviews were audio-recorded with the consent of the participants. The audio files were transcribed via REV and all versions were de-identified. In addition, field notes were taken either during or after each interview.

CASE STUDY

From the key informant consultations, a single case study was conducted of a cluster of youth suicides in a region of New South Wales. The purpose of the case study was to collect rich data that would help to contextualise the extent to which the postvention response met its objectives. Information reported in the case study was informed by multiple sources including school staff, local community stakeholders, senior education staff, state-wide stakeholders, research data, media and community data.

LITERATURE REVIEW

Findings

SEARCH RESULTS

The results of the literature search are summarised in the PRISMA flow diagram below (see Figure 1). Database searching identified 655 records; three additional records were identified through other sources (a search of the of the grey literature and backward citation searching). After duplicates were removed, 365 records remained, of which 336 were excluded based on the title and abstract. Of the 29 full-text articles assessed for eligibility, 14 did not evaluate a postvention activity and/or an intervention for the management of suicide clusters and two reported on risk factors and/or statistical detection of a suicide cluster.

Ultimately, 13 studies were included: seven studies reporting on postvention in schools (12–18) and six studies reporting on an intervention for the management of a suicide cluster (19–24). These are presented in Table 1 on the next page.

FIGURE 1. PRISMA FLOW DIAGRAM

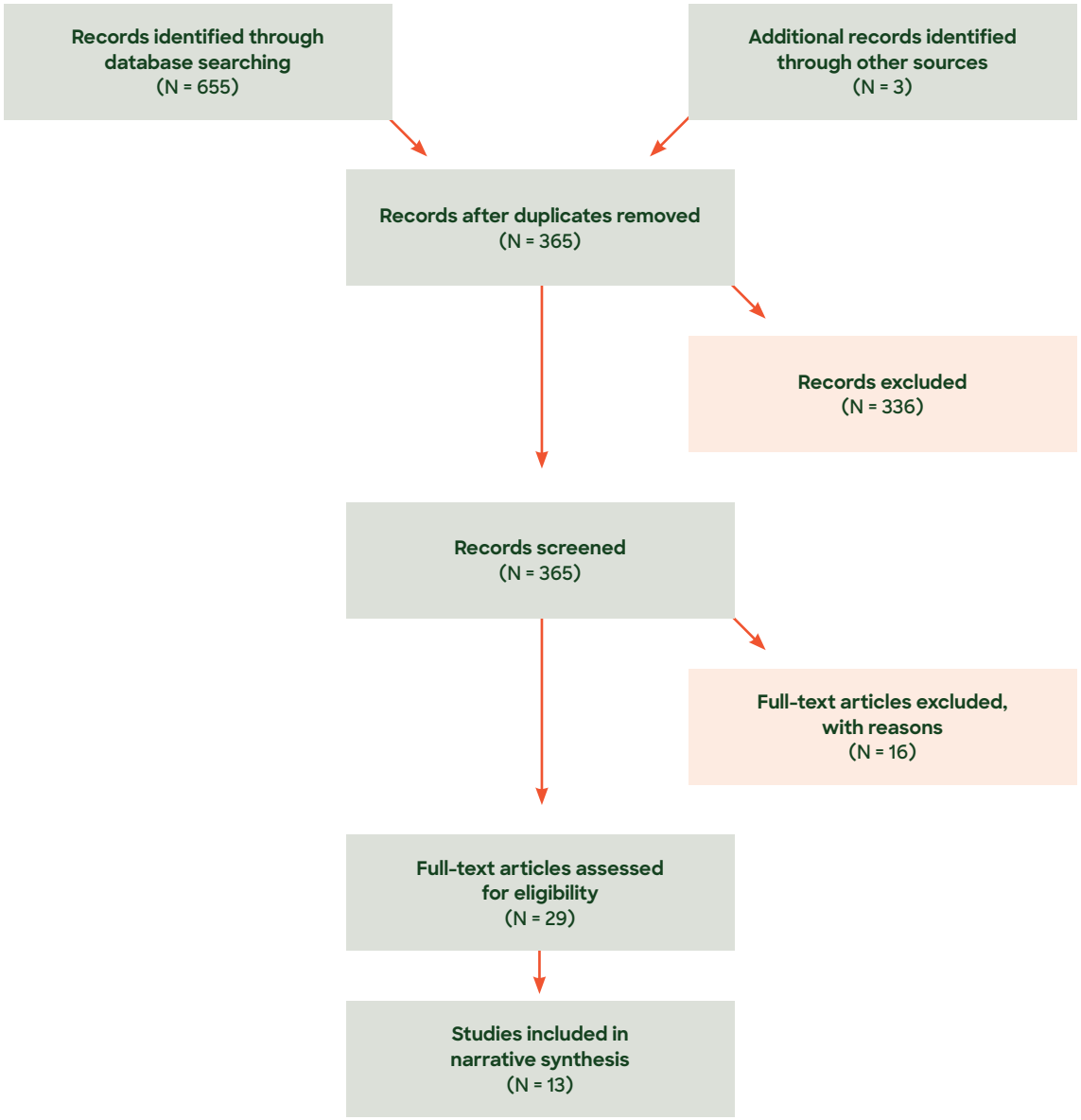

TABLE 1. STUDIES ON POSTVENTION AND SUICIDE CLUSTER RESPONSES IN SCHOOLS

STUDY	DESCRIPTION OF ACTIVITY/ PROGRAM	SETTING AND COUNTRY	METHOD OF EVALUATION AND LEVEL OF EVIDENCE	OUTCOMES ASSESSED	FINDINGS
POSTVENTION RESPONSE IN SCHOOLS (PEER REVIEWED) (NUMBER OF STUDIES = 7)					
Carter & Brooks, 1990 (13)	Group counselling provided by external service to friends of a student who died by suicide (began on school grounds but moved to outpatient setting).	One secondary school that experienced a student suicide and outpatient clinic, USA.	Informal interviews with friends of the student who died by suicide, 1.5 years after the death. N = 6 Level of evidence: IV	Participant perceptions of helpfulness of counselling, assessed by interview.	Five participants reported that the group process was helpful and indicated a willingness to act as group co-leader in future. Three group members entered individual treatment after group counselling.
Cha et al., 2018 (12)	School-based crisis intervention program: 1. multidisciplinary team meetings; 2. psychological and psychoeducation support for teachers; 3. psychoeducation support for students and parents; 4. screening for students; and 5. psychiatric follow-up for 'symptomatic' students and referral to services, if necessary.	One secondary school that experienced a student suicide, Korea.	Students completed questionnaires at baseline (immediately after death) and at 5-month follow-up. Students divided into 'trauma' and 'non-trauma' groups based on CROPS score. N = 956 Level of evidence: III-3	Post-traumatic stress symptoms (CROPS; UCLA-PTSD-RI), anxiety (K-BAI), depression (K-BDI-II), and complicated grief (ICG).	At follow-up, there was a statistically significant decline in post-traumatic stress symptoms, anxiety, depression and complicated grief in both groups. The scores of the trauma group dropped more sharply than the non-trauma group, indicating that the intervention was helpful to reduce the post-traumatic stress symptoms, anxiety and depressive symptoms, and complicated grief reactions in the trauma group.
Grossman et al., 1995 (14)	Responding to Loss (RTL): crisis response program that helps school crisis teams respond after a student or staff suicide. It includes multiple components. Study evaluated Preparing for Crisis Training, a three-hour training session designed to prepare school staff to respond to 'sudden death' including suicide.	All secondary schools in a district, USA.	Training recipients completed pre- and post-test measures. N = 263 Level of evidence: IV	Changes in knowledge from pre-post crisis training; participant satisfaction with training.	There was a statistically significant mean increase in knowledge scores from pre-test to post-test. Satisfaction ratings were 80% or above in all categories except for program length, which participants felt was too short. When asked to rate the benefit of the training, half (49%) reported the highest rating.

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STUDY	DESCRIPTION OF ACTIVITY/ PROGRAM	SETTING AND COUNTRY	METHOD OF EVALUATION AND LEVEL OF EVIDENCE	OUTCOMES ASSESSED	FINDINGS
Hazell & Lewin, 1993 (15)	Group postvention counselling session (90 minutes) within seven days of a death by suicide. Group participants were selected by school staff on the basis of being friends with the deceased.	Two secondary schools that each experienced a student suicide, Australia.	Students who identified themselves as friends of the deceased completed questionnaires eight months after the suicide. Counselled students were compared with un-counselled students. Participants were matched for age, sex, school, and previous suicidal ideation and behaviour. N = 126 (63 in each group) Level of evidence: III-2	Internalising and externalising problems, depression (CBCL-YSR), risk behaviours (RBQ), SI, alcohol use, solvent abuse, hospitalisation, whether would recommend counselling to a friend.	There were no group differences in internalising, externalising and depression scores, nor in risk behaviour scores. There were no group differences in current suicidal ideation, current suicidal behaviour, alcohol use on more than two occasions, solvent abuse, hospitalisation with a suicide attempt, or whether the subjects would recommend professional counselling to a suicidal friend. Overall no benefit of counselling was demonstrated.
Mackesy-Amiti et al., 1996 (16)	Responding To Loss – Preparing for Crisis training component (as above).	All schools in a district, USA.	Training recipients completed pre- and post-test measures. N = 205 Level of evidence: IV	Changes in knowledge from pre-post crisis training.	Scores significantly increased from pre-test to post-test, with a large effect size. The training was successful in imparting knowledge about suicide postvention to participants in at least five of the eight subdomains.
O'Neill et al., 2020 (18)	Postvention training, experience, and available postvention protocols with perceived knowledge and self-efficacy (self-reported confidence and preparedness).	State public school system, USA.	School psychologists N = 110 Level of evidence: IV	Perceived Postvention Competency Survey.	Training in postvention (with or without contagion effect recommendations) was significantly associated with perceived knowledge and self-efficacy. Experience in providing postvention was significantly associated with self-efficacy.

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STUDY	DESCRIPTION OF ACTIVITY/ PROGRAM	SETTING AND COUNTRY	METHOD OF EVALUATION AND LEVEL OF EVIDENCE	OUTCOMES ASSESSED	FINDINGS
Rickwood et al., 2017 (17)	headspace School Support – provides postvention support (after a suicide) and preparedness support (preparing to respond to a suicide) to Australian secondary schools.	Secondary schools (all who had used the service), Australia.	School representatives who had accessed the resources of and/ or received support from headspace School Support completed survey. N = 359 Level of evidence: IV	Satisfaction with, and early impacts and outcomes of, headspace School Support.	The majority of respondents indicated that headspace School Support had increased their knowledge, skills and capacity to identify and respond to students in distress or at risk. The majority of respondents who received preparedness assistance reported that this had increased their knowledge about how their school should manage a suicide death, and helped them realise that there were steps their school should take to be better prepared. Over two-thirds had developed or commenced work on a suicide postvention response plan following the preparedness assistance. The majority of respondents who received postvention support reported it had helped them manage the response, and helped them to feel supported following the suicide. Nearly all respondents indicated that they would recommend headspace School Support to other staff/schools, and most would 'definitely' contact headspace School Support for assistance again if required.
SUICIDE CLUSTER RESPONSE IN SCHOOLS (PEER REVIEWED) (NUMBER OF STUDIES = 5)					
Askland et al., 2003 (19)	A three-phase response: **Phase I:** 1.5-hour small group educational debriefing session for students. **Phase II:** Individual screening for referrals for high risk students. **Phase III:** On-site crisis evaluation for students at immediate or high risk of self-harm.	Five suicide attempts and two suicides in students, and two adult suicides, rural community, junior senior high school, USA.	Junior-senior high school students. **Phase I:** N = 307 **Phase II:** N = 104 Level of evidence: IV	Individual Screening for Referral; recent suicidal ideation and attempts.	**Phase I:** All students (N = 307) attended an educational debriefing session. **Phase II:** 104 students were assessed as being at high risk for suicidal behaviour. **Phase III:** Of the 104 high-risk students, eight were referred for immediate, on-site crisis stabilisation services, four were referred for high-priority outpatient psychiatric services, 27 were referred for outpatient psychiatric services, and 65 were assessed as at no immediate risk of self-harm.

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STUDY	DESCRIPTION OF ACTIVITY/ PROGRAM	SETTING AND COUNTRY	METHOD OF EVALUATION AND LEVEL OF EVIDENCE	OUTCOMES ASSESSED	FINDINGS
Brent et al., 1989 (20)	Clinical services for students at the high school; three-step response: 1. Interviews with friends, teachers and parents ('psychological autopsy'). 2. Clinicians meeting with students and referring students for mental health screening if deemed at risk, e.g., students requesting additional psychological help, friends of the deceased, students with prior psychiatric problems. 3. Referral to mental health services.	32 students involved in a suicide cluster: two suicides, seven suicide attempts, 23 students with suicidal ideation, high school, USA.	N = 1,496 students in total N = 110 screened students at risk Level of evidence: IV	Screening interview: past and present suicidality/ psychiatric treatment, past and current substance abuse, conduct disorder, major depression, parental psychopathology, relationship to the victim, funeral attendance.	110 students at risk were screened, 14.5% of screened students were assessed as being at risk (they showed suicidal ideation with intent to die or a concrete suicidal plan with onset after the exposure). Students at risk had significantly greater history of past suicidality, past and current major depression, and past substance abuse than non-suicidal students. Most of the students at risk were identified within three weeks of intervention. Referral for high risk students: 6.3% school follow-up, 75% outpatient services, and 18.7% inpatient services.
Callahan, 1996 (21)	Multi-component comprehensive postvention program including informing students via PA system, setting up support rooms, faculty meetings, and parent meetings.	One secondary school that experienced a student suicide, as well as the suicide of a sibling of a student, USA.	Observation of student behaviour during postvention phase (informal & unstructured). N = NA Level of evidence: NA	'Suicidal gestures' and SI (observed, not measured).	There was an observed increase in suicidal gestures and ideation in the school community: within six months of the second suicide, six students were hospitalised (as compared to 0–1 per school year in the past), and approximately 30 suicide gestures or attempts were observed (as compared to 1–2 per term in the past). This was attributed partially to the use of support groups which were initially helpful but ultimately "seemed to stir up intensely depressed and melodramatic feelings and fantasies, which the students had difficulty modulating and containing".
Heffel et al., 2015 (22)	School protocol to inform students of the death, followed by community meetings and suicide assessments, and later a grief outreach program for district students.	Two suicides over one month and multiple suicide attempts, a small suburban school district, USA.	High school students one year after a suicide cluster N = 10 Level of evidence: IV	Qualitative/ semi-structured interviews; experiences and reactions following suicide deaths within a school community.	Four domains: The Suicide, Impact, Perceptions of School Environment, and Recovery. Perceptions of the school interventions: The school's postvention response increased students' awareness of suicide warning signs and bullying, and included a recommendation to avoid memorialisation of the deceased. After the initial perception of support, students perceived the school's lack of involvement in memorialisation as an expectation to "be over the deaths too quickly". In the absence of organised school memorials, students turned to unmonitored online social networking sites, such as Facebook. Some students observed the loss was also experienced by teachers and school staff.

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STUDY	DESCRIPTION OF ACTIVITY/ PROGRAM	SETTING AND COUNTRY	METHOD OF EVALUATION AND LEVEL OF EVIDENCE	OUTCOMES ASSESSED	FINDINGS
Poijula et al., 2001 (23)	Varied between schools, from no intervention at all to 'adequate crisis intervention'. Adequate intervention included 'first talk-through' on first day after the suicide and 'psychological debriefing' the following day, conducted by a trained mental health professional.	Three secondary schools who had experienced at least one suicide (five total), Finland.	Classmates of a student who died by suicide completed questionnaires (average six months after suicide). N = 89 Level of evidence: III-3	Level of grief intensity (HSIB), risk of developing symptoms of PTSD (IES).	In school C, where an adequate crisis intervention was organised, there were fewer students in the PTSD risk group than in the two other schools with questionably adequate crisis intervention. Not statistically significant. In school A with three suicides and where school crisis intervention was only conducted after the third death, the number of students belonging to the high intensity grief group was 25%, compared to 5% in school B (two suicides and adequate and inadequate crisis intervention) and 0% in school C (one suicide with adequate crisis intervention). The difference between the schools was significant. Students who did not experience a perceived adequate crisis intervention had 18.2 times greater risk for high intensity grief than those who evaluated the intervention as adequate.
SUICIDE CLUSTER RESPONSE IN SCHOOLS (Grey literature) (number of studies = 1)					
U.S. Department of Education2010 (24)	The Initial Response: Following protocols, forming a taskforce, and refocusing media attention. The Long-Term Response: Recommended prevention-mitigation strategies (early identification, including an 'At-Risk Database'), access to mental health services, and collaborative support and de-stigmatisation).	Five suicides of high school students, school district, USA.	District director and a school psychologist. N = 2 Level of evidence: NA	Qualitative interview.	Lessons learned: conduct targeted information-gathering from experts on best practices, keep lines of communication open with all stakeholders, and institutionalise changes.

Note: CBCL-YSR= Youth Self-Report version of Child Behaviour Checklist; CROPS = Child Report of Post-Traumatic Symptoms; HSIB = Hogan Sibling Inventory of Bereavement; ICG = Inventory of Complicated Grief; IES = Impact of Event Scale; K-BAI = Korean Beck Anxiety Inventory; K-BDI-II = Korean Beck Depression Inventory II; RBQ = Risk Behaviour Questionnaire; SI = suicidal ideation; UCLA-PTSD-RI = University of California at Los Angeles PTSD Reaction Index.

NHMRC levels of evidence: Level I: A systematic review of Level II studies, Level II: A randomised controlled trial, Level III-1: A pseudorandomised controlled trial, Level III-2: A comparative study with concurrent controls, Level III-3: A comparative study without concurrent control, Level IV: Case studies with either post-test or pre-test/post-test outcomes (8).

STUDY DESCRIPTION

Nine studies were conducted in the United States (13, 14, 16, 18-22, 24), two in Australia (15, 17) and one each in Korea (12) and Finland (23).

The postvention and suicide cluster response activities varied between studies. Two studies evaluated crisis preparedness training for school staff (14, 16). Two studies evaluated group counselling provided to friends of a student who died by suicide (13, 15). Two studies evaluated the impact of postvention training on school personnel's knowledge and skills (17, 18). One study evaluated a multi-component postvention program (12) and four studies evaluated a multi-component response to a suicide cluster (19-21, 24). One study compared schools that implemented different levels of postvention response after student suicides (23). Finally, one study evaluated a school response to a suicide cluster with a focus on social media (22).

Studies varied regarding study design and methodological rigour: there were two comparative studies with a control group; two comparative studies without a control group; and eight case studies with post-test or pre-test/post-test outcomes (8). One publication, identified through the search of the grey literature, contained anecdotal evidence regarding implementation of a suicide cluster response and the NHMRC evidence levels were not applicable (24).

RESULTS

Four studies reported positive effects of school-based postvention and cluster management activities. Both Brent and colleagues (20) and Askland and colleagues (19) reported that school-based screening and referral to mental health services following a suicide cluster can be effective in identifying students at risk of suicide. Cha and colleagues (12) found that implementation of a postvention response was associated with statistically significant declines in post-traumatic stress symptoms, anxiety and depressive symptoms, and complicated grief in students. A study by Poijula and colleagues (23) found a relationship between increased adequacy of the school's postvention response and better outcomes for students, such as lower risk for intense grief reactions.

Two studies that assessed changes in knowledge as a result of crisis preparedness training reported significant improvements in knowledge from pre- to post-test among school personnel and community representatives (14, 16). Positive outcomes were also reported in two studies which assessed school personnel's need, awareness and use of postvention resources, as well as self-reported outcomes of postvention training for school staff, including a suicide cluster/contagion management component (17, 18). The majority of school staff who had used the headspace School Support service in response to a suicide death reported positive outcomes regarding their ability to manage the suicide (17). O'Neill and colleagues (18) found that postvention and cluster response training was significantly related to self-perceived knowledge and self-efficacy among school psychologists.

Three studies of counselling for students reported mixed results. In a qualitative study, Carter and Brooks (13) reported that most participating students endorsed the benefits of counselling they received. Conversely, Callahan (21) observed an increase in suicidal gestures and ideation in a school community following implementation of a postvention/cluster response program. According to the author of the study, this increase in suicide risk could be partly attributed to an over-availability of support groups. Further, Hazell and Lewin (15) found that counselling had no statistically significant impact on any outcomes assessed in students, including their suicidal ideation or suicidal behaviour. In addition, Poijula and colleagues (23) found that talk-throughs and psychological debriefings as the only interventions were not sufficient, and early screening and referral of students to services can increase the effectiveness of a postvention intervention.

Heffel and colleagues (22) reported mixed results regarding students' perceptions of a school intervention after a suicide cluster. Their qualitative study found that the school's response was related to increased student awareness of suicide warning signs and of bullying as a risk factor for suicide. Nonetheless, the lack of the school's involvement with memorial activities contributed to students' engagement in unmonitored and potentially unsafe online social networks, such as Facebook.

Qualitative feedback from mental health specialists involved in a school district cluster response underlined the significance of using existing postvention expertise, establishing strong stakeholder collaborations, and embedding a cluster response in schools and wider community systems (25).

In summary

The literature review identified 13 studies evaluating postvention and suicide cluster responses in schools. Only two of these were conducted in Australia and most were conducted some time ago. In addition, the variation in the type of approach presented in the studies, as well as the diversity of methods and quality of evaluations, meant that a more robust synthesis of findings such as a meta-analysis was not possible. Further, in general the quality of the studies was low; therefore, any conclusions must be treated with caution. Notwithstanding these limitations, the included studies generally reported that postvention and suicide cluster responses in schools are feasible to implement and can benefit both students and school staff.

In terms of individual approaches, interventions designed to identify students who may be at risk of suicide and/or negative mental health outcomes after exposure to a suicide at school, and provide them with referrals to services and ongoing support were associated with positive outcomes. Similarly, training to prepare school staff for a response to a student suicide and to minimise suicide contagion can increase their levels of knowledge, skills and self-efficacy.

More broadly, studies showed that schools should carefully plan and deliver a response to a student's suicide in a coordinated way. Studies demonstrated that comprehensive multi-component responses (such as a psychoeducational debriefing session for students, followed by screening and referral for students identified as being at risk) can be more effective than one-off interventions, and a specialised school postvention service, such as headspace School Support, can provide support to staff and optimise a postvention response. This is important because the studies demonstrated that despite good intentions, the potential for harm exists. For example, there was some evidence that a response which does not address reverse stigma among students, for instance perceiving suicide as a valued and positive behaviour, can be linked to increased risk among others. And finally, even a well-intended message from schools to avoid memorialisation of the deceased on school grounds may encourage students to use unmonitored social media to create memorials and potentially increase the risk of contagion. For this reason, resources or guidelines on how to communicate safely about suicide on social media may be helpful (for example, the #chatsafe guidelines, (26)).

BENCHMARKING ACTIVITY

Findings

Detailed outcomes of the benchmarking are presented in Tables 2a-2c and Table 3. Tables 2a-2c present a matrix of sections of both sets of guidelines, based on the original structure of the two documents. Table 3 presents an appraisal of postvention actions included in the New South Wales Department of Education postvention guidelines against postvention actions listed in the headspace School Support postvention guidelines and the literature.

Note: For the following tables, a tick symbol (✔) indicates alignment between sections of the New South Wales Department of Education postvention guidelines and the headspace School Support postvention guidelines. Empty rows indicate that the New South Wales Department of Education postvention guidelines provide advice, which has not been included in the headspace School Support postvention guidelines.

TABLE 2A. BENCHMARKING MATRIX: IMMEDIATE RESPONSE AND RESPONSE IN THE FIRST 24–48 HOURS

NEW SOUTH WALES DEPARTMENT OF EDUCATION POSTVENTION GUIDELINES		HEADSPACE SCHOOL SUPPORT POSTVENTION GUIDELINES				
		DEVELOPING AN EMERGENCY RESPONSE PLAN	FORMING AN EMERGENCY RESPONSE REAM	ACTIVATING THE EMERGENCY RESPONSE TEAM	MANAGING A SUSPECTED SUICIDE THAT OCCURS ON SCHOOL GROUNDS	LIAISING WITH THE DECEASED STUDENT'S FAMILY
Legal context	Preventative strategies to discharge legal obligations	✔	✔			
Immediate response	Immediate response when the student dies at school				✔	
	Validating the report		✔			
	Urgent action once the student's death has been validated		✔			
	Contacting the family					✔
	Identifying a point of contact in the family					✔
	Deciding what the school community will be told about the death		✔			
	Information requests from the family		✔			
The first 24-48 hours	Notifying key staff/ beginning to plan support			✔		
	Identifying key partners to support the school	✔	✔	✔		

TABLE 2B. BENCHMARKING MATRIX: RESPONSE IN THE FIRST 24-48 HOURS CONTINUED

NEW SOUTH WALES DEPARTMENT OF EDUCATION POSTVENTION GUIDELINES		HEADSPACE SCHOOL SUPPORT POSTVENTION GUIDELINES										
		INFORMING STAFF OF SUICIDE	INFORMING STUDENTS OF SUICIDE	INFORMING PARENTS/ GUARDIANS	INFORM-ING WIDER COMMU-NITY	IDENTIFY/ SUPPORT HIGH-RISK STUDENTS	ONGOING SUPPORT OF STUDENTS	ONGOING SUPPORT OF STAFF	DEALING WITH THE MEDIA	INTERNET/ SOCIAL MEDIA	DECEASED STUDENT'S BELONGINGS	DOCUMENT-ATION
The first 24-48 hours	Importance of not disclosing the way student took their life		✔									
	Initial briefing/staff	✔										
	Initial briefing/students		✔									
	Initial briefing/parents			✔								
	OSHC briefing											
	Initial briefing/people outside the school				✔							
	Assessing/responding to potential risks to staff							✔				
	Developing support plans for students					✔	✔					
	Necessary Administrative Action										✔	
	Media issues								✔			
	Social media									✔		
	What if student's death takes place during school holidays?											
	What if student's death takes place before/ after/ during HSC?											
	Importance of documentation											✔

TABLE 2C. BENCHMARKING MATRIX: LEGAL CONTEXT, THE NEXT 48–72 HOURS, AND THE LONGER TERM

NEW SOUTH WALES DEPARTMENT OF EDUCATION POSTVENTION GUIDELINES		HEADSPACE SCHOOL SUPPORT POSTVENTION GUIDELINES				
		FUNERAL AND MEMORIAL	CONTINUED MONITORING OF STUDENTS AND STAFF	DOCUMENTATION	CRITICAL INCIDENT REVIEW AND ANNUAL REVIEW OF THE EMERGENCY RESPONSE PLAN	FUTURE PREVENTION
Legal context	Preventative strategies to discharge legal obligations					✔
	The importance of documentation			✔		
Next 48–72 hours	Ongoing importance of liaising with the student's family, briefing staff and assessing/responding to new and changed risk		✔			
	Funerals and memorial services	✔				
	Awards/scholarships in the student's memory	✔				
	Returning the school to normal routines					
Longer term	Briefing staff, parents and the school community; including new staff/casuals		✔			
	Alerting new schools to current arrangements to support vulnerable students when they change schools					
	Briefing local MPs					
	Responding to information requests					
	Reviewing administrative action					
	Risk assessment will be a continuous process		✔			
	Requests from the family for a school report/other information					
	Monitoring the wellbeing of staff		✔			
	Working with police during a coronial investigation					

TABLE 3. BENCHMARKING OF THE NSW DEPARTMENT OF EDUCATION POSTVENTION GUIDELINES AGAINST THE HEADSPACE SCHOOL SUPPORT POSTVENTION GUIDELINES AND PEER-REVIEWED LITERATURE

● = well aligned ● = some discrepancies ● = not included

POSTVENTION ACTIONS ACCORDING TO THE HEADSPACE SCHOOL SUPPORT POSTVENTION GUIDELINES	CONTENT OF THE NSW DEPARTMENT OF EDUCATION POSTVENTION GUIDELINES	EXAMPLES OF DISCREPANCIES
headspace SCHOOL SUPPORT POSTVENTION GUIDELINES		
Developing an emergency response plan	●	Not applicable - well aligned.
Forming an emergency response team	●	The headspace School Support postvention guidelines provides in-depth information on the recommended profile and responsibilities of the emergency response team leaders. The Department guidelines suggest forming a response team, however the ongoing instructions for this team are less specific.
Activating the emergency response team	●	The headspace School Support postvention guidelines recommend organising an initial emergency response team and daily emergency response team meetings. The Department's postvention guidelines do include notifying key staff so that planning for support can begin (within the first 24-48 school hours), however does not specify if or how often they should meet as a group.
Management of a suspected suicide that occurs on school grounds	●	Not applicable - well aligned.
Liaising with the deceased student's family	●	Not applicable - well aligned.
Informing staff of the suicide	●	The headspace School Support postvention guidelines provide detailed recommendations for the initial and follow-up staff meetings, including suggested topics for these meetings. These details are not included in the Department's guidelines.
Informing students of the suicide	●	The headspace School Support postvention guidelines provide information on managing rumours about the student's suicide and detailed information about setting up and the ongoing use of a support room, which are not included in the Department's guidelines.
Informing parents/guardians of the suicide	●	The headspace School Support postvention guidelines provide detailed guidance for holding a parent meeting, these details are not included in the Department's guidelines.
Informing the wider community of the suicide	●	Not applicable - well aligned.
Identifying and supporting high-risk students	●	The headspace School Support postvention guidelines provides detailed information recognising the profile of students who may be at risk and in need of support. The Department's guidelines have a detailed support plan template for supporting students at risk but there is no detail on how to identify those who may be high-risk, apart from siblings and family.
Ongoing support of students	●	The headspace School Support postvention guidelines provide information on setting up a support room for students, which will be available for students who need immediate support and quiet time to manage their emotional response. This is not included in the Department's guidelines.
Ongoing support of staff	●	Not applicable - well aligned.

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POSTVENTION ACTIONS ACCORDING TO THE HEADSPACE SCHOOL SUPPORT POSTVENTION GUIDELINES	CONTENT OF THE NSW DEPARTMENT OF EDUCATION POSTVENTION GUIDELINES	EXAMPLES OF DISCREPANCIES
Dealing with the media	🟢	The headspace School Support postvention guidelines recommend giving one member of the emergency response team the role of media liaison person. According to the NSW Department of Education postvention guidelines, enquiries by the media must be directed to the Department's Media Unit.
Internet and social media	🟠	The headspace School Support postvention guidelines provide information on using the internet and social media to promote positive mental health and wellbeing, and advice on use of social media by school staff. While the Department's guidelines do include information on internet and social media, it is predominately focused on monitoring websites for concerning content.
The deceased student's belongings	🟠	The headspace School Support postvention guidelines recommend emptying the deceased student's locker when other students are not present and deciding what to do with the deceased student's chair or desk. While the Department's guidelines do address student's belongings, this small but important detail of doing it when no other students are around is not included.
Funeral and memorial	🟠	The headspace School Support postvention guidelines provide information on how to mention the deceased student in a school yearbook or a newsletter, and provide guidance on monitoring memorial sites on and off school grounds. The Department guidelines provide a template letter on how to communicate with parents and students regarding the funeral or memorial functions, as well as suggestions for supporting students around these events, but there is no guidance on ongoing management of memorial sites, nor are there instructions on how to speak in school communications about the student in memoriam.
Continued monitoring of students and staff	🟢	Not applicable – well aligned.
Documentation	🟢	Not applicable – well aligned.
Critical incident review and annual review of the emergency response plan	🔴	The Department guidelines do not provide recommendations on this postvention action. Documents provided by the Department, and developed by the Health and Safety Directorate include some relevant items, however they are not suicide specific, so therefore omit critical and evidence-based considerations and recommendations for these processes. The Directorate review processes are not currently referenced by or linked within the Department's postvention guidelines.
LITERATURE REVIEW		
Preparedness postvention training for school staff	🟢	Not applicable – well aligned.
Postvention assistance from specialised postvention services	🟢	Not applicable – well aligned.
Identification of students at risk	🟢	Not applicable – well aligned.
Need for follow-up, ongoing support and referral for students	🟢	Not applicable – well aligned.

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POSTVENTION ACTIONS ACCORDING TO THE HEADSPACE SCHOOL SUPPORT POSTVENTION GUIDELINES	CONTENT OF THE NSW DEPARTMENT OF EDUCATION POSTVENTION GUIDELINES	EXAMPLES OF DISCREPANCIES
Referral of students identified as being at risk of suicide and negative mental health outcomes to services	●	Not applicable – well aligned.
Monitoring social media	●	Not applicable – well aligned.
Avoiding romanticisation or glorification of suicidal behaviour and the deceased	●	Not applicable – well aligned.
Being careful around school policy on memorialisation of the deceased student	●	Students can perceive school's lack of involvement with memorialisation activities as an expectation to quickly end their grieving process, which may lead to spontaneous and potentially unsafe memorialisation activities on unmonitored social media.

BENCHMARKING AGAINST THE HEADSPACE SCHOOL SUPPORT POSTVENTION GUIDELINES

For the most part, the two sets of postvention guidelines are well aligned; yet, there are areas where headspace School Support recommends an action that is not included in the New South Wales Department of Education document. Where there are discrepancies, denoted by orange dots, this does not mean that the topic area is not addressed well by the Department's guidelines. It can, however, indicate that there are small but significant differences in the information provided and actions referenced. These are outlined below.

The New South Wales Department of Education postvention guidelines cover 19 of 20 actions recommended by the headspace School Support postvention guidelines (Table 3), being either well aligned or with some discrepancies. These start with the development of an emergency response plan to prepare a school to respond to the suicide of a student as well as initial steps following the death, such as forming and activating an emergency response team, practical considerations for managing a death that has occurred on school grounds, and liaising with the family of the deceased student. There are some small but significant differences between the two sets of guidelines regarding these actions. For instance, while the Department guidelines do not use the term 'emergency response team' there are suggested steps for notifying key staff so that response planning can begin. Importantly, the headspace postvention guidelines recommend the team convene within the first 24 hours and meet daily, while the Department's guidelines recommend convening during the first 24-48 hours and do not recommend how often the group should meet.

The next stage of postvention actions encompass: informing the immediate school community (staff, students, and parents/guardians) and the wider community of the suicide, identification of students who may be at risk of suicide and negative mental health outcomes, and the provision of support to this group. Again, there are some small but significant differences between the contents of the headspace school support postvention guidelines and the Department's guidelines regarding these steps. For instance, the former directly recommend setting up a 'support room' in a school, which will be available for students who need immediate support and quiet time to manage their emotional response. The headspace School Support document also provides detailed guidance for organising staff meetings and holding a parent meeting at a school, which is not included in the New South Wales Department of Education document.

The subsequent postvention steps include: ensuring ongoing support for student and school staff, managing the media, the internet and social media, taking care of belongings of the deceased, and funerals and memorials. There are some small but significant differences between the guidelines regarding these actions, for example the headspace School Support document provides more information on the profile of students who may be at risk, and recommends compiling a list of school staff who may be highly distressed by the death, such as staff who had close contact with the student. The headspace School Support postvention guidelines also describe in more detail how to take care of the deceased student's belongings and how to monitor memorial sites on and off school grounds. The headspace School Support postvention guidelines section on dealing with the media is not applicable to individual schools in New South Wales, as the Department of Education postvention guidelines stipulate that the Department's Media Unit handles all media contacts in the aftermath of a student's suicide.

The final postvention actions relate to ensuring ongoing monitoring of students and staff, continuing to provide further suicide prevention activities, and stipulate that all postvention activities should be well documented. The Department has extensive resources that assist schools to respond to and review the circumstances of a wide range of critical incidents. These resources include advice on responding to adverse events such as injury on school premises, emergency scenarios such as fire and evacuation, and mandatory reporting of incidents, for example, related to family violence, abuse or neglect. Reporting and responding to a student suicide or suicide-related behaviour are encompassed in these responses and reporting protocols. However, while necessarily broad to cover all adverse events in schools, because these resources are not specific to suicide, there are elements missing that may be useful for schools to consider in the aftermath of a student suicide. While all school and department staff may be inducted and well familiarised with the processes to report or review a critical incident through appropriate department channels, there is no reference to these requirements noted anywhere in the current guidelines. Critical incident reviews have been identified as best practice by experts (10) and provide important details that are crucial for a postvention context. Suicide-specific critical incident reviews allow for the identification of successful components of a postvention response and actions which could be revised in the future, as well as the identification of staff training needs. Often, the circumstances surrounding a student suicide are particularly sensitive and therefore require a more nuanced approach than that currently offered by the Department's broader incident review process.

The New South Wales Department of Education postvention guidelines contain sections which are not included in the headspace School Support document. These include: advice on the management of a student's suicide which takes place during the school holidays or around the time of the Higher School Certificate examinations; briefing the local Members of Parliament; reviewing administrative actions; and guidance on working with the police during a coronial investigation.

There are some differences in the sequence of postvention actions between the two sets of guidelines. For example, notifying the key staff and beginning to plan support, as well as identifying key partners to support the school, are included in the Department guidelines section that lists actions during the first 24-48 school hours (following the immediate response). These actions align with the first three steps of headspace School Support guidelines: 'Developing an Emergency Response Plan', 'Forming an Emergency Response Team' and 'Activating the Emergency Response Team'. These steps in relation to preparedness of emergency response teams and plans should be undertaken prior to any incident occurring, rather than in the direct aftermath of a student suicide. This variation is notable, as the order in which the content of the headspace School Support postvention guidelines is presented was carefully designed and endorsed by panels of experts following the best evidence available at the time.

Finally, the New South Wales Department of Education postvention guidelines includes links to online resources (information on suicide contagion), which were available on the headspace School Support website at the time the document was developed. Currently these additional resources and factsheets on postvention is schools are available on the Be You website.

In summary

There is significant alignment with the Department's guidelines and the headspace School Support guidelines, which are evidence-based and generally considered to be gold standard. However, in addition to some areas where extra detail is included in the Department's guidelines there are a few notable omissions and improvements which could be addressed in any updated versions, such as the inclusion of critical incident reviews that are specifically targeted to the postvention context, improved signposting of the emergency planning content, and revised sequencing of a postvention response.

DESKTOP REVIEW AND MAPPING ACTIVITY

Findings

POSTVENTION RESOURCES

A total of 120 separate resources were sourced, with 53 (44%) supplied from the Department, 30 (25%) identified from online searches and 37 (31%) supplied from school staff, stakeholders or expert advisory group members. A list of all documents is included in Appendix C.

Of the 120 resources, 53 were information documents (including guidelines, flyers, factsheets, toolkits), 34 were strategy or policy documents, 25 were programs, 25 training (online or offline), 13 referred to additional staffing resources, eight were templates or forms, three curricula, and two were mapping documents. Many of the 120 documents had more than one function, for example providing information as well as a curriculum.

While most resources were directed to only one audience type, many were targeting multiple audiences. The intended audience of the majority of resources were for school staff (63%), while 20% were for students. Only 8% of resources identified were for parents/guardians. The remaining were resources aimed at other audience types, mostly general community, but also non-school-based health professionals and staff at other non-school organisations.

Five resources authored by the Department's Health and Safety Directorate provide an emergency evaluation checklist, flow charts, information, and procedures on emergency planning and reviews. One of these five resources are about suicide (a fact sheet), with the other four resources for any type of emergency, including contingencies for evacuation and lockdown. The majority of the remaining resources supplied by the Department were strategy and policy documents that, while generally not focused on postvention, covered a wide range of areas that we know influence the mental health behaviours and outcomes of students, for instance the Wellbeing Framework for Schools, and the Bullying of Students – Prevention and Response Policy. These documents were complemented by collaborations

with specialist leading youth mental health organisations delivering programs to students and staff, including SAFEMinds (headspace), Youth in Distress: Managing Suicidality and Self-harm (Black Dog Institute), and Be You (beyondblue and headspace).

While the strategy documents supplied by the Department were extensive, we did not find any substantial resources to support suicide or postvention activities specifically targeting populations at higher risk of suicide, including Aboriginal and Torres Strait Islander students, LGBTIQ youth, young people living with Autism Spectrum Disorder, those living in out of home care, or young people from refugee or Culturally and Linguistically Diverse (CALD) backgrounds. We did find some notable non-Departmental resources that specifically addressed some of these at risk groups, such the School Response and Planning Guidelines for Students with behaviour and non-Suicidal Self-injury from Western Australia's Department of Education that includes additional considerations for supporting a range of at-risk groups and the Be You website includes five fact sheets specifically about supporting Aboriginal and Torres Strait Islander students and their parents/carers during the postvention period.

As well as staff and students, parents/carers are a key stakeholder group for the Department. The Department's Responding to Student Suicide Support Guidelines for Schools addresses the needs of non-bereaved parents and carers during the postvention period and there are also tips for staff when speaking with a bereaved parent/carer. On the Department's website, there is information for parents, consisting of a series of website links, including access to immediate help, located in the 'Mental health and wellbeing' subsection of the 'Student wellbeing' section[1]. There is a parents and carers 'Wellbeing' section of the Department's website[2], accessible via one click on the home page, that offers a large number of resources for parents/carers on a range of wellbeing topics. Although there was information on depression, a search was unable to locate any information specifically about suicide or postvention for parents/carers in this section of the website. Useful, but limited information was found specifically on suicide for parents/carers on the ReachOut, headspace, and StandBy websites.

The desktop analysis found some suitable technologies that were integrated into resources for students, staff and parents/carers. For students, this generally consisted of links to a range of youth-friendly websites, where they could then access resources such as fact sheets. There were relatively few resources that recommended mental health apps to students, and generally they were focused on general wellbeing, such as mediation apps, rather than topics related to suicide or postvention. One exception was the Department's Responding to anxiety and depression toolkit that listed a range of apps and websites for young people specifically focused on mental health problems, however this resource is for school counsellors so is inaccessible to students.

Importantly, we found no resources from the Department directed to students about how to appropriately and safely use social media to discuss the suicide or attempted suicide of a friend. Both the Department's Responding to Student Suicide Support guidelines for schools and the Be You fact sheet Suicide Response Resources: Media and social media provides practical and important advice regarding a school's use and monitoring of social media during the postvention period to prevent suicide clusters but do not provide advice for students' social media use. The #chatsafe guidelines (26) developed by Orygen provide advice for both young people and educators about how to respond to someone at risk and how to promote safe conversations about suicide and may be be useful to include in future, these are publicly available via the Orygen website but are not currently linked via any Department wellbeing resources.

In summary

A total of 120 resources, consisting of a range of types, including strategies, information documents, training and curriculum were analysed. The majority of these resources were aimed at school staff. One of the key findings of this mapping activity was that it identified the existing relationships the Department has with other internal teams and departments (particularly the Ministry of Health), and external organisations and programs to deliver a range of evidence-based postvention, suicide or mental health training to staff and young people. There is an opportunity to build on these existing relationships to ensure that the unique needs of young people at higher risk of suicide are met; these include Aboriginal and Torres Strait Islander students and LGBTIQ youth, disabled, young people living with Autism Spectrum Disorder, in out-of-home care, and young people from refugee or Culturally and Linguistically Diverse (CALD) backgrounds. As well as internal teams and departments, additional resources for these at-risk groups may be developed in partnership with organisations who specialise in supporting these groups, such as Twenty10 (LGBTIQ) and the Multicultural Youth Advocacy Network (CALD).

While we found a reasonable amount of resources aimed at parents/carers regarding health and wellbeing of their children, there is an opportunity

[1] Mental health and wellbeing: https://education.nsw.gov.au/student-wellbeing/counselling-and-psychology-services

[2] Increase my child's wellbeing: https://education.nsw.gov.au/parents-and-carers/wellbeing?q

to develop suicide and postvention resources to support parents/carers specifically for the school context. This content could be added to existing resources, such the Parents and Carers section of the Department's website and be linked in the postvention guidelines. Our mapping activity found that links to appropriate websites were integrated into resources for school staff, students, and parents/carers.

However, we found that social media resources aimed at school staff do not address students' use of social media to communicate with each other during the period immediately following a student suicide. Guidelines for this purpose do exist, namely the #chatsafe guidelines, which include a set of youth friendly tips for communicating online about suicide and a separate resource for educators to assist them to support safe communication about suicide amongst their students (26, 27). Thus, the Department may consider directly promoting the #chatsafe guidelines to their students and staff. In addition, the Department could consider adding information about, and links to, appropriate safety planning apps, such as Beyond Now (Beyond Blue), in their suicide and postvention resources for students and staff. Safety planning apps provide practical and evidence-based help for people to manage their suicidal thoughts.

SURVEY OF SCHOOL STAFF

Findings

RESPONDENTS

In total, 277 New South Wales secondary school staff expressed interest in undertaking the Postvention Guidelines Survey. 'Interest' is defined as the point at which respondents accessed the REDCap survey link and REDCap identifies them as a survey respondent, independent of whether they completed the survey. The following discussion and findings relate to the 260 respondents that provided consent and answered at least some questions.

Respondents were predominantly female (85%) and aged between 40 and 59 years of age (age range 23–75, mean age 46 years).

Most respondents provided counselling or psychology functions for schools and the Department, including School Counsellor (65%), Senior Psychologist Education (16%), School Psychologists (4%), and Leader Psychology Practice (3%). Other respondents were employed as Principals (6%), Deputy Principals (2%), Director Educational Leadership (less than 1%), Network Facilitator Specialists (less than 1%), or in other roles (3%).

Respondents reported significant experience and length of service in the school and education sector. Over 40% had been working in education for more than 20 years. Nearly one in four respondents had been working in education for 11–20 years. Only 20% of respondents had worked in the education sector for less than five years.

THE GUIDELINES

TRAINING OF RESPONDENTS

The majority of respondents (89%) reported having participated in some form of suicide prevention training by organisations such as headspace, Be You, Black Dog Institute, Lifeline, LivingWorks, and the Australian Psychological Society.

The most common training attended (38%) was Youth in Distress; a workshop run by the Black Dog Institute for school psychologists and counsellors to further develop confidence in undertaking risk assessments and safety planning for youth in distress. This was followed by Mental Health First Aid (30%). Other training included: ASIST (Applied Suicide Intervention Skills Training, 7%); Lifespan trial sites (2%); QPR (Question, Persuade, Refer Training; 5%); SAFEMinds (Schools and Families Enhancing Minds; 5%), safeTALK (Tell, Ask, Listen, and Keep Safe; less than 1%), YAM (Youth Aware of Mental Health; less than 1%), and Lifeline Crisis Support Training (2%).

Most respondents (83%) stated that they were not interested in attending further suicide prevention training.

AWARENESS AND ACCESS TO THE GUIDELINES

The vast majority of respondents (94%) reported they were aware of the guidelines. Almost half (45%) reported having used the guidelines and of those that had actually used the guidelines, 86% of respondents were aware of them prior to the death of a student.

Over 80% of respondents knew where to access the guidelines and more than 85% had actually accessed the guidelines.

RESPONSE TO THE DEATH OF A STUDENT BY SUICIDE

While half of all respondents (50%) reported feeling prepared to respond to a student suicide, one-fifth of respondents reported not feeling prepared (21%) and almost 30% reported feeling "unsure" about their preparedness to respond. In the open-ended comments, many respondents indicated that they felt more schools needed to be more engaged in planning and preparation for implementing the guidelines.

Section Two – Immediate Response: Overwhelmingly, survey respondents found this section to be very helpful during the first 24 hours following a suicide. Specifically, 87% respondents reported that they "mostly" or "completely" followed the guides in this section, 81% were easily able to understand the section and 83% found the section to be helpful.

Section Three – The first 24–48 school hours post death of a student: The large majority of respondents reported this section to be "very easy" to understand (84%), "very helpful" (83%), and most respondents "mostly" or "completely" followed the Guidelines during this period (84%).

Section Four – The next 48–72 hours: Respondents relied less heavily on this section than earlier sections, with approximately 61% of respondents stating that they "mostly" or "completely" followed this section. However, 76% of respondents stated that it was "easy" to understand and 70% reported it to be "extremely helpful".

Section Five – The long term: In comparison to earlier sections, respondents stated that they relied less on the guidelines during this time to inform their ongoing response. Less than 50% of respondents reported "mostly" or "completely" following this section, although the ease and helpfulness of the information was still reported as high (70% and 60% respectively).

Overall, respondents reported feeling "quite satisfied" with the guidelines and having access to a detailed resource to support themselves and their school communities during complex and difficult events. The key areas that participants provided feedback on included, i) the invaluable nature of the existing guidelines, ii) additional beneficial topics/areas the guidelines could expand to address, iii) the impacts of social media, and iv) potential contradictions between the Department's Postvention guidelines and other resources such as Be You recommendations.

SUPPORT FOR THE IMPLEMENTATION OF THE GUIDELINES

This section reports on the postvention support received by school staff by a range of organisations.

Figure 2 identifies the Department school staff and administration staff who provided postvention support.

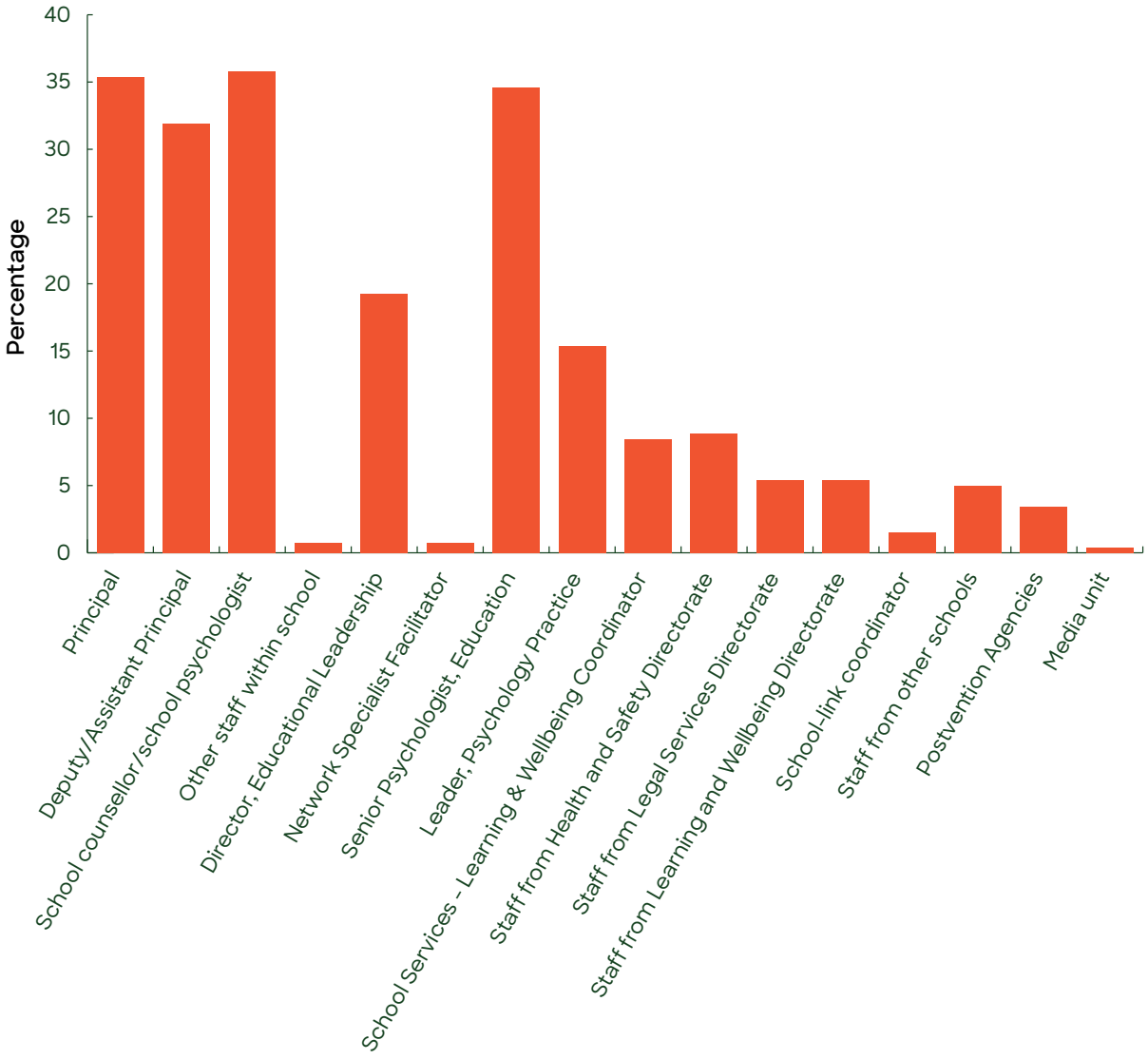
Be You: the majority of respondents reported receiving either "very helpful" (49%) or "somewhat helpful" (38%) postvention support from Be You.

headspace: the majority of respondents reported receiving either "very helpful" (28%) or "somewhat helpful" (45%) postvention support from their local headspace unit.

CAMHS: the majority of respondents reported receiving either "very helpful" (32%) or "somewhat helpful" (51%) postvention support from their local Child and Mental health Service.

Other youth services: Approximately half of respondents (50%) reported feeling supported by other local youth services, whilst the remaining respondents (50%) reported that these services were "not at all helpful".

FIGURE 2. SUPPORT PROVIDED TO A SCHOOL FOLLOWING A STUDENT SUICIDE



In summary

Respondents overwhelmingly reported positive experiences in using the guidelines. They reported that the guidelines were easy to understand and use, especially in the immediate phases after the death of s student by suicide. They also reported that the inclusion of resources such as scripts and letters were particularly valuable as they enabled schools to communicate about the student suicide in ways that were sensitive, considered and inclusive. Respondents also reported that the guidelines allowed schools to uniquely tailor support and risk mitigation initiatives to their own school community and needs. While the guidelines were identified as beneficial for implementing postvention responses, difficulty accessing to the guidelines was identified as challenging at times, with over one third of respondents having reported difficulty with access.

HEALTH AND SAFETY DIRECTORATE INCIDENT DATA

Findings

Aggregate demographic data is presented below, including year of incident, gender and year level of the students involved.

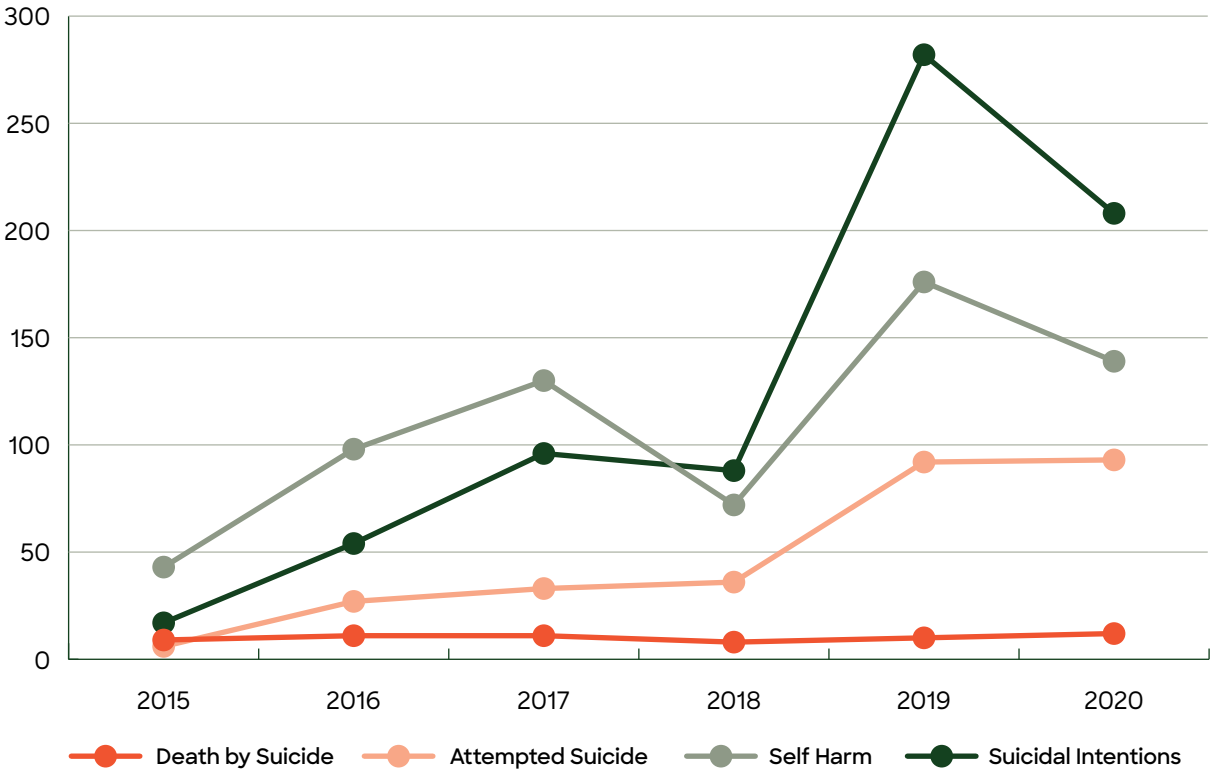
TABLE 4. SUICIDE AND SUICIDE-RELATED INCIDENTS IN NEW SOUTH WALES SECONDARY SCHOOLS, JANUARY 2015–AUGUST 2020

	2015	2016	2017	2018	2019	2020*	TOTAL
Death by suicide	9	11	11	8	10	12	61
Attempted suicide	6	27	33	36	92	93	287
Self-harm	43	98	130	72	176	139	658
Suicidal intentions	17	54	96	88	282	208	745
Total	75	190	270	204	560	452	1751

*2020 data is from January–August only, inclusive of a remote learning period between 24 March–25 May due to COVID-19.

Between January 2015 and August 2020, the New South Wales Department of Education recorded a total of 61 suicides among students enrolled at government secondary schools, 287 incidents of attempted suicide, 658 incidents of self-harm and 745 incidents of suicidal intentions. When depicted graphically, as below, the number of suicide deaths over this period appear to have been similar each year, but there appears to have been an increase in reported incidents of attempted suicide, self-harm and suicidal intentions in 2019 and 2020.

FIGURE 3. SUICIDE AND SUICIDE-RELATED INCIDENTS IN NEW SOUTH WALES SECONDARY SCHOOLS, JANUARY 2015–AUGUST 2020



A summary of gender differences is presented in Table 5. Although there were more male students who died by suicide during the reporting period, there were a greater number of reported incidents of attempted suicide, self-harm and suicidal intentions among female students.

TABLE 5: SUICIDE AND SUICIDE RELATED BEHAVIOUR INCIDENTS IN NEW SOUTH WALES SECONDARY AND STUDENT GENDER 2015–2020

	MALES	FEMALE	UNKNOWN*
Death by suicide	35	20	6
Attempted suicide	88	174	25
Self-harm	180	446	32
Suicidal intentions	287	394	64

*Gender or gender-signifiers (e.g., pronouns) were not recorded in text description of incident.

Table 6 illustrates the number of reported incidents (all classifications) across year levels. Incidents appear to be highest in years 9 and 10, however there was a substantial number of records during 2019–20 that did not report year-level data.

TABLE 6. SUICIDE AND SUICIDE-RELATED BEHAVIOUR INCIDENTS ACROSS SECONDARY SCHOOL YEAR LEVELS, 2015–2020

	YEAR 7	YEAR 8	YEAR 9	YEAR 10	YEAR 11	YEAR 12	UNKNOWN*
Incidents	96	130	209	217	136	97	866

*Year level information was not recorded in text description of incident.

In summary

The data presented is raw and aggregated. Due to a number of limitations in the dataset, it is not possible to determine whether rates of suicide and suicide-related behaviour incidents in New South Wales secondary schools are changing over time. On a superficial level, it may appear that total incidents have increased between 2015 (75 total incidents) to 2020 (452 total incidents), however this may be a result of increased vigilance for risk and warning signs, greater awareness of reporting requirements and improved reporting practices over the same time period. For context, between 2015–2019, there were 563 suicide deaths of young people aged 15–24 across New South Wales, with rates increasing each year (1). State data for other suicide-related behaviours in the general population is not available.

There is a consideration of cohort effects in the current dataset, in that this time period may capture individual students who exhibit recurrent suicide-related behaviours throughout their time at secondary school and are therefore reported on multiple incidents. The dataset provided did not allow for analysis of repetitive or escalating student behaviours over time.

The dataset includes an open-text description of each incident that provides some information about risk factors, student history and antecedents to the event. It was beyond the scope of the current evaluation to analyse this data but this is an avenue for further investigation.

There were internal updates to the record system of the Health and Safety Directorate between school years 2018–2019, resulting in a number of minor changes to recorded variables and reporting practices. In discussion with the data custodians of the Health and Safety Directorate, we have attempted to reconcile these differences where possible, but there are some inconsistencies in the way that data was recorded in each of these periods. For example, student's date of birth was not a required variable field prior to 2019, but year level information is reported fairly consistently in the text description of each incident. Post-2019, there appears to be a reduction in reporting of gender and year level information as part of the incident text description, as noted by the high incidence of missing or unknown data in these fields. For the purposes of this report, year level – rather than date of birth – was used as an indicator of student age where available. Extrapolating age from date of birth was not attempted as this data was missing from years 2015–18, and there may be some variance between age and year level data.

The database does not record a student's Aboriginal or Torres Strait Islander status, which may be important for monitoring risk in this known vulnerable population. Within the Health and Safety Directorate database, information could be traced back through the student ID to their individual enrolment records, however this was not possible in the limited anonymised dataset provided.

There was considerable variability in the details and quality of text descriptions of individual incidents and this is an area which could be further standardised. Some text descriptions provided very minimal information and appear to have been entered in a way to possibly respect privacy or minimise the inclusion of graphic detail. However, these simplified records often fail to identify any antecedent risks or student history – details that may be important in preventing future incidents, or in the case of a suicide death, details that may be important to a postvention critical incident review or coronial inquiry. By contrast, there are a number of incident records that include superfluous detail and potentially identifiable information. Standardising instructions for entering text descriptions and mandating a minimum level of required detail would aide in respecting student and school privacy, while ensuring that the critical details of an incident are summarised in a succinct and useful manner.

Data monitoring systems are considered essential in national and international suicide prevention best practice recommendations (28–30). This data source has the potential to offer a wealth of information and insight to the prevalence of suicide risk in secondary schools, however it is currently unclear how the information is utilised in or after a postvention response or to inform preventative strategies. It is evident that this data source could be enhanced and harnessed in order to better record and monitor incidents in schools and offer avenues for targeted interventions for individual students or school communities as a whole.

QUALITATIVE INTERVIEWS WITH SCHOOL STAFF AND STAKEHOLDERS

Findings

PARTICIPANTS

A total of 52 New South Wales secondary schools were invited to participate in interviews about their use of the guidelines. Eighteen staff from twelve schools agreed to participate (11 Principals, 5 Deputy Principals and 2 Heads of Student Wellbeing). Participants had worked in education for 8–41 years (mean 27.33 years). All interviews were conducted via Zoom due to COVID-19 restrictions[3].

A total of 22 from 50 invited stakeholders agreed to participate in the research. These stakeholders included a range of agencies who provide support functions to secondary schools, specifically director educational leadership, senior psychology educator, school counsellor or psychologist who worked across a number of schools, legal services provider, School-link coordinators, leader psychology practice and First Nations elders. Finally, eight respondents were from a variety of postvention services, including StandBy, Our Healthy Clarence, Lifeline, Healthy North Coast, headspace and Be You. On average, the length of employment of stakeholders within the education/health sector ranged from 2–43 years (mean 16.41 years).

While most interviews involved individual respondents, a number of focus groups were held when there were multiple respondents from the same organisation. For the purposes of the discussion below, interviews and focus groups are distinguished as, School Interview 1, 2, 3 etc.; Stakeholder Interview 1, 2, 3 etc.; School Focus Group 1, 2, 3 etc.; and Stakeholder Focus Group 1, 2, 3 etc.

The following sections address the primary questions asked in the interviews, namely awareness and accessibility of the guidelines; preparedness to respond to the Guidelines; and implementation of the guidelines. Finally, two additional sections address key themes which arose in the interviews: suggestions for change to the guidelines and training related to suicide prevention more broadly.

[3] Prior to COVID-19, it was planned that all school and stakeholder interviews would be conducted face-to-face, and locally to the participants; the research team were aiming to travel to attend the participant locations across New South Wales. Subsequent to COVID, all contact and interviews were transferred to online platforms. The one exception was a focus group conducted with First Australian Elders, who were from communities close to the research team.

AWARENESS AND ACCESSIBILITY OF THE GUIDELINES

Respondents reported variable knowledge of the guidelines prior to the death of a student by suicide. However, all respondents reported having become aware of the guidelines following a postvention response. Despite this, respondents noted that they were unable to recall the guidelines with a detail or clarity that would allow them to respond to an incident from memory, so ongoing review and consultation with the guidelines was considered useful.

The guidelines are published on the Department's intranet, and procedurally the Department also forwards the guidelines to the relevant Principal following a death by suicide or suicide attempt. Prior knowledge or familiarity with the contents of the guidelines was not identified as a challenge for staff, most particularly when senior executives such as the DEL[4] were aware of, and taking leadership in, a postvention response.

Stakeholders also spoke about difficulty accessing the guidelines:

> **Often people say, where can I find it on the website? … access on the website is a bit of an issue."** Stakeholder Interview 6.
>
> **"When people are in such a heightened state, they need supporting documents to be as useful as possible. And in this case, all of the letters and stuff they're not word docs or they weren't at the time. And so, you can't just adjust them and type into them. And so, people were then needing to re-type things. Things got sent out just by photocopying the stuff at the back."** Stakeholder Interview 6.

PREPAREDNESS FOR RESPONDING TO THE DEATH OF A STUDENT BY SUICIDE

Preparedness to respond to a student suicide is complex and within the context of this research it refers to schools feeling equipped to respond to the death of a student by suicide. An important distinction made in the interviews was that of practical preparedness and emotional preparedness. With regards to practical preparedness, staff spoke positively about the guidelines. The guidelines provided a step-by-step plan for responding to a suicide, including a staged breakdown of actions, helped schools and their senior executives feel better prepared to respond. Many staff spoke about the presence of the guidelines as their only form of 'preparedness'.

> **It was useful in knowing that there was a policy, there were guidelines."** School Interview 2.

Many participants indicated that because the guidelines are specifically about responding to a death, there wasn't a need to engage with them before an incident, and there was a perception that individual school or regional pre-planning was not a key requirement.

> **I think people don't go looking for suicide or postvention guidelines because there is still some feeling around that that we don't need to know about that until we need to know about it. By then, it's kind of a little bit too late."** Stakeholder Focus Group 3.

Independent of the types of training and/or pre-planning schools had participated in or the roles of individual staff members, there was a strong emphasis within the interviews that no amount of training, planning or previous experience could really prepare a school for the death of a student by suicide.

> **No, you are never emotionally prepared."** School Interview 1.
>
> **"I would actually recommend that every school, even if they don't have any students on their radar at the time, I really think that every school should have a plan of action if something happens. So they know who to ring and what to do, because at the time you are dealing with all those emotions that comes with it."** School Interview 10.

Respondents spoke about previous experiences of grief, loss and/or death within the school community as a form of preparedness for any future events.

> **Sadly, the second time was like clockwork. And I say sadly because it meant that we'd had that experience before."** School Interview 12.

Respondents suggested that the experience of a postvention response, which includes following the guidelines as well as creating an opportunity to consider localised school planning, not only assisted future postvention responses, but was also perceived to be an important component to prevention.

> **Your postvention work is critical in terms of prevention of the next death."** Stakeholder Interview 6.

[4] Director, Educational Leadership

Both school staff and stakeholders spoke about the importance of considering planning and preparation as a form of prevention, rather than just postvention.

IMPLEMENTATION OF THE GUIDELINES

INTERNAL SUPPORT

Respondents frequently emphasised the importance of receiving support from within the school community and from stakeholders as being important during the postvention response. The internal capabilities and staffing profiles of schools were reported to be positive influences on their ability to implement a postvention response and support the school community.

> **Our counsellors save lives."** School Interview 1.

The Department was identified as providing 'fantastic support … resources [and] direction', during postvention responses, and provided schools with localised supports that often included the addition of multidisciplinary agencies. School staff spoke positively of the strong and initial presence of the Department and its senior executives and regional directors.

> **When we had a situation that was complex, he was able to bring in other branches of the department to come and support us and work alongside us. And he was able to break those barriers and ask those questions and we didn't have to worry about it. We could just function on the school. And so, having his support and alongside us was very effective."** School Interview 12.

Overwhelmingly, the positive role and impact of clinical staff – psychologists and counsellors – within a school was regarded as one of the most valuable supports during the postvention response. The benefit of external clinical expertise was also recognised, particularly when there were resource shortages within a school. However, the external nature of these supports presented challenges to creating meaningful connections with students and staff.

> **We found most of our senior kids only wanted to talk to either the staff or they only wanted to talk to their current, our current counsellor because they didn't know them… They didn't have that connection."** School Focus Group 3.

> **"We cannot have one person, who's doing four or five primary schools, at one day a week, and expect that that person understands and is in touch with what's happening at each school. It has to change there too."** Stakeholder Focus Group 2.

EXTERNAL SUPPORT

Staff and stakeholders identified a number of challenges associated with obtaining support from services outside of the school and the Department, including local clinical supports, health services, community groups, Employee Assistance Program (EAP) providers and headspace. Both staff and stakeholders raised challenges with the access and engagement of external supports, including inconsistency of resources, problems with accessibility and reliability, perceived isolation and complexities that were not able to be met locally.

The external support schools sought during the postvention response was primarily from those within the local area, and as such the experiences of schools across the state differed greatly. A lack of appropriate services was attributed to the geographical location of schools, particularly for rural and remote school communities.

> **It's a hugely complex area. There's not enough people. There's not enough resources. There's not enough free and accessible services out there for individual kids as well as for families."** School Interview 1.

Overwhelmingly, there was a shared perception that within their local communities, schools did not have access to, could find, or could rely on local services.

> **headspace were fantastic to start with, but then they also said, during that phone call, we will prioritise your kids at the local drop-in centre. They didn't do that."** School Interview 1.

Where schools identified being in close proximity to relevant clinical/youth services, they identified the willingness of providers to offer services in the prevention/education space, however there was often a lack of follow-through from the providers. In addition, when schools were in the midst of a critical response, these relevant services did not engage or provide support.

> **"The other thing that's helpful is having existing relationships because if you try to do that and build all the relationships whilst the suicide is going on, it's very hard."** Stakeholder Interview 1.

Respondents also identified a distinct gap in providing for the care of cohorts of young people who fall outside of the immediate school community (staff and students years 7–12), but who are connected to the school. This was not a criticism of the guidelines themselves, but rather an issue that required a whole-of-community response to the student death. The identified gaps in a whole-of-community postvention response included attention to graduated students, students attending other local schools, First Nations young people, siblings and other impacted members of the community, such as team-mates, employers and family friends.

> **"Because what we know is that many young people who have left school earlier, or even, you know, after Year 12, they're still very much impacted by the suicide deaths of young people within the school community."** Stakeholder Interview 3.
>
> **"The absence of grief and loss programs in our community and what impact it's actually having on the Aboriginal community."** Stakeholder Interview 3.

The significance of having strong working relationships with local community agencies was iterated throughout the interviews. Most particularly, the dearth of pre-existing relationships was identified as a particular barrier for schools who were trying to safely and attentively implement a postvention response. When schools found themselves in a postvention response, they reported not having the capacity or time to go out into the community to engage new services.

> **[trying to] build all the relationships while the suicides going on, it's very hard … there isn't the energy or capacity."** Stakeholder Interview 1.

Staff expressed concern at the lack of information, relevant to the school, regarding ongoing risk levels, support plans and referrals. Problems around information exchange involved the absence of any clear roles between the schools and external agencies, identification of what information is valuable to support schools supporting vulnerable and/or at-risk students, and a perceived lack of clarity and adherence to Chapter 16A of the Children and Young Persons (Care and Protection) Act 1988 (31).

> **[stakeholder agency] are great at getting the information, but they will not share information back."** Stakeholder Interview 2.
>
> **"Privacy, confidentiality is not being understood. 16A is not being understood."** Stakeholder Interview 8.

Overall, school staff spoke highly of the guidelines. They conveyed a sense of relief at having an established, evidence-based, step-by-step guide to support them through a student's suicide, in terms of both the existence of the guidelines (presence) and the use of the guidelines (practice) in a postvention response. School staff and stakeholders spoke about the guidelines as being clear, easy to use and thorough, as well as supporting their emotional response to an event.

A CLEAR AND CONCISE ROADMAP

Respondents identified the guidelines as being clear to follow, and comprehensive in nature.

> **It was so well outlined within that document, step by step."** School Interview 11.
>
> **"Those guidelines have been defining for me to deal with an issue, to follow up through that process, to understand."** School Interview 11.

The guidelines include scripts which address a range of situations where staff need to communicate with the school community about the student suicide. Staff reported that the scripts provided them with best-practice and prepared wording that had been written and developed outside of a traumatic incident, and therefore helped reduced their emotional response to the event.

> **The scripts within the document are incredibly useful… having those scripts was really valuable in that it helped just staff within the classroom, how to answer those questions. If the kids brought anything up, like how to deflect and what to say, what not to say. I think that's really important, particularly when you don't want to [do the wrong thing]."** School Focus Group 1.

The guidelines span a long period of time which was particularly beneficial to staff and stakeholders in the immediate as well as longer term periods, following a suicide:

> **It's a nice guiding document that sits across a longer period of time, not just this has happened today, what do you need to do today and I think that's a really solid effective piece for schools and recovery, not just the management, but in their recovery."** Stakeholder Interview 11.

Respondents repeatedly spoke about the guidelines through the lens of psychological safety and assurance that all aspects of the response could be accounted for.

> **The guidelines kept us safe. They enabled us to work in a space that enabled people to be physically and psychologically safe."** School Interview 8.

> **"I think the checklist is a really handy kind of part of it because it just reminds you of things to do. And especially if you're emotionally dealing with emotional kids, you're dealing with emotional staff, emotional families sometimes just thinking of everything to do. It's difficult."** School Interview 12.

Whilst the evaluation focused on postvention responses, both staff and stakeholders made reference to beneficial broader applications of the guidelines. The stability of the guidelines – measured, evidence-led and best practice guidance – was identified as being valuable to other experiences. In particular, the framework it provided was important for schools because it enabled them to tailor responses to their unique communities.

> **It's safe practice and when a trauma occurred, whether or not it's been at the hand of a student or it's a tragic death, or accident or unexpected death, we really, we really can lean on the calm, inclusive language of it. And I think that's really important."** Stakeholder Interview 4.

SUGGESTIONS FOR CHANGES TO THE GUIDELINES

The following section identifies specific components of the guidelines that staff and stakeholders identified as challenging or required further consideration. Participants spoke about the currency and contemporary relevance of the guidelines. Developed over five years ago, it was suggested they be updated to reflect more recent knowledge and practice (32–34) in youth, technology and suicide prevention.

> **[the Guidelines are] five years old and we've learnt a lot in five years around postvention stuff."** Stakeholder Interview 6.

A focus group with First Nations Elders addressed the relevance, applicability and sensitivity of the guidelines to First Nations young people and communities. Overall, cultural references were felt to be vague and generalised, and 'added' rather than integrated; they therefore lacked contemporary sensitivity and authenticity. Further, the Elders commented that whilst there are references to cultural considerations, school and staff need more specific guidance to ensure they are respectful, inclusive and purposeful:

> **So, their cultural lines also have to be, not just accepted, but included, and we're not doing that … it just comes out so white … so I think we get a lot of people that just tick a box … we've had a smoking ceremony. Everyone's better. Tick."** Stakeholder Focus Group 2.
>
> **"Have you consulted with the Aboriginal worker? More often than not they haven't."** Stakeholder Group 3.

Staff and stakeholders spoke about the nature of the school community impacted by suicide, and felt the guidelines did not equip them to navigate cumulative factors such as remoteness and the close-knit nature of some of these communities. In such regions, it is not just the high school that will be impacted by a suicide, but also the local community, sporting groups, employment and social circles.

> **[After primary school], students go off to different [high] schools…, but they know each other in that community sense. And so our suicide situation had an impact on other schools as well."** School Interview 9.

Staff and stakeholders spoke about wanting additional information included in the guidelines to assist with the role of the media in suicidal behaviour. Social media was spoken about often within the interviews, in particular the ways it can inform, impact and impede a school's ability to safely and sensitively implement a postvention response. The interviews elevated concern that the speed, inability to regulate, and omnipresent nature of growing social media platforms challenges a school's ability to safely and respectively communicate the student suicide:

> **The problem with social media is it changes all the time… [we need to] be aware of it and to track it and to keep your eyes and ears open, listen to what the kids are saying. Get screenshots off the kids."** School Interview 12.
>
> **"Sometimes we weren't finding out at all that someone had died until social media [and] we'd virtually find out at the same time as the kids found out."** Stakeholder Interview 4.

While some staff identified the benefit and value of the postvention guidelines scripts, other staff reflected feeling ill-equipped to navigate the emotions that come with briefing the school community and speaking with the student's family.

> **The most challenging thing… was the requirement of, for me as a principal to contact the family and to have that discussion around the detail around what actually happened for the purpose of being able to communicate with both staff and students the next day."** School Interview 11.
>
> **"There's no guidelines for managing the people and the emotional kind of thing."** School Interview 2.
>
> **"The issue with the girl's death was the real […] vagueness around whether or not she actually had taken her life because the parents did not want that to be said, but all the kids knew."** School Interview 6.

Some staff were unclear to what degree they could tailor wording, language and the ordering of the scripts or briefings, to make them more relevant/appropriate to the needs and issues within their local school community.

> **"How much am I allowed to modify these templates when we put them out?"**
> School Interview 12.

TRAINING RELATED TO SUICIDE PREVENTION

School staff and stakeholders both spoke about the important role of suicide prevention training more broadly, and not just in relation to their implementation of the guidelines. Participants regarded a variety of training as contributing to prevention, these included:

- Foundational education, including tertiary studies.
- New South Wales Department of Education Postvention Guidelines training, following rollout in 2016.
- Specific mental health and/or suicide training, which include accredited courses such as Mental Health First Aid (MHFA)[5], Applied Suicide Intervention Skills Training (ASIST)[6].
- Other more general youth/wellbeing/ community training and information sessions.
- Experience in a postvention situation, learnings from the process of responding to a student suicide and/or training pursuant to a postvention response.

The level of suicide prevention training varied amongst school staff. A portion of respondents were employed within the New South Wales Department of Education in 2016 when the postvention guidelines and associated training were launched. Whilst the training was some years ago, the respondents commented that it allowed for a dedicated opportunity to talk and learn about suicide, and become more aware of what response needs may be relevant within a postvention situation. Respondents reported that the training helped them feel more comfortable to discuss suicide.

> **There was pre-reading material … that gave us an opportunity to sort of unpack some of the guidelines and stuff like that. And then obviously when we were able to talk and discuss in a bigger setting."**
> School Interview 8.

Discussing suicide and its prevention/intervention components is a foundational contributor to the mitigation of suicide risk, safety planning and intervention (32). In particular, the training created an opportunity for staff to talk about the unique risk and protective factors within their school, and opened the door for further conversations about the wellbeing/ supports and risks of their young people.

In summary

Staff and stakeholders spoke positively about the existence of the guidelines (presence), and the use of the guidelines (practice) in a postvention response. Respondents reported increased comfort and safety in having the guidelines as an available resource, with best-practice and considered responses. They also conveyed that the guidelines were relevant and meaningful because they provided a framework through which schools are able to tailor their responses and actions. The clear direction of the guidelines was important, as was the way it enabled schools to guide support, communications and community partnerships to best fit the needs and emerging priorities of each school.

Postvention suicide training provided an important opportunity for schools to consider suicide, prevention and risk. Postvention training was reported to provide a dedicated place to identify important protective factors for schools and their communities as well as risk, vulnerability and support strategies.

Maintaining the currency of the guidelines was identified by respondents as being important to the provision of appropriate postvention responses. Respondents requested relevant and evidence-informed guidance on responding to the impact of social media after the death of a student by suicide. Social media was reported to impede the ability of schools to follow the guidelines, particularly in regard to managing safe communication about the event, as students were often sharing information online before schools could communicate through more formal channels.

[5] MHFA training is delivered by qualified and accredited instructors, and developed by Mental Health Fist Aid Australia; a national not-for-profit health promotion charity focused on mental health training and research, www.mhfa.com.au

[6] ASIST training is delivered by qualified and accredited instructors, and developed by LivingWorks; world leading provider of suicide intervention training, www.livingworks.com.au

CASE STUDY

Community with a suicide cluster

The chosen case study is based on a community within New South Wales that experienced a suicide cluster. This cluster involved the suicide deaths of a number of students from various government secondary schools across a three-year period. The impact of these deaths was heightened by the additional reports of students who had made suicide attempts and/or engaged in self-harm.

The community experienced unhelpful publicity such as misrepresentations in the media of the student deaths. These challenges with media impacted the wellbeing of the community, students, and schools.

Following the onset of this suicide cluster, increased focus and resources have been directed to the community to help them respond to issues relating to youth suicide, suicide prevention and health promotion.

Please note that all quotes only indicate whether the respondent is from a school or stakeholder group. This is to protect the anonymity of respondents within the community.

IMPLEMENTATION OF THE GUIDELINES

Staff and stakeholders from this community reported that the guidelines were instrumental in responding to the suicide deaths of students. Some stakeholders spoke about schools who had previously experienced the death of a student by suicide, and for this reason the immediacy of responses aligning with the guidelines was pronounced. In these instances, schools were aware of the guidelines prior to the most recent suicide, they were also familiar with some of the processes. This enabled schools to better engage with supports that assisted with the communication, decision-making and grief responses amongst the school community.

Staff spoke about the guidelines being "easy to use" and "helpful":

> **I'm going to tell you after the first one, I made sure I always have one of these printed in my briefcase because I could be at home on a weekend...and then what I'll do is I'll actually write all over this for that particular event. And it becomes as I'm working through it, it's like my notebook."** School Interview.

> **"And it doesn't mean I've followed it to the letter. I would, you have to adjust it based on the circumstances, but it made sure I didn't miss anything. I felt more certain about what I was doing and it gave me some really good direction. So it was like, honestly, without it I think I would have been completely lost. I'd have fumbled through and common sense and experience would have kicked in, but it was so much easier to have it sort of laid out for us."**

> **"I think really clearly it's been very, very helpful for a school to have those guidelines to be able to just look at a document and go, Oh, have I done this? Have I done that?"**

> **"The emotion is probably the way to describe it. It helps to settle the emotion that's created around, around all of that anger. And I think that's probably the biggest thing to be able to kind of have a, have a document that just goes all right, all the information is here in one and I can quickly pick it up and work through it and know what I've done and that it is, you know, and one of the first points is about validating the report. You know, let's just make sure that the actual person that what we're hearing is true is the actual person has died."** Stakeholder interview.

One stakeholder spoke of a quick response by a school principal and mobilisation of resources within the schools:

> **I rang the [Principal] probably half an hour after the young person had passed away. And he pulled over his car and got his policy [guidelines] out of the boot of his car, out of his briefcase. And we sat calmly and talked about it, and then before he's got home, I'd done the first five things on the list."** Stakeholder Interview.

> **"I had all of my support staff around and counsellors, and we had a couple of counsellors down for the general school. So we had a system set up."** School Interview.

> **"There was an agreement in [the community] between all high schools in collaboration with the director of education, the director of principal's network, I think they're called now. And the non-government schools adopted that, so that that information can, can also flow freely between schools to enact a postvention response in the community."** Stakeholder Interview.

Respondents were asked to comment on their experience of training in relation to the guidelines or suicide prevention generally. A school staff member questioned whether additional training would have been helpful in responding to the death of a student:

> **I don't know why, but I think it [training] wouldn't have mattered. Depends how good the training was. Really like a lot of training it's sort of, unless you're going to put it in practice straight away...you might've remembered one or two things. And say for me, that's why...the guidelines was useful in particular...I don't know if training would have helped, what helped was the support guidelines, to be honest."** School Interview.

One staff member spoke about how using the guidelines provided unexpected support when responding to the death of a student where suicide was not the cause.

> **It's funny because there's aspects of our response that were very similar...we had a couple of deaths that are believed to be suicide. And then we had a death that definitely wasn't, it was a motor vehicle accident in-between. And, and in a way we dealt with that probably a little bit better because we dealt with the previous, again with the support of a guideline and a process, and we built that up. And so when that other death came, we actually dealt with. We used a lot of what we had done for a suicide or suspected suicide actually apply quite well to just the sudden death of a student and really supported us actually better than normal."** School Interview.

Recommendations about the guidelines focused on accessibility, recency and support in managing the communication process after the death of a student:

> **...often people say, where can I find it on the website? So accessibility, unless they've actually got it where often still, I guess I'm sending it to people when an incident occurs."** Stakeholder Interview.

"...now this is five years old and we've learnt a lot in five years around postvention stuff. And so it probably needs to be in a different format that's more readily accessible [...], you know, the content I still think is very, very relevant and very spot on. It's just... maybe being able to add a few of the more the learnings, you know and, and also probably around this new learnings that we've got out of the lifespan project, and I guess what we're learning about towards zero suicides, that project and that stuff, to be able to just include that contemporary research to just double check...that this now reflects what is considered to be best practice in that space." Stakeholder interview.

"That's a, it's a minor thing, but it's just when you've got a big system and processes and all these different working parts that all need to know, but you don't really have a simplified way of reporting things like, yeah, you have to read media units. So a good example is you have a death you're ringing work, Health and Safety. You're ringing the incident report hotline, you're ringing your director, you're ringing the media unit because you know, you've got a, you know, an incident. All right. So it's sometimes you're, you know, you're asked to ring police to verify the death, you know, things like that. So depending on what you're doing there, that's a lot to handle when really you should just contact one person." School Interview.

IMPACT ON THE COMMUNITY

A common theme reported by staff and stakeholders was the negative impact of these deaths on the community at large:

> **So you're not just dealing with the reaction to that death, you're dealing with their trauma, pre-existing trauma and it was being rural and very close knit and the interconnectedness of the community. So, that something that affects a child in one school. Everyone knows them at the other schools. So it's not isolated. In most cases, it's quite far reaching and far spread, which is different to my experiences working in [city], in schools."** School Interview.

"We do know that a lot of these young people really struggled to receive appropriate crisis supports at that time as well. And certainly, that continues to be the case here locally." Stakeholder Interview.

Stakeholders spoke about community events using unsafe communication and messaging about death by suicide. Respondents were concerned about the relationship between unsafe messaging and contagion, and questioned whether this issue could be addressed within the guidelines.

> **During the youth suicide cluster, I noticed that there were several events that were run. One was actually run by [external agency], which was a walk out of the shadows event. And what we noticed was that several years in a row, they would have a young person lead that event and speak at that event. I don't think they're appropriately supported. And, and ironically, two of the young people that led that event had a picture of a deceased young person on their t-shirt, from the year before actually died of suicide."** Stakeholder Interview.

"The first response was community driven in [...]. And so it was like heart wrenching because it wasn't about services leading... The part that wasn't really that great was a very unsafe conversation with the community with a hundred people in the room which included content about self-harming and other terrible things." Stakeholder Focus Group.

Overall, the impact of multiple deaths by suicide was identified as having a significant and negative impact on the community:

> **It was just like a real sense of despair and hopelessness in this community. And I think that actually added to that sense of hopelessness that might've had an impact on these young people."** Stakeholder Interview.

THE IMPACT OF THE MEDIA ON SCHOOL STAFF, STAKEHOLDERS, AND THE COMMUNITY

The community experienced a number of unique challenges during their postvention response. Most notably, the media were perceived to have played a negative role in postvention responses and the wellbeing of the local community.

The media reported on the suicide cluster and depicted the images of young students on the front pages of newspapers and magazines. The impact of media reporting was conveyed as damaging. In the first instance, the immediacy of media responses challenged schools' abilities to implement some aspects of the Guidelines, particularly safe communication and notification of the death within the school.

> **The last suicide death happened at about four o'clock in the afternoon. I knew by about 4:15pm, the principal was aware by 4:30pm in the car getting his stuff out. By 6, social media ramped up. The first reports were around police and lights flashing outside this house. Somethings gone really wrong and … the news got out and kids sharing unsafe messaging all night."** Stakeholder Interview.

In addition, the rapid speed at which social media platforms shared unsafe messaging, particularly amongst the youth populations, was reported to negatively impact the school's ability to provide postvention support for their students, especially in out of school hours.

> **[The media] just grabbed onto it and put some really terrible stories out and that's still having an impact on the community."** Stakeholder Focus Group.

INTERVENTION SUPPORT

Stakeholders identified the grief, anxiety and trauma that began to permeate through the community. In response, local community groups and networks began to promote awareness about suicide risk, mental health and youth issues, and mobilise in collaborative ways to 'tackle' the issue within the region. Some of the initial problematic responses to the deaths of students by suicide included both local and external stakeholders. Staff reported that these external offers contradicted the guidance and evidence base of the guidelines. As one school staff member comments:

> **Everyone was contacting us with ideas and they were going to solve our problems. They wanted us to run this program … that program. Everyone says 'oh, this program is fantastic'. And they want you to run this program … and again this is where [external stakeholder agency] was good, to be able to say 'no, we're running evidence-based programs'. If [external stakeholder agency] don't approve it, I'm not running it."** School Interview.

In summary

Closer examination of the experiences of the schools, communities and young people shed important light on the unique ways a school navigates a postvention response when one of their students takes their own life. Overall, staff and stakeholders in the region were positive about the role of guidelines in responding to multiple deaths of students by suicide. They spoke of the guidelines outlining a process for pre-planning amongst community agencies prior to a death and guidance in managing and responding to the media.

The experiences of this community in responding to suicide and postvention implementation were consistent with other research outlined in this report. These are indeed important revelations for other schools, most particularly those who may experience cumulative student risk/suicide issues.

DISCUSSION

Evaluation outcomes

This evaluation was undertaken in order to examine the implementation of suicide postvention activities undertaken by the New South Wales Department of Education, with a particular focus on the implementation of the Responding to Student Suicide – Support Guidelines for Schools (3) postvention guidelines. In reviewing the processes and application of the guidelines, the evaluation was primarily interested in feedback on secondary school staff's access to, awareness of and confidence in applying the postvention instructions laid out in the guidelines in the aftermath of a student suicide. The evaluation was required to make recommendations in relation to the current guidelines, including any specific updates required, as well as key considerations to include in a review process following a suicide death and to enhance the effectiveness of postvention responses in schools based on current evidence-based approaches, literature and evaluation.

The evaluation found that the Department guidelines are well aligned with international best evidence and current literature on postvention approaches in education settings. The guidelines were benchmarked against the current gold standard, for example the headspace School Support suicide postvention toolkit, a resource developed by a Delphi consensus study on what constitutes best practice for postvention in responding to youth suicide (10). The benchmarking indicated that the Department guidelines are largely consistent with the headspace School Support toolkit with some minor divergence noted for local and governance context. For example, compared to the headspace School Support toolkit, the Department guidelines include less detail for schools about management and liaison with the media, as this responsibility is centrally assumed by the Department.

However, notable omissions in the New South Wales Department of Education postvention guidelines include: a) information on how to manage social media and memorials in the aftermath of a student suicide; b) recommendations for conducting a critical

incident review in the months following the suicide; and c) recommendations regarding the conduct of an annual review of the emergency response plan. While the Department has extensive policies and response contingencies for a range of emergency and critical incidents, these are not specific to the particularly sensitive circumstances of a student suicide. Both the annual review and critical incident review allow for the identification of successful components of a postvention response and actions which could be revised in the future, as well as the identification of school staff training needs. As such, they can be important elements of responding to a suicide in schools.

In examining the reach and awareness of the guidelines, schools who had experienced a suicide reported that the guidelines were useful, easy to access and essential in the aftermath of a student suicide death. Survey and interview respondents indicated that the information in the guidelines was easy to follow and helped them to make time-critical decisions at a highly emotive time. However, it was also noted that the guidelines are quite lengthy, and some respondents reported carrying multiple printed hard copies with them in case of an incident, suggesting that some revisions for brevity or inclusion of a quick reference guide might be appropriate. There was an acknowledgement that familiarity with the guidelines is unfortunately due to necessity, with a commonly expressed sentiment being "You don't need to know about [the guidelines] until you really need them". For schools that had experienced multiple suicides over the past few years, they reported that knowledge and application of the guidelines improved with each successive event.

There was a desire expressed by respondents that postvention training is routinely available to all school staff or at least to those who would play active roles in a postvention response, for example school wellbeing and members of the school's executive, in the same way that fire evacuation procedures form an essential component of school's occupational health and safety requirements. School staff reported feeling reasonably well-trained in mental health and suicide prevention, but not specifically postvention unless they became part of a response. It should be noted that respondents who completed the survey and or interview had been actively involved in a postvention response so it is unclear how knowledgeable or equipped those without this first-person experience may feel in regards to information relating to mental health and suicide prevention.

There were a number of suggestions made by respondents regarding potential changes or improvement that could be made to the guidelines. The most salient of these was the need for cultural considerations particularly in regards to Aboriginal and Torres Strait Islander communities and other Culturally and Linguistically Diverse (CALD) populations. It was noted that cultural practices on death and memorials may not be adequately represented in the current guidance issued by the Department and that often school communities felt torn between directly following this guidance and respecting the wishes of the bereaved family and community. As demonstrated by the literature review, there is a lack of evidence regarding what is currently considered best practice when providing a postvention response to culturally diverse young people and this warrants further work. Any efforts to address this should be done in partnership with relevant community groups and elders.

A salient note of contention expressed in the interviews was the confusion around how to responsibly monitor and manage the media and in particular social media following a student suicide. Social media was acknowledged as an amorphous and dynamic challenge and schools felt ill-equipped to support students or contain social media activity following a death. Interview respondents spoke of incidents where the news and details of student suicide spread quickly via social media despite schools' own adherence to the guidelines. Often inaccurate, distressing or unverifiable information was shared online in the hours and days following a death that potentially exposed vulnerable young people to risk and increased distress amongst the cohort. However, social media is often the preferred means of communication among young people and is often the place they turn to share their own feelings and experiences, seek resources and information and provide support to their peers. Evidence-based guidelines for safe online communication have been developed by Orygen, in co-design with young people. These include specific resources for educators and for communities who may be responding to a suicide death (27) and these may be worth including in future iterations of the guidelines.

The input and support of external agencies such as headspace and Be You were acknowledged and appreciated for the most part, although it was noted that this support can be inconsistent depending on a school's geographic location and availability and access to existing local services. Schools in remote and regional areas spoke of a 'fly in' approach from headspace and Be You in response to a student suicide that would provide immediate relief and support to school staff on the ground, and strategic coordination of the community response. However, these supports were short-lived and schools faced a period of adjustment in the weeks and months after the death as things returned to normal. To ensure that schools feel independently equipped to transition to the later stages of a postvention response, focus should be given to upskilling and increasing local capacity and providing a whole of community response. There's room for strengthening collaborative ties between mental health agencies and schools, as well as improving service access and referral pathways for at-risk students as part of preventative strategies. There is also a need for increased investment and resource allocation to schools to provide students and staff with clinical and counselling support, but in the absence of extensive resources, lower cost gatekeeper training programs, as well as the integration of online and digital supports via telehealth may be viable short-term options. These systemic changes are not easy to address, nor can they be the sole responsibility of the Department or any individual school. Instead these need to form part of wider Commonwealth and State Government suicide prevention initiatives and strategies.

It should be noted that postvention activities are only one component of a comprehensive approach to suicide prevention, and that a whole of community response should occur across multiple levels and settings. A review of youth suicide prevention approaches indicated that the best evidence for intervention in educational settings are those that combine universal, selective and indicated approaches, and incorporate postvention as part of preventative planning (33). Some of the gaps identified in the current evaluation may be beyond the scope of the Department's remit to address, therefore it is important for schools to be closely linked to their local community suicide prevention resources, services and activities.

STRENGTHS AND LIMITATIONS

Given that, in statistical terms, youth suicide is a low base rate event, the current evaluation did not have the scope to examine whether the Department's postvention guidelines are effective in actually preventing subsequent suicide or the emergence of suicide clusters. However, this report has examined a variety of data sources that can be used to inform future updates to the guidelines and strategic policy decisions in order to enhance both prevention and postvention responses for schools across the state. The collection of incident records for student suicide and suicide-related behaviours as part of the Health and Safety Directorate is considered a strength that could be further harnessed to provide early intervention and preventative strategies to at-risk students or schools reporting frequent incidents.

A strength of the current evaluation is the inclusion of lived experience expertise offered by school staff and stakeholder respondents. Their valued input provides important contextual information for assessing the acceptability and practical application of the guidelines in New South Wales public schools. The authors wish to acknowledge and thank all respondents for the generous sharing of their time and experiences, particularly in recounting distressing events surrounding the suicide death of a student.

In conclusion, the current evaluation found that the Department's Responding to Student Suicide – Support Guidelines for Schools met a high standard for implementation and application as part of a coordinated postvention response following a student suicide. There are a number of recommendations to be taken from this evaluation, as set out on the following page.

Recommendations

In light of the findings of this evaluation, the Department may consider the following:

UPDATING THE GUIDELINES

- Update the guidelines to reflect a current contemporary evidence base, including language use, technology and embedded cultural references. Ensure all references and resources are current and readily accessible.
- Review processes for informing the school community of a student suicide, and facilitation of efficient flow of communication between school staff and parents.
- Increase clear access to the guidelines. This may include a more digestible or accessible version for school staff and stakeholders, such as the development of quick reference guides.
- Integrate guidance on monitoring and managing social media after a student suicide. Such guidance should focus on empowering students and community members to engage in safe online conversations rather than taking a prohibitive response, as per best practice and current evidence.

CONSIDERATIONS FOLLOWING A STUDENT DEATH BY SUICIDE

- Include in the guidelines advice on the establishment of an emergency response team at each school. This team would be responsible for formulating an emergency response plan. These should be developed prior to a suicide incident and should appropriately cater to the school's local context and available resources.
- Regular review by the department of each school's emergency response plan, and support schools to identify any opportunities for enhancements.
- Include in the emergency response plan, templates for processes of critical incident reviews that schools can use in the months following a student suicide, with a particular emphasis on the impact on those closely connected to the deceased student and ongoing monitoring of their wellbeing.
- Review guidance for staff reporting suicide related incidents to the Health and Safety Directorate in order to ensure consistency of reporting, sensitivity of language, accuracy in incident classification and minimum standards for required text descriptions.

ENHANCING THE EFFECTIVENESS OF POSTVENTION RESPONSES IN SCHOOLS

- Update training for school wellbeing staff to support awareness and knowledge of the guidelines, their implementation and practical application.
- Establish or clarify the purpose, scope and audience for incident reporting specifically related to suicide and suicide-related behaviours, noting any factors which may differ in importance from other standard incident reporting practices.
- Regular review and internal reporting on incident data, with a view to utilising this information to examine risk factors and antecedents to incidents, identify common stressors or catalysts in the lead up to an incident. This information could be used to identify high risk students and/or vulnerable student populations or school communities, mitigate the risks of escalating behaviour in cases of repetitive incidents, strategically target intervention or preventative programs or strategies, and/or complement critical incident review processes.
- Undertake consultations and meaningful dialogue with Aboriginal and Torres Strait Islander and culturally and linguistically diverse communities to inform guidance on cultural practice in relation to suicide bereavement, including memorials and mourning. Develop specific guidance for schools in relation to postvention that is culturally sensitive and inclusive.
- Commission and publish primary research into suicide prevention and postvention in education settings, with a particular focus on preventative or early interventional approaches, to address existing limitations of the current evidence base.
- Support schools to adopt a whole of community approach to suicide prevention and postvention that incorporates universal, selective and indicated interventions and strengthens access and referral pathways to local services.

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Appendix A: Program logic model

ACTIVITIES	OUTPUTS	SHORT-TERM OUTCOMES	MEDIUM-TERM OUTCOMES	LONG-TERM OUTCOMES
The Responding to Student Suicide - Support Guidelines for Schools (2015) published on the Department's intranet site. **Postvention guidelines provided to relevant school principal following the suicide of a student or suicide attempt.** **Professional development seminars provided by the Department over 2016-2018; and currently by Be You, for school leaders to support implementation of the guidelines and localised postvention responses.** **Department directorates and agencies work closely with schools and key agencies when there has been a suicide attempt or suicide of a student.** **Department, New South Wales Health, headspace School Support government and non-government agencies establish partnerships and agreed process of notification in case of a student suicide.** **Communication materials available to support schools when informing parents and students about the student suicide.**	All public schools in New South Wales have emergency management plans. In the event of an emergency, including suicide, attempted suicide and/or self-harm, schools implement a coordinated response in line with the emergency management plan. Schools report every incident of suicide, suicide attempt and self-harm to Department Health and Safety Directorate. Following notification of a suicide or suicide attempt, the school principal is provided with postvention guidelines. The local director, educational leadership, works with principal and school executive to support the postvention response, including implementing the guidelines. The relevant director, educational leadership, and staff in other areas of the department, including learning and wellbeing, legal services, school services and the media units are notified of a suicide or suicide attempt. School counselling service assists a school's emergency management team in the postvention response, and in managing the psychological support response, which is tailored to the school's needs. Senior psychologist-education works with local school counsellors and school psychologists who are mobilised to attend school, providing assistance and additional support as needed. Where the need for additional support is identified, senior counselling staff coordinate a rapid response and work in partnership with other agencies, such as New South Wales Health and headspace. Schools work closely with their school community, including parents.	School leaders and other key departmental staff are equipped with an understanding of self-harm, attempted suicide, suicide, suicide contagion and the postvention guidelines with supports available for school communities. Rapid and comprehensive response with wrap-around support provided for the entire school community by the Department, following the suicide or suicide attempt of a student. School counselling services provide support and advice to school community on the psychological aspects of a response, including strategies to minimise contagion and identify, assess, support and refer students identified at risk as part of their postvention response. Specialist staff from each agency (e.g., Child and Adolescent Mental Health Service) are aware of potential increase in risk to vulnerable children and young people in the community and the possibility of increased demand for services. headspace School Support offers the Principal support in developing and implementing the postvention response. Parents and students are informed about the suicide of a student and provided with information aimed at increasing help-seeking, supporting a friend in need, and tips for parents to support their child.	Students at risk after a suicide are identified, assessed and provided with an appropriate response. School staff at risk after student suicide are identified and provided with an appropriate response. Schools engage with other agencies to ensure appropriate referrals and support are provided for vulnerable students and their families, and to supplement school-based strategies. Regular case conferences are held to evaluate the effectiveness of existing postvention strategies and to develop new strategies to respond to newly identified or changed risks. Schools respond to the needs of staff, including counselling support, and provide them with relevant information. Parents are provided with information and support on how to identify and respond to potential risk in their children as a consequence of a student's death. Ongoing monitoring of the situation for new or changed risks, and responses to those risks.	Minimised contagion and risk of suicide clusters. Restored community wellbeing. Reduced number of suicides and/or suicide clusters among school-aged young people in New South Wales.

Appendix B: Expert advisory group terms of reference

BACKGROUND

The New South Wales Department of Education has commissioned Orygen, in partnership with Everymind, to conduct an evaluation of the Department's Responding to Student Suicide – Support Guidelines for Schools in assisting schools to manage student suicide, and an evaluation of postvention initiatives (responses to student suicide) being used by New South Wales schools, including the effectiveness of such initiatives in preventing suicide clusters. This evaluation will include recommendations to inform updates of the current guidelines and key considerations to include in a review process following a suicide death, and based on current evidence, it will enhance the effectiveness of postvention responses in schools.

Approach and methodology

Given that youth suicide is a low base rate event and suicide clusters account for 5.6% youth suicides (10), evaluation of the effectiveness of postvention programs – including response to clusters – cannot rely solely on reduced numbers or rates of suicide in young people. Instead of an outcomes evaluation focused solely on suicide mortality data, we propose a process evaluation in regards to how schools utilise postvention responses.

As a first step we will develop an evaluation framework to explore the New South Wales school postvention guidelines and responses in terms of their implementation, appropriateness, and effectiveness. In exploring these areas, the evaluation will collect data with regard to the inputs, outputs, and expected short- and intermediate-term impacts as outlined in the program logic model.

At the next step, we will use a mixed methods approach to triangulate quantitative and qualitative data sources. This approach will encompass:

- review of the literature to identify best practice regarding postvention and suicide cluster responses in schools;
- benchmarking the Responding to Student Suicide guidelines against postvention best practice;
- analysis of data from the New South Wales Department of Education on suicide, suicide attempt and self-harm;
- mapping and benchmarking postvention and cluster response activities in New South Wales high schools against the guidelines and best practice/research evidence;
- consultations with key stakeholders involved in postvention/cluster response activities in New South Wales high schools; and
- consultations with New South Wales high schools including key informant interviews and the development of case studies to gain understanding of school postvention responses in New South Wales high schools.

Together these various components of the evaluation project will enable us to report on:

- effectiveness of Department postvention guidelines in assisting schools to manage student suicide;
- effectiveness of postvention initiatives in New South Wales schools;
- recommendations in relation to the current guidelines, including suggested updates, implementation (professional development for school staff, Department support, effective referral pathways) and ongoing evaluation;
- key considerations to include in a review process following a suicide death;
- effectiveness of postvention responses in schools reflecting the current evidence-based approaches, literature and the evaluation, such as additional resources/initiatives, and the evidence-base regarding effective suicide prevention and postvention approaches in schools and their components.

PURPOSE AND ROLE OF THE ADVISORY GROUP

The advisory group will operate for the duration of the project and will support the success of the project by facilitating linkages with education settings and relevant stakeholders, and by guiding and contributing to the project's directions and activities.

More specifically, the role and activities of the group is to:

- review project progress and outcomes, and provide critical advice to the research team on future directions, activities and priorities of the project;
- utilise the skills and expertise of the group's personnel to identify, advocate for and support opportunities that will advance key project activities;
- provide strategic advice and guidance on related initiatives, including local programs and activities;
- identify and facilitate opportunities for effective partnerships and linkages between the project team, participating schools and relevant stakeholders;
- promote the project within the local community and secondary education settings;
- review documentation as required; and
- provide advice on any other matters as requested by the research team.

ADVISORY GROUP MEMBERSHIP

The group will consist of representatives from the research team, as well as a range of key stakeholders and partners. These include senior members, management staff, and young people. Membership includes representatives from the following organisations:

- Orygen – project staff and youth advisors;
- Everymind;
- Hunter New England Health District;
- Lead Psychologist, Education, Department of Education;
- New South Wales Principals Association;
- New South Wales Ministry of Health;
- LGBTIQ+ Health Alliance;
- InsideOut Institute; and
- Centre for Rural and Remote Mental Health.

ROLE OF THE CHAIR

The chair Michelle Lamblin (Orygen) is responsible for:

- leadership of the group and facilitating the effective contribution of all group members;
- effective organisation and conduct of the group's roles and functions;
- facilitating open and constructive relationships within and between group members and the research team; and
- regular communication with the principal investigator on any issues arising from the project as required.

MEMBERS' ROLES

Each member has an obligation to:

- ensure that they are prepared and briefed for all meetings;
- act in the best interests of the whole organisation and not as a member representing another entity or sub-group;
- disclose to the advisory group any interests, activities, programs, relationships or circumstances which may reasonably give rise to a conflict of interest; and
- use their knowledge, experience and expertise to advise research team on methods that will best achieve the project aims.

Advisory group members have a right and a responsibility to have a view and/or opinion on all matters.

MEETINGS

The advisory group will be required to meet three times throughout the duration of the project. Meetings will be held online and minutes recorded. Meetings will occur within the first three weeks of the following New South Wales secondary school terms:

- term 3, 2020: Monday 20 July – Friday 7 August;
- term 4, 2020: Monday 12 October – Friday 30 October; and
- term 1, 2021: Wednesday 27 January – Wednesday 17 February,

Exact times and dates to be advised. Additional communication will occur throughout the duration of the project as required via phone and email. Minutes will be distributed to all members of the advisory group and the research team. Meetings will routinely include the following:

- approval of the minutes of previous meetings;
- an update on the project from the principal investigator;
- a discussion of key finding/outcomes to date;
- a discussion of issues arising from either the data or the day-to-day running of the project;
- a discussion of other relevant local or national activities that may impact on the project;
- future directions and opportunities; and
- any other business.

Appendix C: Documentation for mapping activity

DEPARTMENT OF EDUCATION RESOURCES (N=48)

1. Wellbeing Framework for Schools
2. Care and Connect Initiative
3. Curriculum Units to Support Mental Health and Wellbeing
4. Head Teachers Student Wellbeing Initiatives and Youth Aware of Mental Health (YAM)
5. School Learning and Support Teams
6. School Counselling Service
7. Refugee Student Counselling Support Team
8. Supporting refugee students: a whole school response
9. Fly in fly out/telepsychology service
10. Student Support Officers
11. School services teams and local school-based specialist staff
12. Aboriginal Education
13. Connected Communities Strategy
14. Health and Safety Directorate
15. Support for students with Disability
16. Disability Strategy
17. New South Wales Anti-bullying strategy
18. Bushfire Relief Strategy
19. Child Wellbeing Unit
20. Out of Home Care
21. Information Exchange
22. Response to suicide in schools
23. Responding to Student Suicide – support guidelines for schools
24. School-Link
25. Bushfire recovery strategies available to your school
26. Collaborative action in schools to improve the mental health and wellbeing of children and young people
27. Aboriginal Education Policy
28. Anti-Racism Policy
29. Bullying of Students – Prevention and Response Policy
30. Child Protection Policy: Responding to and reporting students at risk of harm
31. Communication Devices and Associated Services Policy
32. Doctors in Schools Policy
33. Incident Notification and Response Policy
34. Mentoring Students Policy
35. Multicultural Education Policy
36. Out of Home Care in Government Schools Policy
37. People with Disabilities – State of Commitment
38. School Attendance Policy
39. Social Media Policy
40. Student Discipline in Government Schools Policy
41. Student Welfare Policy
42. Student use of digital devices and online services
43. Values in New South Wales public schools
44. Workforce Diversity Policy
45. Legal issues bulletins
46. Youth in Distress: Managing suicidality and self-harm
47. Responding to anxiety and depression
48. Project Air Strategy for Schools
49. Devaluating the emergency management plan (Health and Safety Directorate)
50. Project Air Strategy for Schools
51. Evaluating the emergency management plan (Health and Safety Directorate)
52. Suicide (Health and Safety Directorate)
53. Emergency planning & response overview (Health and Safety Directorate)
54. Emergency planning overview and checklist (Health and Safety Directorate)
55. Emergency Management Procedures (Health and Safety Directorate)

EXTERNAL SOURCES (N=37)

1. Bright Minds, Connected communities
2. Aboriginal mapping
3. Supporting our young people – risk factors and warning signs
4. Including Student Voice In School-Based Mental Health Programs
5. A Review Of Secondary School-Based Mental Health Prevention Programs
6. Implementing School-Based Mental Health Prevention Programs
7. Service Mapping Of Responses To Suspected Studies
8. suicide Intervention In Schools – An Evidence Summary
9. Mental Health First Aid Training
10. School link publications, workshops and resources
11. Be You
12. Propsych training
13. Department of Education website – mental health and wellbeing
14. headspace Suicide Postvention Toolkit
15. Suicide Postvention Preparedness Workshop
16. headspace School Support Responding to Suicide Attempts in Secondary Schools
17. SafeMinds Responding to Self-harm (headspace)

18. Mindmatters Spotlights Self-Harm Making It Happen: Tips And Activities
19. Mindmatters Responding To Self-Harm Flowchart
20. Crisis Support Services Suicide Risk Assessment Guide
21. Bespoke framework - how to refer students to counsellor
22. Bespoke letter to school community for Parents to development day with headspace
23. Pacific Culture Perspectives And Pacific Island Young People
24. Mental Health In Under 18s In The Emergency Department
25. Supporting Our Young People - Risk Factors
26. Return to school student support
27. Mindguide flyer
28. WentWest Primary Mental Health Care Referral Form
29. Bespoke flyer with help resources
30. Communication templates (flyer with help resources, parent letter, media information)
31. Suicide Response Plan (chart)
32. Responding to student suicides Support guidelines for schools
33. National Indigenous Postvention Service Flyer
34. Communities Matter/Life in Mind
35. Responding to Mental Health Complexities
36. School link intake form
37. Mental Health First Aid Training (through Highway to Hell)

ONLINE RESOURCE (N=30)

1. Information Guide For Suicide Prevention & Postvention Strategies For New South Wales Education-Based Environments
2. Be You postvention toolkit
3. Beyond blue
4. WA Suicide Risk Response And Guidelines
5. Prevention Of Youth Suicide In New South Wales: New South Wales Parliamentary Inquiry Submission
6. School Response And Planning Guidelines For Students With Suicidal Behaviour And Non-Suicidal Self-Injury
7. Standby
8. ReachOut.com
9. headspace
10. Batyr@school
11. Twenty10
12. headspace Schools
13. Toward Zero
14. Child and Adolescent Mental Health Services (CAMHS)
15. Everymind
16. Strategic Framework for Suicide Prevention in New South Wales 2018-2023
17. Kids Helpline
18. STARTTS (New South Wales Service for the Treatment of Rehabilitation of Torture and Trauma Survivors)
19. Suicide Prevention and Response (Victorian Department of Education and Training)
20. School Response and Planning Guidelines For Students With Suicidal Behaviour And Non-Suicidal Self-Injury
21. Suicide Postvention as Suicide Prevention (Department of Education - WA)
22. Best Practices in School-Based Suicide Prevention (Healthy Child Manitoba, Canada)
23. Youth Suicide: Prevention, Intervention, and Postvention in Schools (US)
24. Postvention: the Role of the School Community After a suicide (US)
25. Suicide Prevention in Schools (Canada)
26. Suicide Prevention and Intervention Checklists, Guidelines And Toolkits (US)
27. Guidance for School Postvention During COVID-19 (US)
28. headspace Suicide Contagion
29. Suicide Awareness, Prevention and Postvention (US)
30. chatsafe

Orygen acknowledges the Traditional Custodians of the lands we are on and pays respect to their Elders past and present. Orygen recognises and respects their cultural heritage, beliefs and relationship to their ancestral lands, which continue to be important to The First Nations Peoples living today.

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The final report reflects Orygen's analysis and independent conclusions. It may not necessarily reflect all the opinions or conclusions of key contributors.

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