

LGBTIQA+ Suicide Postvention Response Plan:

Preliminary Findings





Switchboard is based on the lands of the Kulin nations, always and forever the home of the Wurundjeri, Boonwurrung, Wathaurong, Taungurong and Djadjawurung peoples.

Switchboard Victoria's work takes place throughout the colonial boundaries of the state of Victoria. A boundary that encapsulates 38 Aboriginal clan groups.

We acknowledge that our work takes place on lands that are under colonial occupation and that Kulin Nation and all Aboriginal people's sovereignty in this state and in this country was never ceded. We hope to pay our respects to Aboriginal and Torres Strait Islander elders, past and present and wish to extend this respect to any and all Aboriginal and Torres Strait Islander People.

A **LGBTIQA+ Suicide Postvention Response Plan** funded by the North Western Melbourne Primary Health Network as part of the National Suicide Prevention Trials and the Pride Foundation Australia.

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Disclaimer:

This LGBTIQA+ Suicide Postvention Response Plan was produced using qualitative research methods in response to a specific incident of LGBTIQ+ suicide death. It is reproduced to use by third parties as specialised information to support suicide postvention response planning.

The findings reported in this document are informed by interview data capturing experiences of real people, but not necessarily the experiences of all who were impacted by the suicide death. Those whose experiences are represented were approached based on inclusion criteria, ascertained to reflect purposes of this project (LGBTIQA+ community postvention and postvention in the workplace).

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ABOUT SWITCHBOARD VICTORIA AND SUICIDE PREVENTION

Switchboard Victoria is a community based not for profit organisation that provides peer driven support services for lesbian, gay, bisexual, transgender and gender diverse, intersex, queer and asexual (LGBTIQA+) communities.

Switchboard provides dedicated LGBTIQA+ peer-led suicide prevention programs, peer support services and initiatives across Australia. We are striving to create an interconnected suicide prevention system to meaningfully address suicide in LGBTIQA+ communities through: service provision, awareness raising, designing, and delivering training, advocacy, consultancy, crisis intervention, research and lived experience engagement. We are the nationally leading organisation providing suicide prevention, intervention and postvention programs to LGBTIQA+ people with a strong emphasis on building community resilience through peer-led and lived experience activities.

WARNING ABOUT CONTENT AND RESOURCES

This report explores lived experiences of loss through suicide of people among a LGBTIQA+ community. The content of interview excerpts and detailed discussions of suicide might cause distress for some readers.

Switchboard Victoria support services are free to access.

Rainbow Door (Victoria wide)

You can speak to a LGBTIQA+ peer worker on our [Rainbow Door](#) service.

Operating hours: 10am – 6pm, every day.

Phone: 1800 729 367

Text: 0480 017 246

Email: support@rainbowdoor.org.au

Visit: www.rainbowdoor.org.au

QLife (Australia wide)

Switchboard Victoria is a proud partner of [QLife](#).

QLife is open from 3pm – midnight everyday

Phone: 1800 184 527

Webchat: www.qlife.org.au

If you or someone you know is in immediate danger contact emergency services on 000

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Switchboard Victoria staff and board members (past and present) whose commitment to supporting the LGBTIQA+ community during a time of postvention was unwavering.

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GLOSSARY OF TERMS

The following glossary of terms has been developed with input from LGBTIQ+ people among Switchboard Victoria's community, a wide network of LGBTIQ+ stakeholders and subject experts on LGBTIQ+ public health. Switchboard Victoria and contributors to this research project acknowledge the vast diversity and complexity of experiences among LGBTIQ+ people – these differences contribute to the richness of LGBTIQ+ communities. The terminology used below will evolve and differ among LGBTIQ+ communities. The research team has endeavoured to compile this glossary of terms respectfully with the purpose of guiding readers to deeper understanding of discussions in this report.

Asexual

A person who experiences little or no sexual attraction and identifies as such. Asexuality does not preclude an individual from experiencing other kinds of attraction, such as romantic, platonic or aesthetic.

ASIST

Abbreviation for Applied Suicide Intervention Skills Training (ASIST). An interactive workshop to build suicide intervention skills, including recognising people having thoughts of suicide and developing suicide safety plans.

Bereavement

The period of grief, mourning, or sadness following deep loss, typically following the death of someone.

Bisexual

A person who is romantically and/or sexually attracted to more than one sex or gender. Sometimes termed multi-gender attraction.

BIPoC

Acronym of Black, Indigenous and People of Colour. People of Colour (PoC) is an umbrella term referring to all people who are not white. The addition of Black and Indigenous as separate terms reinforces the fact that Black and Indigenous individuals and communities face continual systemic racism and discrimination in ways that other people of colour may not experience. The term BIPoC highlights these specific injustices which can often be obscured or forgotten when talking about PoC more broadly.

Chosen Family/Queer Family/Family of Choice

Nonbiologically related familial and/or close bonds that an individual considers their family or community. Common among the LGBTIQ+ community, where familial ties are often strained due to lack of acceptance of one's gender or sexual identity.

Cis/Cisgender

A person whose gender aligns with the gender they were assigned at birth.

Cis-normativity

The predominant and pervasive social attitude that privileges people whose gender aligns with the one they were assigned at birth and the assumption that all people are cisgender.

Clinical Supervision

Professional support and learning for a worker, providing an environment for open reflection, exploring personal or emotional reactions related to their work in a safe and confidential environment. Clinical supervision can also be a place for a worker to receive feedback on their skills or to review their knowledge.

Contagion

A phenomenon observed when suicide distress and suicide death increases among people who are exposed to or affected by a suicide death.

Gay

A person who primarily experiences romantic and/or sexual attraction to people of the same sex and/or gender. Historically gay has been a term used to describe men who are attracted to other men, but some women and gender-diverse people choose to describe themselves as gay.

Gender Diverse

Refers to a range of genders expressed in different ways.

Grief

Refers to the mental or emotional suffering or distress caused by loss or regret. A natural response to loss or regret that can be expressed in many ways and can be experienced differently for everyone.

Heteronormativity

The predominant and pervasive social attitude that views heterosexuality as the normal or preferred sexual orientation.

Heterosexual/Straight

A person who is attracted romantically and/or sexually to people of only gender different to themselves.

Homophobia

Intolerance, hatred and fear of people who identify with diverse sexual identities or express sexual behaviours outside of heterosexual intercourse. Homophobia often manifests as discrimination, violence and aggression toward LGBTIQ+ people and communities.

GLOSSARY OF TERMS (CONTINUED)

Intersex/Variation of Sex Characteristics

Some of many terms used by people who are born with a broad range of physical or biological sex characteristics that do not fit medical norms determined for female and male bodies. There are many different variations of sex characteristics, for some these include chromosomes, hormones and anatomy. There are many different terms used by individuals that help to describe their identities and bodies.

Lesbian

A woman who primarily experiences romantic and/or sexual attraction to other women.

LGBTIQA+

Abbreviation of Lesbian, Gay, Bisexual, Transgender and gender non-binary, Intersex and variation of sex characteristic, Queer, Asexual and anyone who does not identify as cis-gender or heterosexual. The deliberately inclusive acronym, marked by a + sign, encompasses a range of diverse sexualities, genders and sex characteristics.

Means and Method

Refers to the action through someone intends to die by suicide. The means is the instrument, object and sometimes place whereby the method is carried out.

Mental Health

A state of psychological and emotional well-being whereby an individual can cope with common stressors of life, feel connected to others and contribute to their community.

Mental Illness/Disorder

A clinically diagnosed illness or disorder that interferes with aspects of a person's cognitive, emotional and social functioning.

Non-binary

A term describing gender identity more diverse than the binary of male and female. Non-binary may express genders beyond male or female, along with male and female and changing gender identity (sometimes referred to gender fluidity).



GLOSSARY OF TERMS

(CONTINUED)

Peer Work

Peer work refers to work based on shared lived experience to provide care and support others. Peer workers in the mental health space can use their own experiences of mental illness and recovery to engage and support people accessing mental health care. In the context of peer LGBTQIA+ workers, the specific experiences that one can have due to their sexuality and/or gender identity can help to provide a safer, more open environment for other LGBTQIA+ individuals. Due to these common life experiences, peer workers can foster authenticity, safety, advocacy, inclusion and community within their work.

Postal Survey

The Postal Survey (also known as the Australian Marriage Law Postal Survey or marriage postal survey) was a national survey undertaken to seek opinion and support for legalising same-sex marriage in Australia. Held through the postal service between 12 September and 7 November 2017, this survey was voluntary and resulted in 61.6% of voters approving a change in the law for couples of the same sex to marry. Following the survey and subsequent parliamentary debate and vote, same-sex marriage was legalised in Australia on 9 December 2017.

Postvention

Activities and intervention related to supporting and helping people bereaved by suicide. This may include counselling, support groups, support from medical professionals etc. This aims to reduce the heightened risk of those bereaved by suicide and promote healing.

Queer

A term to broadly describe diverse gender identities and sexual orientations, particularly where someone feels other terms do not fully encapsulate all parts of their own gender and/or sexual identity. In the past 'queer' was used as a derisive term and for some, particularly among older LGBTQIA+ people, may still conjure hurtful associations. For others, 'queer' is a politicised term reclaimed in resistance to the societal pressures created and sustained by heteronormativity and cis-normativity.

QTIPoC

Acronym of Queer, Transgender and Intersex People of Colour. People of Colour (PoC) is an umbrella term referring to all people who are not white. QTIPoC is often used to highlight the diverse and varied experiences due to this population's overlapping or intersecting identities and related systems of oppression or discrimination.

Same-sex Attraction

Feeling attraction to another person of the same sex and/or gender. While this can typically refer to those identifying as gay, lesbian, bisexual, queer or pansexual, it may also include people that may be questioning their sexuality, or who do not prefer to label themselves.

Sexual Orientation

Describes the romantic and/or sexual attraction that a person feels toward other people.

Suicide distress

A state of extreme anxiety or pain in which a person is seriously contemplating or planning to end their life.

Switchboard Victoria

A community based not-for-profit based in Victoria, Australia that provides a peer driven, support service for the lesbian, gay, bisexual, transgender and gender diverse, intersex, queer, asexual (LGBTIQIA+) communities and their allies, friends, support workers and families.

Trans/Transgender

Someone whose gender does not exclusively align with the one they were assigned at birth. Trans can refer to someone's history rather than their gender. For example, someone assigned a female assigned male at birth might refer to themselves as a "woman", "a woman with a trans history" or a "transgender woman".

Transphobia

Intolerance, hatred and fear of people who are transgender that is often expressed through violence, discrimination and aggression toward transgender people.

+

Included in the LGBTQIA+ acronym to encapsulate all gender and sexual identities that are not encompassed by the former letters.

FOREWORD



This report is for anyone who has been through what I have been through, it's for all those who have lost a LGBTIQ+ person they know to suicide. Principally, it is for those who need to actively respond to a suicide either as a community leader, employer, colleague, friend or as a (chosen) family member.

If you are reading this because you have lost someone and you are looking for assistance with what to do, what I want to say to you is, I have been where you are now. Although nothing will make this time easy, what I can say is that in time how you feel right now will change. If you are a leader, or holding a space, I hope this report will help you to make sense of what you need to do. Be deliberate, be courageous but most of all be gentle with yourself. We have made this resource for you.

I would like to use this foreword to thank the Switchboard community who stood with me in the aftermath and who believed in this project and the need for it. I particularly want to thank Jenna Tuke for all we did together in implementing a postvention plan at Switchboard in 2018, and to Anna Bernasochi for becoming our first Switchboard Suicide Prevention Manager and bringing the project to fruition.

To all the Switchboard staff and volunteers, including board members who agreed to be interviewed, your commitment to stay engaged and to give back after your own loss will live on in this work. Please know that this work belongs to all of us, and we couldn't have done it without your generosity to speak from your lived experience.

Switchboard Victoria is proud to call ourselves a suicide prevention organisation and every day through our various programs we work in the spaces of LGBTIQ+ suicide prevention, intervention and postvention. As a community controlled organisation we do this work to ensure our mental health outcomes and the service responses are determined by our community, for our community. This report is part of our own healing and learning as we too move through the postvention time. However, it has always had a deeper purpose. Our work in LGBTIQ+ postvention has always been for those who will come after us, their loss and ultimately to make their path of grief and recovery a little easier.

I dedicate this report and the more fulsome report that will follow in 2021 to the life of Ingrid Zhang. In her memory may we collectively fight for a world without LGBTIQ+ suicide.

Joe Ball
CEO, Switchboard Victoria

ABOUT THIS DOCUMENT

Purpose

As part of the National Suicide Prevention Trials, the North Western Melbourne Primary Health Network and Pride Foundation Australia have funded the creation of this evidence based *LGBTIQA+ Suicide Postvention Response Plan: Preliminary Findings*. Postvention planning is the preparation of strategies, actions and initiatives that respond to the need of people affected by suicide to help facilitate bereavement and to promote recovery of a community in which suicide has occurred (Andriessen et al., 2019; Szumilas & Kutcher, 2011). This plan offers a guide to any individual or organisation involved in suicide postvention planning and makes detailed suggestions about activities to support postvention action in LGBTIQA+ communities. This *LGBTIQA+ Suicide Postvention Response Plan: Preliminary Findings* is the second and updated version of an earlier postvention plan created at Switchboard Victoria in 2018.

The production of the *LGBTIQA+ Suicide Postvention Response Plan: Preliminary Findings* offers ways in which locally developed support can be delivered to meet the expressed needs of LGBTIQA+ people affected by a suicide death of a LGBTIQA+ person. It is Switchboard Victoria's purpose to demonstrate through this research how policies, strategies, services, and practices can support LGBTIQA+ bereavement following suicide and begin filling the pressing need for better literature on LGBTIQA+ experiences of suicide. Many of these findings are represented through suggested postvention actions detailed in this document. This document contains a glossary of terms to assist the reader to understand common LGBTIQA+ and suicide prevention concepts.

The original postvention response plan

The Suicide Postvention Response Plan produced in 2018 was developed in the months following the loss of Switchboard Victoria staff member and beloved community member, Ingrid Zhang, who sadly died by suicide. This plan outlines a strategy used and created by Switchboard Victoria to implement a postvention response for LGBTIQA+ people and the community affected by suicide death. Interventions in the original plan include:

- › communication planning and notifying kin
- › LGBTIQA+ community memorials and tributes
- › provision of emotional and psychological support
- › consideration to anniversaries and important dates

Many activities in the original Suicide Postvention Response Plan were organised and applied as the needs of the affected community emerged. While the plan was responsive to the needs of LGBTIQA+ people and their communities, it was determined that the plan needed to be reviewed to better incorporate new knowledge about supportive LGBTIQA+ postventions. The creation of this *LGBTIQA+ Suicide Postvention Response Plan: Preliminary Findings* builds on key interventions articulated in the original document by incorporating new insights from a qualitative research study.

Development process for this document

The development of this resource draws from qualitative interviews with LGBTIQA+ people associated with Switchboard Victoria who have been affected by loss through suicide. The interviews were conducted prior to the impact in Australia of COVID-19. To increase utility of this document, interview transcripts will not be discussed in great detail, rather the focus of this document is on postvention responses informed by evidence gleaned from these interviews.

Key academics have worked closely with Switchboard Victoria to guide the research process behind this report and formulate recommendations for delivering postvention. They were LGBTIQA+ suicide prevention and public health researcher, Professor Katherine Johnson (RMIT University), LGBTIQA+ health researcher and clinician Associate Professor Ruth McNair (University of Melbourne), and suicide bereavement researcher Professor Myfanwy Maple (University of New England). These academic researchers have contributed vast knowledge to create what we intend to be an important and useful document.

This *LGBTIQA+ Suicide Postvention Response Plan: Preliminary Findings* will be made freely accessible and distributed to partner organisations and other known LGBTIQA+ community services.

The research report to follow

The *LGBTIQA+ Suicide Postvention Response Plan: Preliminary Findings* will be accompanied by a research report (in development) that discusses in greater depth the experiences of LGBTIQA+ people engaged with Switchboard Victoria who have been bereaved or affected by the aforementioned suicide death. Due to COVID-19 disrupting the continuation of the data collection in the research process this year, the completion of the research report has been postponed until 2021. Interview transcripts will be given due analysis and discussion in the final research report. It is our hope that producing these two documents in such formats will give those specifically seeking information on LGBTIQA+ suicide postvention response planning access to key points quickly and clearly, which is particularly important given the circumstances under which we expect the *LGBTIQA+ Suicide Postvention Response Plan : Preliminary Findings* will be used.

The final research report will be released in 2021, with new findings and recommendations following the completion of data collection.

BACKGROUND

In April 2018, Switchboard Victoria experienced the devastating loss of a staff member, Ingrid Zhang, who died by suicide. Following Ingrid's death, Switchboard Victoria entered a time of postvention – a period in which the organisation implemented strategies to respond to the needs of staff, board members, volunteers at Switchboard Victoria and the broader LGBTIQA+ community who had known or felt affected by the suicide death of Ingrid. These strategies were created with the specific purpose of containing the impact of suicide of a staff member on those involved with the organisation and broader LGBTIQA+ community in Melbourne and in some instances, Australia wide.

Another purpose of these activities was to facilitate bereavement processes and structure supports to help reduce the risk to those affected of experiencing suicide related distress, the state in which an individual is contemplating ending their life accompanied by feelings of pain or anxiety, and further suicide death. This is one of many possible outcomes following suicide and is often referred to as 'suicide contagion'.

In the first month after Ingrid passing, Switchboard Victoria produced a formal Suicide Postvention Response Plan documenting how Switchboard Victoria would strategically respond to the needs of their LGBTIQA+ workplace and community affected by the suicide death. Switchboard Victoria found that, although currently freely accessible information on suicide postvention response planning does exist, available information excludes LGBTIQA+ knowledge and fails to consider the needs of LGBTIQA+ people. As such, those responsible at Switchboard Victoria for enacting postvention practices were left to plan, design and implement postvention actions with few relevant - if any - external resources to guide the organisation's response.

Switchboard Victoria is a proud and supportive LGBTIQA+ community-controlled organisation, dedicated to providing peer-driven support to LGBTIQA+ communities. The organisational ethos – of inclusion, support and preparedness to face difficult issues – may account for the leadership Switchboard Victoria showed in addressing a suicide death. Switchboard Victoria is proud of their efforts in postvention and as a postvention activity in itself, set out to run this research project to ensure other LGBTIQA+ communities involved in providing postvention responses would have the resources Switchboard Victoria wished were available at the time of Ingrid's death.

Switchboard Victoria found that, although currently freely accessible information on suicide postvention response planning does exist, available information excludes LGBTIQA+ knowledge and fails to consider the needs of LGBTIQA+ people.



INTRODUCTION

This LGBTIQA+ community and peer-led *LGBTIQA+ Suicide Postvention Response Plan: Preliminary Findings* provides general guidelines to LGBTIQA+ communities and peer organisations involved in providing postvention support following suicide death of a LGBTIQA+ person.

These guidelines give direction to any organisations seeking to better understand more about postvention practices among LGBTIQA+ communities and practical assistance for implementing LGBTIQA+ culturally specific postvention initiatives. It is intended that this document will have great utility to LGBTIQA+ community and peer-led organisations, government policy makers and all involved in postvention planning at the local community level. The reflections within this document may also provide useful information to mental health and peer workers supporting LGBTIQA+ people bereaved by suicide. This resource empowers LGBTIQA+ communities to respond to suicide where it occurs, promoting resilient, strong, connected LGBTIQA+ communities.

What is LGBTIQA+ postvention?

Broadly, postvention is the implementation of strategies and supports to people bereaved by or exposed to suicide death which help facilitate bereavement, reduce the likelihood of further suicide distress or deaths and restore resilience in communities (Australian Institute for Suicide Research and Postvention Australia Guidelines, 2017). LGBTIQA+ postvention refers to postvention activities that occur following a suicide death of a LGBTIQA+ person, particularly targeted for LGBTIQA+ people who have been bereaved or exposed to the suicide. Unlike general postvention practices, these actions emphasise the cultural identities of those affected and seek to affirm, celebrate and connect with the LGBTIQA+ identification and communities.

LGBTIQA+ postvention is a concept which results from a view of relational identity existing between LGBTIQA+ peers. It recognises LGBTIQA+ peoples' connection to LGBTIQA+ peers, LGBTIQA+ communities, LGBTIQA+ cultures and histories, and creates the unique, yet diverse needs of people within these communities. LGBTIQA+ postvention operates within a context of varying social, political and economic pressures, that can influence the effectiveness of LGBTIQA+ postvention responses following a suicide death. Notable events in recent years have included the 2017 marriage postal survey where targeted campaigning and deleterious public discourse had significant impact on the wellbeing and mental health of LGBTIQA+ people in Australia (Verrelli et al., 2019), followed by the 2019 reform in Victoria to legislate the right for trans and gender diverse people to affirm their name and gender on their birth certificate without undergoing gender affirmation surgery. When public and legislative debate turns to LGBTIQA+ lives, the impact on LGBTIQA+ mental health and delivery of LGBTIQA+ postvention and mental health and wellbeing support is large. Economic and social factors that have impacted on LGBTIQA+ people, including loss of employment, homelessness and social isolation, as a result of the current COVID-19 pandemic, also have the potential to increase the need for mental health support and postvention delivery.

A community-based response to LGBTIQA+ bereavement and community loss is integral to supporting the lives of LGBTIQA+ people affected by suicide. Such a response helps to achieve broader objectives of LGBTIQA+ suicide prevention, protecting LGBTIQA+ people and communities from the further effects of suicide. This research and *LGBTIQA+ Suicide Postvention Response Plan: Preliminary Findings* is filling an important gap in postvention research and service delivery.

Suicide Among LGBTIQA+ Communities

There is no data on rates of suicide among LGBTIQA+ people in Australia because sexuality is not recorded in coroner reports; however, it is known that LGBTIQA+ people experience markedly higher rates of suicide distress and attempts than the general population. In the Australian national LGBTIQA+ population-based survey, *Private Lives 3: The health and wellbeing of LGBTIQ people in Australia* (Hill et al., 2020), over 1 in 3 (41.9%) of participants reported that they had considered attempting suicide in the previous 12 months, almost twenty times higher than the general Australian population; almost three quarters (74.8%) reported having ever considered attempting suicide at some point during their lives, more than five times higher than reported among the general Australian population; one in twenty (5.2%) participants reported attempting suicide in the past 12 months and one third (30.3%) reported having attempted suicide at some point during their lives. Similar figures are reported by the National LGBTI Health Alliance in *Snapshot of Mental Health and Suicide Prevention Statistics for LGBTI People* (National LGBTI Health Alliance, 2020) and documented by Skerrett, Kölves and De Leo (2015) in a review of Australian academic literature on LGBT risk of suicidal behaviours.

These statistics have significant implications for how postvention actions are delivered among LGBTIQA+ communities. Studies demonstrate a relationship between exposure to suicide and an increased likelihood that an exposed person will later experience suicide distress or go on to die by suicide (Hill et al., 2020; Maple et al., 2017). In part, this higher risk may be due to perceived closeness to the person who died (Cerel et al., 2017). Where LGBTIQA+ suicide affects LGBTIQA+ communities, this perceived closeness may account for the widespread impact following a LGBTIQA+ suicide death. The higher rates of suicide distress and suicide attempts among LGBTIQA+ people and increased likelihood of exposure to suicide and suicide related distress demonstrates the necessity of providing targeted and effective postvention support where a LGBTIQA+ person dies by suicide.

There is limited information or research available about LGBTIQA+ experiences of bereavement and loss following suicide of another LGBTIQA+ person. Existing postvention reports identify some factors useful in conceptualising LGBTIQA+ postvention including, ways of communicating about suicide, restricted information sharing about suicide means and methods and stigmatising language used to describe suicide. However, deeper engagement with LGBTIQA+ activities that support the needs of LGBTIQA+ people affected by suicide is required. This document endeavours to provide new insights about bereavement and loss, particularly the relationship between identifying as LGBTIQA+ and grieving the suicide of a LGBTIQA+ peer to inform the provision of LGBTIQA+ postvention.

Developing the LGBTIQ+ Suicide Postvention Response Plan

Development of this resource followed an investigation into the experiences of LGBTIQ+ people bereaved by and exposed to loss through suicide of a LGBTIQ+ person working at a LGBTIQ+ peer-led organisation based in Melbourne, Australia. The development process involved these steps:

1. Identify and build relationships with those from LGBTIQ+ communities affected by suicide death of a LGBTIQ+ person. Initially this project sought to include perspectives from people affected by suicides from multiple LGBTIQ+ communities across Australia. However, following gentle inquiry into two additional known LGBTIQ+ suicide deaths, it was determined unsuitable on ethical grounds to pursue these lines of enquiry. The reasons included: firstly, to preserve the family's wishes for privacy and secondly, because engagement in this research project may have placed individuals who were affected at risk of emotional and psychological harm due to the complex circumstances surrounding the suicides. A decision was made to exclusively involve participants affected by a single suicide death.
 2. Follow lived experience co-design principles including co-creation of research objectives, research questions, on-going discussion of key findings and provide continued support to the LGBTIQ+ community. The use of a lived experience co-design approach has meant that this project is inclusive, respectful and sensitive to the affected LGBTIQ+ community involved. All information presented in this document could not have been created without the support, generosity and guidance of those LGBTIQ+ people with lived experience.
 3. Establish a research oversight committee to provide feedback relative to professional expertise, including LGBTIQ+ suicide prevention research, LGBTIQ+ public health and postvention and suicide bereavement research
 4. Attain ethical approval for the research project. Clearance was gained from The University of New England Human Research Ethics Committee (HE19-187)
 5. Undertake qualitative interviews with LGBTIQ+ people bereaved by and exposed to the suicide of a LGBTIQ+ person to understand their experiences of loss and bereavement, their support needs and insight into LGBTIQ+ suicide.
 6. Review Switchboard Victoria's first LGBTIQ+ postvention response plan, created in 2018. The first postvention plan - its strengths and limitations - have been influential in the creation of this empirically informed, second edition of the postvention plan.
- A more detailed research report is intended to accompany this document. The research report is currently under development. Like many projects in 2020, the impact of COVID-19 has delayed data gathering as it has not been possible to meet with interviewees for face-to-face interviews. The complete research report is to be released in 2021 and its associated recommendations..

THE RESEARCH

OBJECTIVES

1. Facilitate continued recovery of the Switchboard community by listening to the voices of individuals who have been affected by loss of a community member who died by suicide and help deepen collective understanding surrounding the traumatic experience.
2. Reflect on postvention strategies to inform the development of a new LGBTIQ+ Suicide Postvention Response Plan and generate insight into how organisations and communities should respond to suicide death of a LGBTIQ+ person.

METHODOLOGY

Research advisory group: This group comprised of leading academics who have expertise in social science research, particularly across three key areas: LGBTIQ+ suicide prevention, LGBTIQ+ public health and suicide bereavement. The role of the group was to advise at all stages of the project.

Data collection: Qualitative data was collected using in-depth, semi-structured interviewing techniques to give participants openings to talk freely about their experiences in their own terms. The interviews referred to in this report were all conducted face-to-face. Interview topics included LGBTIQ+ experiences of grief following suicide, LGBTIQ+ culturally specific postventions and support seeking behaviour.

Recruitment and sampling: A sample was sought across the Switchboard Victoria community, including members of staff, the organisational board, volunteers and those who were affected from the broader LGBTIQ+ community. Sampling was purposeful under guidance of lived experience advisors.

Participants: The experiences of six participants with ages ranging from 24 to 58 years old are included in this report. All participants identified as a member of the LGBTIQ+ community. To preserve the privacy of participants, further breakdown of participant sexuality and gender identities will not be given in this report due to the small sample size. A further 12 interviews are planned for 2021.

Procedure: Interviews were conducted face-to-face between November 2019 and April 2020 before COVID-19 interrupted data collection.

Data analysis: Findings from the interviews were analysed using thematic analysis. Interview transcripts were analysed by identifying core themes concerning postvention, grief and loss, LGBTIQ+ identity and suicide.

Ethical considerations: various forms of emotional and psychological support were offered to all participants after the interviews and information about LGBTIQ+ accessible support services and helplines was given to participants. All interviewers and transcribers were provided with clinical supervision should they become distressed through participation in the research. Privacy of participants has been treated with extra care given the high possibility of participants being identifiable to others who belong to the same small LGBTIQ+ community.

PRELIMINARY FINDINGS FROM THE RESEARCH

LGBTIQA+ postvention is a concept which arises from an understanding of relational identity between LGBTIQA+ peers. It recognises that LGBTIQA+ people are connected to LGBTIQA+ peers, community, culture and history. All interview participants identified as a member of the LGBTIQA+ community and explored their experiences of loss and grief and reflected on the postvention activities Switchboard Victoria undertook. Participants spoke about understanding suicide and their feelings of loss as inextricable with, or relating to, their LGBTIQA+ identities. Interview extracts are drawn from to elucidate a potential relationship between identifying as LGBTIQA+ and processes of grief and loss when suicide of a LGBTIQA+ person occurs. This relationship will be discussed with specific consideration to how postvention planning can be enacted for LGBTIQA+ people/communities.

LGBTIQA+ relationality and loss through suicide

Descriptions of connection with the deceased as a kind of kinship formed through shared LGBTIQA+ identity was a trend among the interviews. This was exemplified by the following extract:

I felt quite connected to her as a person, as a person within [the Switchboard] community and also as a bisexual person because when I came out, I used queer quite comfortably and there weren't as many people who used bisexual.

The participant recognises their relation to the deceased in three ways: as a person, through belonging to the same LGBTIQA+ community and as a bisexual identifying peer. Participants suggested these feelings of kinship arose from sharing experiences as to other LGBTIQA+ people and experiencing similar social, emotional and material pressures resulting from living in heterocentric and cis-centric societies. For example, this participant refers to their experience of coming out – a unique experience among LGBTIQA+ people. For participants, feelings of kinship were enhanced when accompanied by belonging to the same LGBTIQA+ community – in this instance, the LGBTIQA+ community of Switchboard Victoria. Understanding how LGBTIQA+ people may relate and identify with their LGBTIQA+ peers is integral to providing LGBTIQA+ culturally specific postvention.

Indeed, furthering this idea, participants themselves recognised the widespread impact of loss through suicide across LGBTIQA+ communities in Melbourne and more widely Australia. Participants suggested this related to the deceased's positive expression of 'queerness'.

There was more of a reach potentially because of her queerness, because of how many people's lives she had touched in that positive way. Everyone felt that really personally.

Loss was felt widely across many communities because the deceased was seen as someone who positively embodied queerness and people who had known them or met them had felt a personal connection. When this person died by suicide, many LGBTIQA+ people were left feeling an acute sense of loss.

Loss through suicide can spread through LGBTIQA+ networks. When a LGBTIQA+ person dies by suicide, it is possible that for those affected, they lose connection with a positive embodiment of queerness. Some LGBTIQA+ suicidology researchers such as Cover (2016) and Johnson (2015) note there are a paucity of positive representations of LGBTIQA+ people featuring in media and pop culture and describe the impact this can have on the development of LGBTIQA+ identities. When LGBTIQA+ suicide occurs, LGBTIQA+ people may lose this connection which is for many LGBTIQA+ identifying people, a connection that can be difficult to find.

LGBTIQA+ experiences of suicide bereavement and grief

Loss through suicide is a particular form of grief, characterised by feelings often of sadness, pain, stigma, shame and guilt and searches for an explanation. It was common for participants to wonder about the deceased, seeking understanding of both their own life experiences and those of the deceased to create an imagined narrative about the suicide death. For LGBTIQA+ people coming to understand suicide death, it is possibly harder to dismiss or be unaffected by loss because, as this participant explained, there may be a felt connection to another LGBTIQA+ person's story:

[...] I feel connected to that story and I feel connected to grieving other [LGBTIQA+] people in the past who've either died by suicide or tried or struggled or dropped out of community, been sort of beaten out of their queer life... It's a recognition and a sense of collectivity that this person is in some way connected to me.

LGBTIQA+ people draw from their own experiences and knowledge of common experiences that LGBTIQA+ people face to create stories to help them understand LGBTIQA+ suicide. All participants reflected on their experiences as being LGBTIQA+ and wondered about the deceased's experiences as someone who identifies as LGBTIQA+. In the above extract, the participant explains that being LGBTIQA+ gives them a sense of "collectivity" with LGBTIQA+ people. Their sadness for one LGBTIQA+ suicide brought them into contact with feelings of grief for other LGBTIQA+ people in the past who have also died by suicide. This sense of LGBTIQA+ community and "collectivity" was similarly described by another participant.

I didn't have a real relationship with her so I'm not grieving loss, I didn't lose her. We lost her as the community. I'm sad about her and I think about it because I think about trying to prevent suicide all the time. It's my work.

Others who did not have close personal relationships with the deceased described feeling a profound sadness at losing someone within their LGBTIQA+ community through suicide. It is possible to feel connected to someone, not through personal closeness, but through identification of belonging to LGBTIQA+ community. It is worth paying attention to how this participant diminishes this sense of connection – that this was not a "real relationship". Like other participants in the research, this participant was reticent to overemphasise their feelings of connection with the deceased, yet they were able to express their grief in emotional terms like "sad". It may be that for LGBTIQA+ people acknowledging the strength of connection they feel when LGBTIQA+ suicide occurs is challenging. This may be due to the historical impact of stigma and shame perpetuating silences around LGBTIQA+ lives, and possibly, in part, because there has yet to be a movement among LGBTIQA+ people to acknowledge this phenomenon and build collective knowledge about this experience.

One fundamental task of postvention is to facilitate bereavement of those who are affected by suicide death, yet participants conveyed uncertainty about the legitimacy of their grief depending on how they appraised or understood their relationship to be with the deceased. Given that LGBTIQA+ people may relate strongly with other LGBTIQA+ people, cultures, communities and stories, postvention activities which promote processing grief and loss may be of additional significant for LGBTIQA+ people.

Facilitating LGBTIQ+ bereavement and grief

Participants spoke about considerable complexities in grieving LGBTIQ+ suicide death. Most participants disclosed other experiences of grief following loss through suicide, particularly suicide death of another LGBTIQ+ person. One participant recounts an anecdote of finding out on social media about a death through suicide of another LGBTIQ+ person. They adopt the term "queer grief" to describe a conflict between LGBTIQ+ people grieving and social and contextual pressures limiting such a possibility.

I have this knowing that this whole group of people, this interconnection of people who are one step there, are all grieving. I feel the effect of that because I feel connected and I recognised what queer grief is like because we often have to tack our grief on, or separate it out from the family or the church or the upstanding community that rewrites the story.

This particular participant suggests that "queer grief" is caused when the "queer" aspects of a person's life is written out of an individual's eulogy by biological family, institutions or the prevailing heteronormative and cis-normative community after a LGBTIQ+ person's death. When a LGBTIQ+ person's queer identity is erased by the predominant culture, LGBTIQ+ people find ways to grieve in addition or separately to how the predominant culture portrays a LGBTIQ+ person's life: a process of adding on "queer grief".

When LGBTIQ+ people are brought together to share their grief, a counter narrative is created that enables LGBTIQ+ people to have their feelings, cultures and histories validated. All participants attended a LGBTIQ+ memorial held by Switchboard Victoria and many felt that attending was a crucial part of their grieving process.

I think it was put on by her friends and by Switchboard because the memorial that the family put on, people felt like it didn't honour all of the aspects of Ingrid's life(...) I think it's what people needed, it is what people needed, to have that other space that was just really queer, that was that other family. We say that we've got our chosen family and I feel like people felt like they needed to be able to grieve in a queer space.

In LGBTIQ+ postvention, a powerful postvention activity can be to hold LGBTIQ+ memorials and tributes that honour the deceased by celebrating their LGBTIQ+ identity and their life beyond their suicide.

This has a long history. During the AIDs/HIV epidemic, LGBTIQ+ memorials were commonly held to mark the passing of what was predominantly gay men dying from HIV related illnesses. These ceremonies were held to honour the lives of gay men whose biological families rejected their sexual identity. Community memorials gave LGBTIQ+ community queer spaces to come together and reflect, grieve, and eulogise the passing of queer lives.

LGBTIQA+ suicide and peer connections

When a participant was asked who they sought emotional support from during their time of grief, they said they turned to friends who identified as queer.

Because queers get it. We get the topic of suicide, friends and friendship, connections, suicidality, supporting people, and suicide and grief way more than straight people do, especially for young people. Certainly, in my circle of friends, queers I know and I'm friends with have had several deaths by suicide over the years.

The higher likelihood among LGBTIQA+ people of having had or currently experiencing thoughts of suicide, loss through suicide and personal experiences of suicidal behaviour, are cited by this participant as the reason why they sought emotional support from other LGBTIQA+ people. The immediate affinity with experiences of suicide are understood implicitly by other LGBTIQA+ people, and this is a source of solace and comfort in their grief. The higher likelihood of LGBTIQA+ people having experiences around suicide is identified by another participant as a factor contributing to the widespread effect of loss through suicide on LGBTIQA+ communities and people.

It made it feel really personal for a lot of people: that could have be me, or I know someone who that could have been, or that has been me, or that's been my friend

Another participant echoes this account:

[...] that real 'us' and 'them' thing, of: "That poor person, I can't imagine ever doing that". In our communities it's more like, "That poor person, I could imagine doing that", or "I have imagined doing that", or "I have known someone".

For those among LGBTIQA+ communities who have had prior or current experiences of suicidality, loss was felt more personally because it drew out personal experiences surrounding suicide. People were thrown into awareness of their own and their friend's struggles with thinking about suicide or having attempted suicide. For postvention planning, heightened experiences among LGBTIQA+ people creates an urgency for ensuring LGBTIQA+ people have resources and postvention initiatives to effectively reduce the likelihood of other LGBTIQA+ people experiencing suicide distress or going on to die by suicide.

For many among LGBTIQA+ communities, these reflections about connection through shared LGBTIQA+ identity will not be surprising. For this research, the profound way in which participants centred their own experiences of loss and grief around the LGBTIQA+ identity of the deceased, and their connection to a shared LGBTIQA+ community, has significant implications for postvention. These findings show that postvention needs to be implemented in a manner that addresses the unique ways LGBTIQA+ people relate to, and process, feelings of loss, grief and bereavement following LGBTIQA+ suicide death.



LGBTIQA+ SUICIDE POSTVENTION RESPONSE PLANNING

LGBTIQA+ postvention involves creating opportunities for those who have been affected by a LGBTIQA+ suicide death to connect positively with expressions of LGBTIQA+ identity, culture and supportive LGBTIQA+ community. This strengthens protective factors for LGBTIQA+ mental health and wellbeing. Protective factors may include connection and belonging with LGBTIQA+ community, LGBTIQA+ peer-support and help seeking behaviour.

Delivery of postvention for LGBTIQA+ people and communities should consider the following recommendations to address the culturally specific needs of those who have been affected or exposed to LGBTIQA+ suicide. From the research, the following recommendations have been put forward and described in detail. However, these recommendations do not represent the complete findings from the research. These recommendations should be used to inform the creation of a LGBTIQA+ postvention response plan (see Appendix A for example LGBTIQA+ postvention checklist).

Notifying LGBTQA+ kin and establishing postvention population

- › Identify LGBTIQA+ kin who need to be notified about the suicide. LGBTIQA+ kin will be people who have varying degrees of connectedness with the deceased: those who are close as family, others who know the deceased through settings, for example, workplaces, volunteering commitments, or recreation groups, and those among broader networks who may know the deceased through their peers or only as someone belonging to a shared community. This recognises that suicide is more common across these groups as is the feelings of identification with the deceased beyond a close personal relationship.
- › Speak, if possible, with the biological family and LGBTIQA+ people who are close to the deceased ('chosen family') to learn of their wishes regarding privacy and sharing information about the death. Observe the greatest degree of privacy requested.
- › Create a communication plan that contains scripts with information in key points that can be shared respectfully about the suicide death. It may note how different people will be contacted including those who will be contacted over the phone and others who will be contacted via other communications such as email, who will be responsible for notifying kin and when they will be contacted. Information about means and methods, if known, should be kept confidential to help protect others from experiencing psychological distress which can lead to subsequent suicidal behaviour.
- › Phone calls may be highly emotional and upsetting or distressing. For the person notifying kin, they will be confronted by the raw expressions of shock and sadness, even disbelief or confusion, as immediate reactions from people being notified. It can be beneficial to share this task between multiple people to reduce the emotional impact on those responsible for this task.
- › Structure a safe environment for both the person who is notifying kin and the persons being told. Among those to be first notified should be someone who can provide emotional support to the person/ persons responsible for notifying kin – a friend, a partner, a peer, a supervisor. Ask the person being notified general safety questions such as who are they with, are they sitting down, are they somewhere safe?
- › Publicising the suicide death on social media may be a useful way to ensure LGBTIQA+ kin are notified from across broad LGBTIQA+ networks. The grief reactions for those finding out over social media can be as strong as of those who find out via direct communication. Provide details of LGBTIQA+ community support services, helplines and community groups that can be accessed for immediate emotional and psychological support.
- › If using social media of an organisation or community group, use an automatic response for people that private message that includes 24 hour and LGBTIQA+ support services. Provide information regarding when it is likely they will be responded to.
- › Maintain communication with all who have been contacted to provide them with information about available support services, targeted postvention programs, LGBTIQA+ community memorials and any significant changes to community following the suicide death. Continued communication from those enacting postvention, may promote help-seeking behaviour, connect LGBTIQA+ people to community and relieve isolation felt by those affected.

Validating LGBTIQA+ grief, memorials and anniversaries

- › Support ideas and suggestions made by LGBTIQA+ people affected by suicide that facilitate bereavement processes and affirm connection with LGBTIQA+ communities and LGBTIQA+ expressions of grief. Ideas and suggestion may be to hold a LGBTIQA+ community memorial or other bereavement rituals that connect those who are bereaved or affected with opportunities to express grief.
- › Sometimes, funerals and events run by the biological family or institutions may not fully recognise or celebrate the deceased for their LGBTQA+ identity. Attending services and events may be distressing or disempowering for those who are bereaved and lead to complexities processing grief. Where possible, attend these services with another person who can provide mutual support.
- › Arrange with LGBTIQA+ people who were closest to the deceased to hold a LGBTIQA+ community-led memorial. A LGBTIQA+ community-led memorial can serve to honour the life of the deceased, actively affirm their LGBTIQA+ identity and create a setting for LGBTIQA+ people who are grieving to connect with LGBTIQA+ peers who are going through similar experiences of loss. Contact LGBTIQA+ community hubs such as community centres, establishments and bookstores, to seek a suitable venue to run the memorial and have appropriate supports available.
- › For people who are unable to attend a LGBTIQA+ community memorial, host an activity or perform a ritual to commemorate the life of the deceased. This could be lighting a candle, wearing a coloured ribbon, reserving a quiet moment to look at a photograph, hosting a morning tea. These activities are symbolic gestures that can help people connect with their feelings of grief and may bring solace to an individual.
- › Observe anniversaries with LGBTIQA+ community to honour the life of the deceased. Bringing community together on significant dates sends a powerful message validating grief, strength through LGBTIQA+ community connection and destigmatises LGBTIQA+ suicide deaths. Organise any events or tribute with LGBTIQA+ people who are bereaved.

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Peer-based, psychological and community support

- › Create supportive spaces where LGBTIQ+ people who are bereaved or affected can gather to share their experiences with LGBTIQ+ kin. Gatherings can be held at community centers, local mental health services or public venues with private spaces. These events may be facilitated by a counsellor or peer-workers, particularly if the number of people attending an event is large. Providing LGBTIQ+ people with opportunities to connect informally with LGBTIQ+ peers from shared LGBTIQ+ communities enables the possibility forming inclusive, connected and supportive communities where peer-based support can be provided.
- › Reach out to local mental health and suicide prevention services to understand what services, activities and resources are available. Many services will prioritise involvement in postventions to help support those in their local communities. Resources vary and range from informative documents on loss and grief to free to access support groups, suicide prevention trainings and information sessions. LGBTIQ+ postvention information can be resourced from LGBTIQ+ community-controlled organisations
- › Professional support for LGBTIQ+ people bereaved through suicide should supplement psychosocial postvention activities. Services must be LGBTIQ+ affirmative and responsive to the complexities of LGBTIQ+ suicide distress and suicide. Different identities belonging to LGBTIQ+ populations have different needs when accessing services. Transgender and gender diverse people need access to gender affirmative services which may be less applicable to someone who is a cis-gender. LGBTIQ+ people do not all have the same life experiences or histories surrounding suicide and where possible, a range of services should be suggested to people who are affected. Information about helplines and community services can be provided, particularly where local services are not accredited as LGBTIQ+ inclusive.
- › Support emerging postvention legacy activities, peer-based action groups and awareness raising campaigns led by LGBTIQ+ people affected by suicide. Empower LGBTIQ+ people by providing explicit support through funding allocations, online promotion and offering expertise through advice giving to maximise activity outcomes.

LGBTIQ+ people do not all have the same life experiences or histories surrounding suicide and where possible, a range of services should be suggested to people who are affected.



IMPLEMENTATION AND FUTURE DIRECTIONS

The inclusion of LGBTIQ+ understandings of grief, bereavement and loss through suicide is vital in the provision of postvention actions when a LGBTIQ+ person dies by suicide. Without broadening postvention frameworks, strategic protocols, and service delivery, to include cultural practices for LGBTIQ+ people, postventions will continue to maintain practices that, intentionally or not, exclude LGBTIQ+ people and their needs. This highlights the importance of developing local and LGBTIQ+ community postvention plans that understand the specific ways in which loss through suicide is given meaning within LGBTIQ+ community contexts.

The recommendations in this report serve as a guidelines to anyone involved in postvention planning. While outside the scope of this project to produce a LGBTIQ+ postvention plan to suit all contexts in which LGBTIQ+ suicide death may occur, our primary findings in this research regarding relational identity among LGBTIQ+ peers can apply broadly. Consideration to relational identity needs to be central to the development of situationally specific postvention

plans. Some of these recommendations differ to other postvention guidelines yet have been demonstrated through the research study and the lived experience co-design approach to facilitate suicide bereavement among LGTIQA+ people affected by a suicide. While these findings are produced from a small sample, the remaining data collection will contribute to further LGBTIQ+ postvention materials to be finalised in 2021.

It is the hope that through the release of this preliminary document, LGBTIQ+ communities and people affected by suicide will have a more suitable set of guidelines than already existing material. This postvention plan contributes to fostering a culture where grieving LGBTIQ+ people who have died through suicide is legitimised. Further, it recognises that community resilience is restored through collective LGBTIQ+ responses to suicide death. Through the suggested measures in this plan, LGBTIQ+ lives are made safer from suicide.



RESOURCES

LET'S TALK ABOUT SUICIDE

Experiencing loss through suicide is a grief like no other. It can be difficult to find others who have similar experiences and are open to talking about their loss, especially other LGBTIQ+ people. Let's Talk About Suicide is a podcast that centres the experiences of LGBTIQ+ people who have been bereaved by suicide. Each episode explores a different aspect of bereavement and discusses in depth the complexities of navigating grief and bereavement rituals following suicide as someone who is LGBTIQ+.

Produced in collaboration by JOY, Switchboard Victoria and Support After Suicide (Jesuit Social Services):
www.joy.org.au/letstalk

LGBTIQ+ BEREAVEMENT SUPPORT AT SWITCHBOARD VICTORIA

Switchboard Victoria is proud to be delivering LGBTIQ+ Support After Suicide 8-week bereavement groups in partnership with Support After Suicide (Jesuit Social Services).

Join the Suicide Prevention mailing list to receive newsletters to learn more about LGBTIQ+ bereavement support, opportunities to be involved in our LGBTIQ+ lived experience programs and important dates for our programs in 2021.

Visit www.switchboard.org.au/suicide-prevention to join.

CRISIS INTERVENTION

Rainbow Door, run by Switchboard Victoria, is a free service here to support LGBTIQ+ people, their communities and allies across Victoria. Our service is staffed by LGBTIQ+ peer-workers who are able to support someone in suicidal crisis.

Rainbow Door

Rainbow Door service 10am – 6pm, everyday.

Phone: 1800 729 367

Text: 0480 017 246

Email: support@rainbowdoor.org.au

Visit: www.rainbowdoor.org.au

QLife

Switchboard Victoria is a proud partner of QLife.

QLife is open from 3pm – midnight everyday

Phone: 1800 184 527

Webchat: www.qlife.org.au

If you or someone you know is in immediate danger contact emergency services on 000

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APPENDICES

LGBTIQA+ ORGANISATIONAL POSTVENTION ACTION CHECKLIST (WORKPLACE)

First 24 hours

- ☐ Identify kin, friends and family to notify about death
- ☐ Write a plan of who needs to be contacted immediately
 - ☐ Speak to kin, friends and family and offer condolences
 - ☐ Prepare a script or few dot points of information able to be shared at this stage
 - ☐ Call those who were closest to deceased and offer support
 - ☐ Call others close to deceased who need to be notified about death
 - ☐ Use a notebook, spreadsheet or other organisational tool to keep track of who has been contacted
- ☐ Inform members of board or committee of governance
- ☐ Establish leadership in crisis management
- ☐ Convene crisis response meeting
 - ☐ Allocate roles and responsibilities
 - ☐ Plan immediate organisational postvention response for next 24 hours, 72 hours, first week
 - ☐ Identify and bolster pathways for psychological and emotional support for crisis management team
 - ☐ Cancel impending events or activities that are non-essential to continuity of service provision
- ☐ Inform staff and where applicable, key volunteers or members of organisation
 - ☐ Protect employee's possession and work area through staff notification and agreement

First 48 Hours

- ☐ Review postvention plan
 - ☐ Develop next stages of postvention plan: first month to longer term
 - ☐ Seek feedback on postvention plan from external clinical supervisor, suicide prevention organisation or support after suicide services
 - ☐ Collate documentation of all actions in relation to postvention enacted to date
- ☐ Review information currently being shared about death
 - ☐ Update script with any additional information following the first week that might be relevant to anyone newly finding out about death or seeking further information
- ☐ Inform staff and broader community of funeral and memorial arrangements
 - ☐ Plan whether workplace or community will hold a memorial or gathering to honour the life of the deceased
 - ☐ Inform staff and broader community about intention to or not to hold an organisational memorial
 - ☐ If appropriate and invited, ensure organisation is represented at family funeral and attend with someone who can provide mutual support
- ☐ Monitor staff wellbeing and provide opportunities for debriefing
- ☐ Complete critical incident report
- ☐ Continue communicating with broader community through email updates
- ☐ Monitor any spontaneous tributes for harmful messages, including those including those that glamourise suicide or shame the deceased

LGBTIQA+ ORGANISATIONAL POSTVENTION ACTION CHECKLIST (WORKPLACE)

First Month

- ☐ Begin returning to daily functions of organisation
- ☐ Write continuity of service plan with board and crisis management team
 - Continue monitoring staff wellbeing and ascertain capacity to resume normal duties
 - Consider finding temporary replacement for staff member's role / advertise job vacancy
- ☐ Return to calendar to re-schedule cancelled or postponed events
- ☐ Distribute suicide bereavement and trauma resources to all staff
- ☐ Organise and run workplace memorial
- ☐ Work with staff to let them lead on what they need in the office space
 - Decide what to do with deceased staff's belongings and desk space
 - Write plan for how to begin changing the office space to be less confronting to staff yet maintain the needs of those who want to create workplace tributes
 - Continue to offer opportunities for staff to socialise and support staff led contributions to postvention activities

Longer Term

- ☐ Identify milestone dates, events and anniversary
 - Plan acknowledgement on 1 year anniversary
 - Continue actively engaging in conversations with staff about their wishes and needs
- ☐ Honour deceased through legacy postvention activities

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