



**UNIVERSITIES
AUSTRALIA**



headspace

National Youth Mental Health Foundation

**RESPONDING TO SUICIDE:
A TOOLKIT FOR AUSTRALIAN
UNIVERSITIES**

ACKNOWLEDGEMENTS

This resource assists universities to plan for and manage their response to a death by suicide or a suspected suicide within their community. An evidence-informed and coordinated suicide response can help universities and their senior leadership teams address the needs of the whole university community following a suicide. In turn, this can reduce the risk of mental distress and further suicides occurring.

This toolkit is a guide only and is not intended as a substitute for medical or health advice or existing institutional approaches to responding to suicide. Each university can use this toolkit in ways that best suit their own structure and practice.

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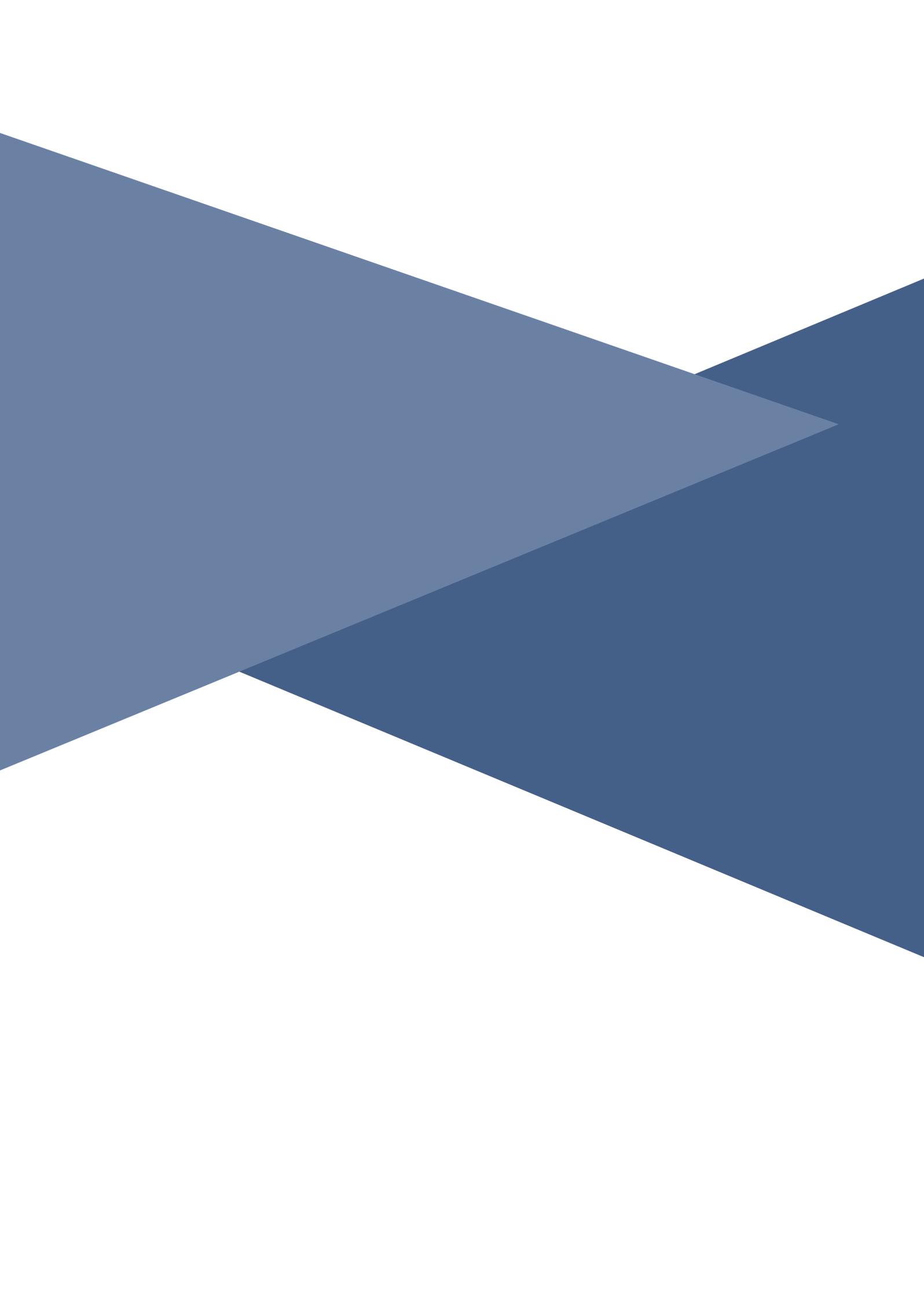
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INTRODUCTION

When a suicide occurs, the effect on those touched by it – families, friends, communities – is immediate and traumatic. The impact on a university community is no different. It often happens unexpectedly and leaves the institution with many questions about what to do next. Universities have an important responsibility to respond in a safe and evidence-informed way so the health and safety of the university community is protected.

Within Australian universities there is a wealth of expertise in mental health. University counselling teams employ qualified clinicians and counsellors who can provide advice to the university community on preventing and responding to suicide. There are also researchers, academics and clinicians with valuable knowledge and experience. Universities should draw on the expertise of their staff in developing institutional responses to suicide, and mental health strategies more broadly.

Recognising this expertise, this toolkit can further support universities to respond appropriately to a suicide in their community – a process known as postvention. It provides clear, practical guidance for universities in managing such a traumatic event in the weeks and months following the death. The process of developing responses to suicides can also have a protective effect in communities.

A suicide response team is referred to throughout this toolkit. All universities have emergency or critical incident management frameworks, and the role and duties of the suicide response team should sit within these institutional frameworks. The key message of this toolkit is that responding to a suicide requires people with specific expertise, and that responsibility for the university's response should not sit with just one individual. There needs to be a dedicated team with a clear plan.

This toolkit is divided into two main sections.

Part A is for all university staff. It provides key definitions and information on risk factors and warning signs of suicide.

Part B is specifically for suicide response teams, or equivalent, within universities. It provides advice on what needs to be done in the first day, the first week, the first month and the longer-term following a suicide.

We hope that this toolkit helps universities further protect the safety and wellbeing of their communities following a suicide, and assists them to restore the routine of the institution back to normal as soon as possible.

KEY DEFINITIONS

SUICIDE

The act of intentionally causing one's own death.

SUICIDE ATTEMPT

A suicide attempt is an act carried out by a person with the intention of ending their life. A suicide attempt can have a significant impact on individuals or groups, causing distress, anxiety, and vulnerability in others.

SELF-HARM

Self-harm is when someone deliberately injures themselves. This is also referred to as self-injury or deliberate self-harm and is generally considered non-suicidal in intent, but in young people it may be hard to clearly define. Often young people may present with ambivalence regarding outcomes from self-harm behaviour. Some of the more common self-harming behaviours include cutting, burning and scratching. Excessive alcohol and drug misuse is not usually considered self-harm but rather a discrete disorder.

SUICIDE CONTAGION

Suicide contagion refers to the process whereby a suicide or suicidal act within a community or geographic area increases the likelihood that others will attempt or die by suicide. Suicide contagion can lead to a suicide cluster, where a number of connected suicides occur following an initial death. While it is a rare phenomenon, young people seem to be more vulnerable to suicide contagion than older people. This may be because young people identify more strongly with the actions of their peers, and because adolescence is a period of increased vulnerability to mental health problems, which in turn can increase the risk of suicide. Terms such as copycat suicides should be avoided.

SUICIDE EXPOSURE

A person may be exposed to suicide directly (for example, through the death of someone known to them) or indirectly (for example, through media reports or social media). People exposed to suicide are at greater risk of symptoms of mental health disorder if they perceive a high level of closeness with the person that died and that the suicide had a large and lasting impact on their lives.

SUICIDAL IDEATION

Suicidal ideation refers to the presence of any thoughts, plans, images, imaginings or preoccupations a person may have about ending their own life. Suicidal thoughts can range from a vague thought about 'not wanting to be around' to very specific thoughts and plans about ending their life. Individuals showing signs of suicidal ideation need to be monitored, supported and referred for a suicide risk assessment as soon as possible.

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SUICIDE PREVENTION

A collection of efforts to reduce the risk of suicide.

SUICIDE POSTVENTION

Postvention is an intervention conducted after a suicide, largely taking the form of support for the bereaved family, friends, and peers. Postvention strategies focus on evidenced-informed activities that may reduce the impact in the short- and mid-term. They may also reduce further harm or risk, and create opportunities to focus on longer-term recovery for individuals and groups.

SUICIDE RESPONSE TEAM

A dedicated team within the university whose sole remit is to manage the institution's response to a suicide.

MENTAL HEALTH PROFESSIONAL

A person who has specific qualifications at a graduate or postgraduate level (accredited by the relevant authority to practice) in one of the following disciplines: nursing (mental health), psychology (registered psychologist), occupational therapy, social work (accredited in mental health), or medicine (GPs, psychiatrists and trainee psychiatrists). These people have specific training in psychopathology, assessment and treatments for people with diagnosed mental health difficulties. This person may be employed by the university (for example in the student services area) or externally (for example, in an Employee Assistance Program or at a local community service).

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ABOUT SUICIDE

An introduction to some principles of suicide can never replace formal training. We strongly endorse further study and training with accredited and evidence-based suicide assessment and reduction programs.

The causes of suicide are nearly always complex and rarely the result of a single factor or event. Although one event may appear to have triggered the suicide, it's unlikely to be this alone. Understanding the context, risk factors and warning signals can indicate what might help to support the person at risk.

It is useful to approach working with people with suicidal thoughts assuming that they do not actually want to die. Many people want the problems they are facing to end, and they view suicide as their only option. Appropriate assistance can help them to find answers to the problems they're struggling with and to give them a sense of hope for the future. While we can never be sure when someone will attempt to end their own life, knowing the risk factors and warning signs can help us to identify and assist those people who are most at risk.

Universities need to provide information on risk factors and warning signs of suicide to their communities – as well as information on the university's response plan – so staff know who in the university can support them and the person showing warning signs.

Risk factors

Research shows that a wide range of biopsychosocial factors are associated with understanding the risk of suicide. It can be helpful to consider risk in terms of dynamic and static risk factors.

Static factors relate to enduring experiences and personality aspects that can contribute to an increased risk relative to others in the population, such as:

- history of suicide attempts
- mental health issues, especially depression, psychosis or alcohol and substance misuse
- physical health issues: terminal or debilitating illness
- family history of suicide, alcohol and substance misuse and/or other mental health issues
- history of sexual, physical or emotional abuse
- bereavement in childhood.

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Dynamic factors relate to changeable events relative to the person within a time period, and may include:

- social isolation and/or living alone
- family disturbances
- recent loss or significant stressor
- unemployment, change in occupational or financial status
- rejection by a significant person
- recent discharge from a psychiatric hospital.

There is significant over-representation of certain populations in suicide rates, with higher rates of death from suicide in men, Indigenous people and people who identify as Lesbian, Gay, Bisexual, Transgender, Queer or Questioning and Intersex (LGBTQI) – particularly Trans, Queer and Intersex.

People from culturally and linguistically diverse backgrounds are at higher risk of poorer mental health outcomes. The stress of migration, readjustment to new cultures, and ongoing settlement issues can also increase the risk of depression and suicidality for some people.

It is often harder to spot the risk factors and warning signs for people who are studying or working remotely, and this can make it harder to identify and support those who may be at risk.

A history of suicide attempts and the presence of mental health issues are the strongest risk factors for suicide, but it's important to identify dynamic risks in the context of a presentation to understand the current risk state of the person.

Experiencing risk factors does not necessarily mean a person has had – or will ever have – suicidal thoughts or feelings, but knowing whether a person has any of these risk factors can help identify those at risk of suicide.

Stressful life events can trigger suicidal thoughts and actions in people who already have increased risk. Some people, however, will develop suicidal thoughts/feelings without having a history of any risk factors. It is important to keep in mind that while most people cope with stressful or traumatic events in their lives and do not become suicidal, watching out for warning signs can help us to identify those who may be at increased risk.

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Warning signs of suicide

Warning signs are the behaviours and noticeable changes that may indicate that a person is thinking about or planning suicide. These include changes in the dynamic risks and factors that contribute to the safety of a person (such as friends or activities that are protective). It is not uncommon for people to display these behaviours at various times, especially in times of stress. However, it is always best to act safely and to talk to the person as soon as possible about what is going on for them and whether they are having thoughts/feelings of suicide and are safe.

Specific behaviours that may indicate a person is at increased risk include:

- withdrawing from friends, family, school, work, the university
- noticeable changes in mood including withdrawal or increased levels of anger or agitation
- expressing feelings of hopelessness or worthlessness—that life is not worth living
- talking or writing about death, dying or suicide
- engaging in reckless or risky behaviour without concern for their safety
- talking or writing about being a burden to others
- increasing their use of drugs or alcohol
- taking less care in their appearance (not washing, appearing dishevelled, etc.)
- giving away possessions
- saying goodbye to loved ones
- **threatening to hurt or kill themselves**
- **planning ways to kill themselves and/or trying to access the means to kill themselves.**

It should be noted that young people may not display any of these behaviours.

Do not ignore suicide notes/emails/messages sent to staff or students at the university from someone. Immediately tell police if this has occurred.

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RESPONDING TO WARNING SIGNS

High concern or imminent risk of serious harm

Your first responsibility is to ensure you remain safe.

If you are an academic or professional staff member and are concerned that your colleague or student might be having suicidal thoughts/feelings, or is planning to take their life, it is important to take what they are saying seriously and to act immediately. If you are in direct and immediate communication with the person you can ask them directly about whether they are having thoughts or feelings of suicide and if they have a plan for how they will do it. This will not 'put thoughts into their heads'.

If you think there is an imminent and serious risk of harm at any hour of the day, immediately call 000 and follow your university's emergency response or critical incident protocols.

If you are within physical proximity of the person, stay with them (or arrange for supervision) until emergency services arrive. If relevant and safe to do so, consider removing access to methods of suicide or harm (such as sharp objects, medications, alcohol or drugs).

If you are in online contact or communication, remain in contact until emergency services arrive.

You should not attempt to conduct a risk assessment of the person or contact the person's family. Your role is to keep the person safe until help arrives.

Not imminent but serious concerns

If you have less than imminent but serious concern about someone, you should follow your institution's procedures. These may include:

- staying with the person (or arrange for supervision), if safe to do so, until they can be supported by a professional
- contacting the appropriate university support service to request immediate support
- removing access to methods of suicide or harm (such as sharp objects, medications, alcohol or drugs) if safe to do so
- contacting emergency services, university security and/or an appropriate community mental health service
- recommending the person seeks and utilises professional support.

You should not attempt to conduct a risk assessment of the person or contact the person's family. Your role is to keep the person safe until help arrives.

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RESPONDING TO A SUICIDE ATTEMPT

If there is an imminent and serious risk, the first step that any university staff member should take is to **immediately contact 000** and follow the institution's emergency response or critical incident protocols. If you are unsure, you should proceed in order to ensure safety. Signs of imminent and serious risk include if the person:

- has taken a drug or medicine overdose
- has consumed poison
- is seriously injured
- is unconscious, confused, disoriented, or extremely emotionally distressed
- has bleeding that is rapid or pulsing
- is threatening harm to self or others, or is acting in a manner that is unsafe, emotional, or unmanageable in the environment.

If the person is present or you are in direct communication with them:

- Remain calm, non-judgemental and caring. Tell the person they are not alone, listen to what they are saying and tell them that someone is coming to help them.
- Keep the person safe and supported. Take them to a private place if they can be moved.

If the person does not require an emergency response, contact the relevant team in your university (often student services and/or security) as directed by your university's emergency response or critical incident protocol.

If you otherwise become aware of a recent suicide attempt, follow your university's emergency response or critical incident protocols.

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HOW DO I ASK SOMEONE WHETHER THEY ARE SUICIDAL?

If you are worried that a person might be at risk of suicide, it is important to talk to them directly about your concerns in a calm and non-judgemental manner. It can feel uncomfortable asking someone directly about suicidal thoughts or plans, but it is necessary in order to check whether a person is at risk and how imminent that risk is. Asking questions directly can also be a relief for a person struggling with thoughts of suicide. It gives them permission to speak openly about how they are feeling, normalises help-seeking behaviour and provides them with the opportunity to gain support.

For example, you could ask “Are you having thoughts of suicide?” or “Are you thinking about killing yourself?” or “Are you thinking of taking your own life?”

Reassure the person that you want to hear what they have to say, and it is okay for them to talk about things that are painful and upsetting. Encourage them to express their feelings, which might be crying, or an expression of anger. Remember to thank the suicidal person for sharing their feelings with you and acknowledge the courage this takes.

It is important that you seek support from your university if you are talking with or have talked to someone at risk of suicide. These conversations can be extremely stressful. Looking after your own mental health is critical.

Talk to your university about what training is available to you to develop skills in supporting someone who may be suicidal.

Universities deal with a range of emergencies and critical incidents on a frequent basis. However, responding to a suicide requires people with expertise across a range of areas, including senior leadership, mental health, communications, working with the bereaved, and human resources, among others.

It is important to remember that responding to a suicide should not rest with one individual to lead. There needs to be a dedicated team with a clear plan.

It is recommended that each university establish a dedicated 'Suicide Response Team' (SRT) whose remit is solely to manage the university's response to a death by suicide. The SRT should be incorporated into the university's critical incident or emergency response management framework.

Who should be part of the university's SRT?

The SRT should be comprised of a core group of five to six university staff, with other staff added on a case-by-case basis at the SRT's discretion.

We suggest the following core membership of an SRT:

- a senior leader or senior manager that has formal authority to speak on behalf of the university (Chair of SRT)
- a senior staff member with responsibility for student welfare, such as a Student Services Director
- a mental health practitioner
- a senior staff member from security services
- a senior staff member from communications (both internal-facing and external-facing communications)
- a senior staff member from human resources.

Depending on the circumstances, additional SRT members can be drawn from:

- relevant school or faculty (for example, Head of School)
- general counsel
- residential accommodation services
- property and facilities
- relevant cultural experts where the person is Indigenous or from a culturally and linguistically diverse background
- the relevant residential college (ideally, the Master or Dean)
- international student leadership.

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As an alternative to forming a large SRT, universities can consider forming a 'sub-SRT' as needed to minimise exposure and protect the privacy of the person that has died.

All public statements, comments and messaging about the suicide need to be agreed by all members of the SRT, and these comments and messages should reflect institutional guidelines as well as [Mindframe's national guidelines](#) on reporting on suicide. Once comments have been agreed, the Chair of the university's SRT – as the university's spokesperson – should make/author all statements and comments.

What training should SRT members have?

SRTs need to work effectively and quickly under pressure with compassion and empathy, so it is critical that SRT members have the required expertise before they act in their roles. This will ensure they act in a way that will reduce harm and distress as well as the risks and impacts associated with these significant events. At minimum, training should include:

- suicide awareness training
- suicide response planning training
- institutional-specific emergency/critical incident management training.

It may be useful to have drills to practice roles and actions before an event occurs.

What does the university need to consider when forming an SRT?

Each institution will need to tailor the size and composition of its SRT to suit their circumstances. Things to consider include:

- whether the university has more than one campus
- the size and diversity of the university's workforce and student population
- the ability to access external support
- how to minimise the risk of vicarious trauma
- the ability of SRT members to delegate their day-to-day roles when needed.

Universities also need to consider training other staff within the university to become members of the institution's SRT. This will assist with succession planning and the prevention of burnout.

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What institutional support do SRT members need?

Given the sensitivity and seriousness of the work that SRTs undertake, it is critical that members of the SRT are supported by the university to:

- defuse, supported by mental health professionals (during and after the incident)
- opt-out or take a break
- develop individual self-care strategies for themselves, including a personal wellbeing plan
- develop skills to identify signs of vicarious trauma in the SRT
- have additional access to employee assistance programs
- understand that no single member of the university or SRT assumes the full burden of responsibility.

Universities need to provide formal defusing opportunities to their SRTs once the work is concluded. While participating in such defusing is of course optional, attendance at defusing has been found to be helpful. Alternative options through internal (employee assistance programs) or external (General Practitioners) pathways should be encouraged.

SRTs can also seek support from local government and community-based mental health organisations to inform their response. A coordinated response will help universities to support staff, students and families affected by such a traumatic event. The more considered the response, the better the chance individuals and the university have to move through to recovery and re-establish wellbeing.

The remainder of this document provides SRTs with strategies to inform, support and manage their university communities that have experienced a suicide. The guide is evidenced-informed and divided into sections that focus on what to do immediately after the suicide, in the first 24 hours, in the first three days, in the first week, in the first month and then in the longer term. We recognise universities may need to adjust sequencing of tasks to suit the circumstances of each case.

This guide may be used in the event of a suicide (including attempt) by a member of the university community on or off-campus, including in the person's home. Information in this guide can be adapted by universities to suit the situation at hand.

Immediate response to a suicide on site¹

The Chair of the SRT should convene the SRT if possible and confirm the roles and responsibilities of members for this case. The following are immediate tasks of the SRT:

- Assess immediate risk, safety and provide first aid (where required) if the suicide has occurred on site. Contain the site and safety of all.
- Call emergency services (000 in Australia).
- Isolate the site of the suicide by using screens or blocking off areas.
- Do not remove or disturb items from the site until police have concluded their work and have advised that the area is no longer a secured area.
- Do everything possible to protect others from viewing the site, without disturbing the area, which police will need to inspect. Staff and students should be discouraged from taking photos or videos of the site.
- Set aside a room away from the site of the suicide to receive and provide comfort to witnesses and other traumatised people.
- Identify witnesses and move them to safe locations. They must be supported and supervised until police have taken statements or advised about other actions. Exposure to suicide is a traumatic experience. People immediately affected by a suicide should not be left alone. They should be comforted and supported by others until friends or family members can take over that care.
- Notify the university's senior executive/leadership team.
- Notify the university's General Counsel of the suicide.
- Notify the university's student services, human resource unit and/or employee assistance program as relevant.
- Notify the relevant embassy if the person is an international student.
- Ensure the person who reported the suicide to the SRT and witnesses have access to support.

It is important to note that universities may be directed by the police and/or coroner to refer to the death as something other than suicide (for example, an accident). This direction should guide the university's communications with the bereaved family and the university community.

¹ On site refers to on campus, at a university event, facility or grounds off campus, or at a university residence (whether affiliated or independent).

Immediate response to a death off site not yet confirmed as a suicide

Universities may be notified of a death of a staff or student at a location off campus. The university's first step in responding is to confirm whether it was a suicide. A nominated member of the SRT should contact relevant emergency services to confirm whether the death has been verified as a suicide.

Universities need to be mindful that if it has not been yet been verified, initial liaison with the person's emergency contact will be highly distressing to them and they need to be treated with extreme sensitivity.

Immediate response to a death off site confirmed as a suicide

If the person's emergency contact or their family confirms the death as a suicide, the Chair of the SRT should convene the SRT and confirm the roles and responsibilities associated with this case. The following are the immediate tasks of the SRT:

- Identify witnesses that are members of the university community. Provide them with support.
- Notify the university's senior executive/leadership team.
- Notify the university's General Counsel of the suicide.
- Notify the university's student services, human resource unit and/or employee assistance program as relevant.
- Notify the relevant embassy if the person is an international student.
- Set aside a room at the university to receive and provide comfort to witnesses and other traumatised people.

Who should contact the bereaved family and why?

Liaising with a family bereaved by suicide requires sensitivity and compassion, and it can be very difficult. The family may be in a state of shock, disbelief, anger, despair or a range of other emotions. Be mindful that they will be grieving.

Contact with the family should be the responsibility of one SRT member only and will depend on the context of the case. Liaison should be undertaken with some knowledge of grief reactions – including the complex nature of grief following suicide – and sensitivity to the grief the family will be experiencing.

It is important to consider which SRT member is best placed to liaise with the family during this time. Things to consider include the relationship this person has with the family, the degree to which they are impacted by the death, and how comfortable they are to undertake this role. There may be consular considerations if the student is an international student.

Early liaison with the family is important but families will respond in different ways to contact by the university. If the family member is too distressed to talk, try to make a time to call within the next two days. Alternatively, if it is proving difficult to speak directly with the immediate family, ask if there is an extended family member or close family friend with whom you can liaise.

If the family is from a culturally or linguistically diverse background – which includes families of both domestic and international students – or is Indigenous, cultural considerations and protocols must be observed. It may be helpful for the university to engage a specialised mental health interpreter.

Considerations for the initial conversation with the bereaved family or representative

Where the person who died is Indigenous or from a culturally and linguistically diverse background, the SRT should seek advice from relevant experts – including from the university’s own Indigenous centre (or similar) – on cultural considerations before talking to the bereaved family. The university should be mindful of unique cultural meanings of suicide and local healing practices for the family, community, and cultural groups that have experienced or been impacted by the loss.

Informed by the above advice, and with consideration of appropriate timing for speaking with the bereaved family, the university needs to:

- Offer the condolences of the university.
- Offer support from the university. Let them know that you will be the person liaising with them during this time. Acknowledge that it might be very hard for them to talk to you. Sensitively advise that it would help the university’s ability to support people in the university community if you could discuss a few things with them.
- Seek the family’s feelings about informing the university community of the death straight away. If the family asks for advice, it is appropriate to talk about the impact of misinformation and the importance of other people knowing as part of supporting grief.
- Seek permission to refer to the death as a suicide. Use language such as “How would you like me to communicate (name)’s death to the university community?” If they ask for advice, discuss the damaging impact of misinformation and the importance of being able to talk to people about suicide and its causes to help keep people safe. Ask how they would like the person’s death to be communicated to the university and what language to use. If they do not want the death to be referred to as a suicide, this needs to be respected. If relevant, it is appropriate to inform them sensitively that there is already information being exchanged between people about the cause of death being suicide. The family may change their perspective once it is gently explained that in this situation, open communication can help to keep other people safe.
- Ascertain plans for the funeral and the family’s wishes regarding attendance by university staff and students. If there are no plans yet, enquire about getting the information at a later time.
- Discuss and arrange for the support of friends or family members who attend the university.
- Provide information about local supports for the family should they wish to seek support, including grief counselling, support groups and mental health services. Information on culturally-specific support services should be provided to culturally and linguistically diverse families and Indigenous families. Access this information prior to the contact with the family.

- Provide information about potential media contact, who the university's spokesperson is, and how the university will respond to the media.
- Request permission to re-contact them and make a time to do this if appropriate.

Be aware that this is a lot of information for the bereaved family to take in under very distressing circumstances. Advise that you will send the information discussed in an email for them to refer to later if required.

Subsequent contact with the family or representative

Let the family know that it would be helpful if the university could maintain contact with the family as required and seek permission to do this. Explain the possible reasons for contact may include providing information about response plans and activities, as well as providing information about memorials and important events.

A university may want to hold a memorial for the person that died. The SRT's liaison should use their judgement and discretion as to when may be the most appropriate time to discuss this with the bereaved family. Consider asking the family whether they would like to be involved in the planning and whether they would like to attend.

It is very important that the university treats all deaths in the same way. Having one approach for memorialising a person who died of cancer or in a car accident and a different approach for a person who died by suicide reinforces stigma and may affect the bereaved family and friends.

Convene the SRT

- Once a death has been confirmed as a suicide, the Chair should convene the SRT if it has not yet met.
- The SRT should follow any advice from the police/coroner or the wishes of the family about whether the death can be referred to as a suicide in communications.
- The following topics should be discussed at the initial meeting of the SRT:
 - **Briefing on the death.** The SRT should be briefed on the suicide, including facts provided from the bereaved family and sources of other verified information. This may include information from the police.
 - **Additional SRT membership.** Determine if additional information is required and if a sub-group of staff – which may include someone who can advise on cultural considerations – is needed to support the SRT.
 - **Communications plan.** Confirm how queries or questions will be handled and establish a process for approval of communication to the broader university community.
- The SRT will need to assign the following responsibilities to its members at its first meeting:
 - liaising with family (if this hasn't occurred already)
 - identifying at-risk students and staff
 - preparing and disseminating scripts
 - liaising with external services/organisations/embassies (where relevant)
 - liaising with police (where relevant)
 - managing incoming and outgoing information, including media
 - managing social media
 - documentation of the SRT's actions.

Plan and manage communications

In determining who in the university community needs to be informed of the death, universities need to be mindful of minimising exposure and protecting the privacy of the person who died.

All communications with the university community and the public about the death need to be agreed by all members of the SRT. Advice from clinicians on messaging must be followed. Communications should reflect the institution's media guidelines as well as [Mindframe's national guidelines on reporting on suicide](#). Where there is a police investigation, universities should observe information sharing guidelines.

Cultural considerations must guide the university's communications.

In all communications:

- **Do not** provide information on the method of suicide.
- Do provide details of relevant support services.
- Advise there is an SRT that will coordinate the university's response. Tell them who the members of the SRT are and who will be the university's spokesperson (the Chair of the SRT).

If a death is not confirmed as suicide or the family has asked that the term suicide not be used, then refer to it as a death or unexpected death at this stage.

Inform close friends of the deceased first and personally. If the person is a student, work with relevant academic, professional, and residential college staff to determine their close friends.

Inform relevant university staff, such as the student's lecturers and tutors, or if the person is a staff member, their colleagues.

Ask that all further information and questions be directed to the SRT via a nominated contact person.

When a suicide occurs during a semester break, universities need to consider tailoring their communications to reflect staff and student presence on campus. Key activities of informing, supporting and managing still apply. Universities can consider establishing a physical and/or online space where it is safe to attend, grieve and seek help.

Universities need to consider the need and benefits of early communication with the university community, whether targeted or broad. For example, informing the broader community may be appropriate if the suicide occurred in a public place. If early communication is deemed necessary, it is important to outline the following:

- **What the university knows.** For example:
 - “There has been a death on campus. It is clear there is no risk or threat to anyone else on campus”.
- **What the university is doing.** For example:
 - “The university is working with emergency services to understand what happened”.
 - “The university is supporting those people affected, including witnesses, friends and family”.
- **What the university wants its community to do.** For example:
 - “There is no risk to anyone else. The campus is open and classes are continuing. We recommend going about your normal business”.
 - “Do not go near the site of the incident”.
 - “Classes have been cancelled and we are asking staff and students to stay away from the area while authorities manage the situation”.
 - “Contact the university if you need support. Stay in touch with the university’s communication channels for more information”.

Clearly state in all communications that the safety and wellbeing of the community is the university’s priority.

Support students and staff

- Identify a clear support strategy for affected students and staff of the university, whether they are on campus, off campus or online. This support strategy should be developed in partnership with the university's student services team, human resources unit or employee assistance program provider as appropriate. The support strategy will need to be tailored to suit the context of the suicide (for example, whether the suicide occurred on or off campus, whether it occurred in a public place, and whether the broader student population is aware of the death).
- Identify a building or campus of the university that will be open and available for people to use to express their grief. **This should not be the site where the suicide occurred.** Provide mental health professionals, or other pastoral support with appropriate grief/bereavement training, at this site.
- Consideration should also be given to how to establish an appropriate grieving site or space online and what support can be provided in this context. Online sites or forums must be actively and frequently monitored and moderated.
- Consider providing food and drinks for those attending the physical space. Be clear about when this space will be open and available for people.
- Encourage messages of checking in with each other and state that further information will be provided via the SRT.
- Identify staff and students who may be at risk, and devise a support strategy in partnership with support services within the university. Suicide risk assessments should only be conducted by a mental health professional.
- At an institution-wide level, increase general messaging about support services available to students and staff.

Support the bereaved family

Provide the bereaved family with information about who the university has informed, what steps have been taken, and what space has been made available for people to express their grief.

Communicate with the bereaved family (as requested) regarding the university's next steps.

Develop and disseminate scripts to relevant university staff

The SRT should provide relevant university staff with a script to follow for informing other staff and students. This ensures accurate and consistent messaging. Scripts should include information on how to offer support, how to manage a discussion about death and suicide, signs to look for, information on grief, and sources of support they can access for themselves. Providing information to people helps counter the rumours and misinformation that inevitably arise in a crisis.

It is critical that messages are delivered in a way that ensures the suicide is not glamourised. This will minimise the risk of contagion.

Staff and students need to look out for each other at times such as these. Ensure the script promotes this.

Informing all relevant people helps protect the safety of the university community because it:

- limits misinformation and distress
- reduces the number of enquiries
- encourages actions and attitudes that complement the university's response plan
- promotes communication with the university about wellbeing concerns
- gives the community confidence in the university's capacity to return to a normal routine.

Examples of scripts are provided in Appendix B.

Manage media

The SRT should give one member of the SRT the role of media liaison person. This will help universities to give consistent and accurate messages to the media. Ideally, the communications member of the SRT should be the media liaison person. If the SRT communications member is not the university's media liaison, the nominated media liaison should be added as a member of the sub-SRT with close supervision from the SRT's communications and clinical members.

Ensure that media requests are facilitated by the communications SRT member through to the Chair of the SRT.

Responses to media need to be agreed by all members of the SRT. Responses should follow the advice of clinicians, reflect institutional media guidelines and meet [Mindframe's national guidelines for reporting on suicide](#).

In messages to media, focus on providing information on the university's support strategies; how the university is responding using evidence; and reiterate that the primary concern is the wellbeing of the community.

Manage social media

Universities are deeply embedded in their communities, and the aftermath of a suicide is likely to be far-reaching. Students or staff of the university may post about the suicide on social media platforms. Posts can include rumours, information on impromptu gatherings or memorials, messages that suggest the suicide was a positive outcome for the person, photos of where the suicide occurred, or comments that indicate a person may themselves be at risk (such as "I am going to join you soon" or "I can't take life without you").

If the university becomes aware of concerning posts, the SRT should work with the university's social media manager and support services to respond. This may include the triage of wellbeing and welfare checks.

The university may also report concerning or offensive material to the social media platform, keeping in mind that removal of such posts can take some time.

Commenting about the death on the university's social media channels is not recommended.

If students or staff post images or messages or discuss the death on social media, seek advice from the SRT's mental health professional on how to respond. Let the university community know that speculation or unhelpful messages may cause further distress. [Orygen's #chatsafe guidelines](#) may be helpful in this context.

A GUIDE FOR SUICIDE RESPONSE TEAMS

SECTION 2: THE FIRST 24 HOURS

Establish good documentation

All the actions of the SRT should be clearly documented from the outset by a designated team member and provided to relevant parts of the university, including General Counsel. This will help the university provide the details of its actions to the police or coroner if needed. Documentation also assists the process of critical incident review in the coming months. This can assist in improving the university's approach to future unpredictable events.

Keep a space or place where people can go to grieve

Where there has been a death or suicide on site, staff and students may benefit from having a place to express their grief, feel heard, reflect and support each other. This should not be the site where the suicide occurred. Having set places for reflection on site such as calm spaces, prayer rooms, cultural gathering spaces or gardens recognises that healing takes place over time.

An identified support room or space provides a safe physical location where people's grief and needs can be expressed, responded to and supported. This room, ideally, should be supervised and monitored by a person with a mental health background with training in grief/bereavement work, such as a social worker, psychologist, or counsellor.

Universities should also consider the appropriateness of establishing an online space or place where those off campus can express their grief. This may be in the form of an open 'classroom' or similar. Such sites must be actively monitored and moderated, and a person with a mental health background with training in grief/bereavement work such as a social worker, psychologist, or counsellor should be attendance in this online environment to offer support.

Continue to manage media enquiries and support media to report appropriately

As noted earlier, all contact with the media should be the responsibility of one person. All statements made about the death should contain accurate information and be agreed to by the SRT and the bereaved family before being released.

Where a suicide occurs off site and the death would not be known to the university or the broader community, a media liaison may not be required. A critical task of the media liaison is to support media outlets to report on suicide in the most appropriate manner. This can reduce the risk of further harm and suicide contagion. See [Mindframe's national guidelines for reporting on content about suicide and self-harm](#).

Universities should encourage media to refer to the Mindframe national guidelines.

Provide mental health support for staff and students

Having the immediate support of mental health professionals is invaluable to assist a university to manage its response and responsibilities. The mental health professional that is part of the SRT can help facilitate access to, and information about, services that are available within the university and in the community. This will also assist the referral process for any staff and students who are felt to be high risk and in need of additional counselling.

University staff mental health professionals and/or professionals from external agencies can provide support in the following key areas:

- providing the immediate support and counselling needs of affected staff, students, parents and the broader university community
- identifying people who may be particularly vulnerable and need extra support or monitoring
- providing information sessions as required for the university or particular groups
- planning the management of significant occasions such as funerals or anniversaries
- liaising with hospital personnel and the media where relevant.

Continue to liaise with the bereaved family

It is important to remember that the bereaved family is likely to experience a range of emotions and there may be variation in the accessibility of the family and their capacity and willingness to communicate with the university. Subject to the wishes of the family, it may be possible to continue to liaise with an extended family member during this difficult time. This may also limit the number of times the family has to relay distressing information.

Continue to monitor social media

Universities need to remain vigilant in monitoring social media. Concerning images or messages posted by students or staff – whether on the university’s formal social media platforms or on external social media – should be discussed by the SRT to determine how the university can respond. This may include welfare checks.

Maintain or return to regular university classes and activities

Maintain normal classes and activities as much as possible and as is appropriate.

If the university has paused classes or activities, it is important to return to a routine as soon as is appropriate to assist the recovery of all affected members in the university community. Doing so does not mean that vigilance and awareness of people's wellbeing is lessened. Explain to staff and students that returning to regular university life is a helpful healing and protective strategy and is not about forgetting or rushing the process of grief.

The use of the support room/space should reduce as time passes. The SRT should, at its discretion, decide when it is *closed* and normal use of the space can resume.

Monitor the wellbeing of staff and students for a number of months; it may be necessary to monitor for a longer period for some individuals.

Monitor the site of the suicide

Police may still have the site of the suicide cordoned or with reduced access. Do not interfere with the site until the police have advised it is no longer a secured area.

If appropriate and necessary, the university may wish to continue to restrict access to the site. It is not uncommon for people to leave a tribute at the site, such as flowers, gifts, cards or messages. Universities should monitor these sites for messages that are inappropriate (hostile or inflammatory) or indicate someone may be at risk.

For more advice on spontaneous memorials, see the section 'Other things to consider' in this toolkit.

Plan the university's involvement in the funeral

After discussions with the family, including about their privacy, it is important to consider and plan how university staff and students may be involved with the funeral.

Universities may appear to be an obvious setting for a funeral or memorial service because of their role and connection within the community and their ability to accommodate a large crowd. Memorials involving large numbers of students and staff are not recommended as it is difficult to provide an appropriate level of care and support if there are many people.

If the university would like to hold a memorial on campus, the SRT should carefully consider the impact of these events on regular university processes and approaches. The SRT should also discuss this with the bereaved family and ask whether they would like to be involved or attend.

Universities need to be mindful that using a space at the university for a funeral service or memorial can inextricably connect that space to the death, making it difficult for those affected to return there for regular functions or to engage in the university in the future.

It may be better to separate spaces for longer-term grief to minimise the distress of individuals involved.

Monitor the wellbeing of staff

The SRT should regularly monitor the wellbeing of university staff, including those in senior leadership positions who may be assisting the SRT. Encourage staff to put their own wellbeing first and to ask for respite, support or a change in role if they need it. Supporting the mental health of staff will assist the university to return to regular classes and activities and to help make the community feel cared for and well-supported.

University staff may experience their own feelings of guilt and grief about the suicide. Regular meetings and opportunities for them to debrief are important. Consider referring them to university and/or publicly available support services.

The university can help manage the extra workload placed on staff at this time by accessing internal and external counselling support services for advice on general and specific cases. Identify a university representative to brief personnel from such services clearly and simply on the situation and responses to this point.

Ongoing care of community

In the first month, the SRT, managers and supervisors of staff and other relevant university representatives should continue to look for obvious signs of distress and respond to them in a sensitive and coordinated manner. This should ideally be done in partnership with university and/or publicly available support services.

Posthumous awards and graduations

Following a suicide, the university may be faced with some dilemmas around how to manage events, such as a graduation, that may have involved the deceased person, whether a staff member or a student. Decisions will need to be made about how to manage such events, and how to acknowledge and/or celebrate the deceased person. Formal acknowledgement or recognition of a person who has died by suicide or suspected suicide needs to be done with guidance from the SRT. The university also needs to consider the implications of discussing suicide in a public forum, including risks of exposure and contagion.

Careful liaison with the family should occur regarding their wishes, and these should be respected. The university may consider inviting a family member to represent this person at an award or graduation ceremony.

Where a university receives permission from the family to acknowledge the person who died by suicide, plans should be in place to provide support to those in attendance at the award or graduation ceremony.

Each university will approach these decisions differently, but cultural and family sensitivity and awareness must guide the decisions.

Conduct a critical incident review

The purpose of a review is to evaluate the processes and procedures undertaken by the SRT and the university. It is important to perform a critical incident review so that ideas on how to improve the university's emergency response or practices can be shared, considered and incorporated into future planning and preparation for unpredictable events.

Prior to the critical incident review, it is helpful for SRT members to consider a number of issues and whether these could be improved:

- communications – within the university, with relevant parts of the university community and with media
- SRT personnel – the adequacy of training and support
- risk management – minimising risks of exposure and contagion, increasing education and awareness of what staff and students can do when they have concerns about a person's safety
- support provision – the capacity and expertise of university teams to support affected people
- external parties – the facilitation of information and expertise with external agencies
- information management and reporting – timeliness of information flows and accurate identification of those in the university that need to be informed.

Consider running an information session on grief, loss and self-care for staff and students

Universities can draw on internal expertise and local community and government mental health services to run information sessions on grief, loss and self-care. It is important that the university continues to consider what people within its community may need. This may vary greatly, depending on the circumstance of the suicide and the location and size of the university and its community. Any training or education provided should be evidence-based and evaluated for effectiveness.

Continue support and monitoring of staff and students

By this time, staff and students who are at increased risk may have been identified and should be receiving ongoing support and monitoring from the university's support services in partnership with mental health professionals (internal or external to the university). Specific attention should be given to those staff and students who have since disengaged from working, teaching or learning at the university and are exhibiting changed behaviours and habits. This is especially important when people's support networks may change through periods such as exam times and semester breaks.

Sometimes close friends of a deceased person can put pressure on each other by insisting on a particular way of remembering their friend, and they forget that people manage grief in different ways. University leaders and staff members from the university's support services can help these friends by reinforcing (at appropriate times) that there is no 'right way' to remember or grieve the loss of a friend and they must be kind to each other and respect their differences.

Keep relevant staff and students updated with information

Providing regular communication to relevant university staff and students is just as important in the long term as it is in the short term. Advice about anniversaries involving the deceased person, media coverage or any other forms of potential stress will continue to help protect the wellbeing of the university community and reinforce a consistent and supportive approach from the SRT.

People's desire to see something positive emerge from a tragedy like suicide is very strong. The results and recommendations of the critical incident review can help the university to achieve some sense of moving forward.

Plan for important anniversaries

As with deaths from any cause, the anniversary of a death or the birthday of someone deceased are occasions that can take friends and family members back to their original levels of distress and grief. Being aware of and prepared for this possibility is a significant long-term postvention responsibility. The university or local areas within the university may wish to do something to recognise different anniversaries. If this is the case, discourage large group memorials. These occasions are best handled in small groups where people can be cared for and monitored, with the bereaved family's knowledge/consent. The university may need to consider how it has remembered people who have died in the past and what is fair and reasonable in this situation. It is always advised to have memorials that are time specific (e.g. a one-off award or scholarship) as opposed to an ongoing expectation of annual memorials or awards named after the deceased.

Build the capacity of the university to respond

To enable the university to act quickly and effectively when there is a death by suicide or suicide attempt, it is important to build the capacity of staff and students to respond appropriately and sensitively.

Universities can consider the following actions to improve the institution's capacity and capability:

- establish clear pathways of where someone can raise concerns about a staff or student's welfare or wellbeing
- strengthen protocols for responding and managing information
- commit to continual improvement through critical incident reviews
- ensure institutional policies and procedures for emergency responses and critical incidents can be readily accessed and information on these is included in staff training
- provide practical training to build the skills of staff and students – within their roles – to assist others in distress or at risk of harm/suicide
- provide gate-keeper training for staff and students in key roles
- provide specialised training for SRT and sub-SRT members
- provide opportunities for drills and practice for the SRT teams
- engage in suicide prevention community activities, such as R U OK? Day
- provide information about the university's suicide prevention and postvention strategies on the university's website.

Implement recommendations from the critical incident review

Universities should begin to plan and implement any recommendations that were agreed to as part of the critical incident review. Implementing the results of the review helps students and staff appreciate the positive work the university has undertaken.

As noted earlier in this guide, there is a wealth of mental health expertise within universities. Institutions should draw on this expertise to guide continual improvements in how the university responds to a death by suicide.

OTHER INFORMATION TO CONSIDER

MEMORIALS AND ANNIVERSARIES

A university may want to have a memorial for someone who has died.

Being compassionate while maintaining normal classes and activities can be a tricky balancing act. In the case of suicide, the university needs to consider how to memorialise the person appropriately without increasing the risk of suicide contagion among other people.

It is very important that the university treats all deaths in the same way.

Having one approach for memorialising a person who died of cancer or in a car accident and a different approach for a person who died by suicide reinforces stigma and may affect the bereaved family and friends.

Wherever possible, universities should talk with the person's family and friends to work out a meaningful and safe way of acknowledging the loss.

Spontaneous memorials

In the immediate aftermath of a suicide, it is not unusual for people to create a spontaneous memorial. For example, they may leave items such as flowers, cards and poems in a place closely associated with the person. They may do the same at the site where the person died.

In these circumstances, the university needs to balance people's need to grieve with making sure that the death is not glamourised. In all cases, universities need to have a consistent policy so that suicide deaths are handled in the same manner as any other deaths. A combination of time limits and straightforward communication can help to restore equilibrium and avoid glamourising the death in ways that may increase the risk of contagion. Although it may be necessary in some cases to set limits for people, it is important to do so with compassion and sensitivity.

For example, the university may want to make posters and markers available so that people can gather and write messages. Set these posters up in an area that may be avoided by those who do not wish to participate. Avoid placing them in public thoroughfares or at front entrances. After a few days, the posters can be removed and offered to the bereaved family.

Universities can leave spontaneous memorials in place until after the funeral, or for up to approximately five days after the death. The university needs to advise the community when the memorial has been closed. After this time, tribute objects can be offered to the bereaved family.

Universities should monitor spontaneous memorial sites for messages that are inappropriate (hostile or inflammatory) or indicate someone may be at risk.

OTHER INFORMATION TO CONSIDER

Permanent memorials

Some universities may want to establish a permanent memorial. This can be a physical item such as a tree, bench or plaque or something commemorative, such as a scholarship. **Permanent memorials may prove to be upsetting reminders to people and/or their meaning may be lost overtime.**

It is important to be aware that establishing a permanent memorial for one person (such as a tree or plaque) can create a precedent for others. This can become quite difficult to sustain over time.

It is important to channel the energy and passion of people affiliated with the university (and the greater community) in a positive direction. It can be helpful for the university to be proactive.

Suggest a meeting with the person's bereaved family and close friends to talk about the type and timing of any memorials. This can provide an important opportunity for those affected to be heard and for the university to explain sensitively why certain activities are better suited than others.

Whenever possible, it is recommended that permanent memorials be established off university grounds.

Resisting or prohibiting any kind of memorialisation is problematic, as it may be perceived as stigmatising to the person's family and friends. It can also generate intense negative reactions, which can make an already difficult situation even worse. Universities need to balance the need to acknowledge the loss with protecting the safety and wellbeing of their communities.

PRESENTATIONS AND AWARDS

If there is a tradition of creating a tribute to deceased members of the university who would have either achieved an award or graduated from the university, then people who have died by suicide should also be included. For example, the university may want to include a brief statement acknowledging and naming the person who has died and invite someone from the bereaved family to receive the award.

EXAMPLES OF SAFE LANGUAGE AND WAYS TO TALK ABOUT SUICIDE

APPENDIX A

When a suicide occurs, it is a traumatic event and the impact on people can be significant. Suicide can trigger a range of emotional and behavioural responses. These will be unique for each individual and will depend on factors such as past experiences, level of support, personality type, and how close they were to the deceased person. Talking to people about suicide can feel daunting. Many people fear it will cause increased distress or even lead to the development of suicidal thoughts or suicide contagion. However, talking about suicide in a calm and straightforward way, as well as providing information and support, is actually very important to help people to manage their feelings and make sense of what has happened.

It is important to be thoughtful and sensitive when talking to people about suicide. The aim is to limit the harmful impact of the death and to promote positive coping strategies and good mental health.

Below are some important factors to keep in mind.

Give accurate information and address common myths

Suicide is a complex behaviour caused by a range of factors and is rarely the result of a single event or problem. Many people who suicide had been experiencing mental health difficulties at the time of their death. Providing information on the link between mental health issues and suicide can encourage people to seek help for themselves or others, which will decrease the risk of suicide.

Avoid blame

People often want answers about why a suicide has occurred, and this can lead to them blaming the death on a particular event or person. Explain that suicide is not simple and is often the result of a range of contributing factors. This can reduce the likelihood that blaming or scapegoating will occur.

Don't focus on the method or location of suicide

Avoid talking about the details of how the person died. Any descriptions of death can be overwhelming and distressing and can increase the risk of imitation. Keep the focus on how to manage the emotions brought up by the person's death, and away from details of how someone has died.

Address feelings such as anger and responsibility

Provide reassurance that the range of responses following a suicide is normal. People may feel angry towards the person who died or feel that they could have prevented the death in some way. Such feelings can lead to increased confusion and distress. Reassure them that they are not to blame and that feeling angry doesn't mean they didn't care about the person. Normalising these feelings and allowing people to talk through their emotional responses can help in the grieving process.

EXAMPLES OF SAFE LANGUAGE AND WAYS TO TALK ABOUT SUICIDE

Encourage help-seeking

If a person finds themselves or their friends feeling overwhelmed, unable to cope or developing thoughts of suicide, encourage them to seek help. Let them know their support options. This will allow them to choose a person they feel comfortable with and to increase the likelihood that they will seek help. Options for support could be a friend, parent, trusted adult – such as a tutor or lecturer – or family doctor.

What to say and what not to say

Below is some guidance on words and phrases to use when talking about suicide, both with the university community and with media.

PROBLEMATIC TERMS	WHY IS IT PROBLEMATIC?	WHAT TO SAY INSTEAD
'Successful suicide' 'Unsuccessful suicide'	Presents suicide as a desired outcome	'Died by suicide' 'Took their own life'
'Committed suicide' 'Commit suicide'	Associates suicide with crime or sin	'Died by suicide' 'Took their own life'
'Suicide epidemic'	Sensationalises suicide	'Increasing rates' 'Higher rates'
'Failed suicide' 'Suicide bid'	Glamorises suicide attempts	'Suicide attempt' 'Non-fatal attempt'
'Political suicide' 'Suicide mission'	Gratuitous use of the term 'suicide'	Refrain from using the term suicide out of context

EXAMPLES OF SAFE LANGUAGE AND WAYS TO TALK ABOUT SUICIDE

When talking to others about the death, including media, avoid details of the method and location of suicide.

WHAT THE EVIDENCE SAYS	WHAT YOU CAN DO
Reporting explicit detail about method has been linked to increases in use of that method and overall suicide rates.	If it is important to mention method, discuss in general terms, for example, 'mix of drugs' instead of detailing the type and quantity.
Reporting uncommon or new methods of suicide can lead to imitation as well as a lasting impact on rates.	Remove specific details about new or unusual methods of suicide and references to ways further information can be found, for example, online.
Describing locations of suicide may promote these to vulnerable people and increase frequency of attempts at these sites.	If referring to a location, describe this in general terms only, for example, say 'at a nearby park' instead of detailing the exact location.
Images or footage depicting method or location of a suicide can lead to imitation by vulnerable people.	Avoid using photographs or footage of the location, or distressed mourners.

Before any communication with relevant university staff and students, the nominated SRT member should liaise with the family to determine their wishes about communicating within the university community.

These scripts are examples only and will need to be tailored by the university to suit the context.

Script for notifying staff or students known to the deceased

Today/yesterday the university was given the very sad news that [name of person] died/died by suicide [only use the term suicide if agreed to by the bereaved family]. This will be a very difficult time for [name]'s family, close friends, faculty members and students, and for all of us who knew them. For a while, it might be difficult for some of you to think about anything else.

For this reason, a support room has been set up in [insert name of space] for anyone who wants to go there. This room will be available over the next few days. Someone will be available in the room at all times for you to talk with if you want to. Otherwise it is a quiet place to sit and reflect. [Universities can also refer to an online space if one has been established.]

The university has established a team of people to help guide us through this difficult time and more information will follow from that group of people [name the suicide response team if the bereaved family has agreed the death can be named a suicide]. [If appropriate, provide links to the university's suicide prevention strategy, mental health strategy or relevant document.]

This is a time to be especially sensitive to each other's feelings and to look out for each other. Let a member of your team, your manager or supervisor, human resources, or the university's student counselling service know if you or your friends are worried about anyone or anything. [Insert details of the university's support services and pathways for raising concern about someone's wellbeing or welfare.]

EXAMPLE SCRIPTS FOR UNIVERSITIES

Script for notifying people in the general university community

Today/yesterday the university was given the very sad news that on (insert date) one of our staff/students (insert name) died/died by suicide [only use the term suicide if agreed to by the bereaved family]. All of us are thinking of their family and friends.

Members of our university, particularly (insert name)'s friends and colleagues, may find this news very difficult to understand and accept. Other people – not just close friends – are also likely to be upset, perhaps because it reminds them of another challenging event in their own life. Because of this, a support space has been set up in (insert name of space) for anybody who would like to go there over the next few days. Someone will be available in the room at all times for you to talk with if you want to. [Universities can also refer to an online space if one has been established.] [If appropriate, provide links to the university's suicide prevention strategy, mental health strategy or relevant document.]

Please be sensitive to people's feelings about this death and look out for each other. Let a member of your team, your manager or supervisor, human resources, or the university's student counselling service know if you or your friends are worried about anyone or anything. [Insert details of the university's support services and pathways for raising concern about someone's wellbeing or welfare.]

UNIVERSITY SUPPORT SERVICES

AUSTRALIAN CATHOLIC UNIVERSITY

Student counselling

<https://www.acu.edu.au/student-life/student-services/counselling-services>

Out-of-hours crisis line

Call 1300 638 485 or text 0488 884 191

Medical centres

<https://www.acu.edu.au/student-life/student-services/medical-centres>

Security

1300 729 452 or 8888 from an internal ACU phone

Employee Assistance Program (for staff)

<https://www.accesseap.com.au/>

BOND UNIVERSITY

Medical, Psychological and Disability Services (staff and students)

07 5595 4002

studentcounselling@bond.edu.au

Medical Centre

07 5595 4043

ssmc@bond.edu.au

Campus security

07 5595 1234

University Registrar

07 5595 1117

registrar@bond.edu.au

CHARLES DARWIN UNIVERSITY

University Security

1800 646 501

security@cdu.edu.au

Out-of-hours telephone crisis support

1300 933 393

Equity Services and Counselling

Monday to Thursday 8.30am to 4pm, Friday 8.30am to 3pm

08 8946 6288

counselling@cdu.edu.au

Employee Assistance Program (for staff)

1800 808 374

SUPPORT SERVICES

CHARLES STURT UNIVERSITY

Counselling

Monday to Friday 9am to 5pm

<https://student.csu.edu.au/support-services/appointments#counselling>

0448 860 385

Safer Communities - sexual assault or harassment support

Monday to Friday 9am to 5pm

1800 961 991

Employee Assistance Program (for staff)

1300 361 008

Campus Security

1800 931 633

CQUNIVERSITY

Counselling

www.cqu.edu.au/counselling

counselling@cqu.edu.au

07 4930 9456

Health clinics

<https://www.cqu.edu.au/student-life/new-students/student-support/health-and-welfare/health-clinics>

Indigenous Student Support (for wellbeing support)

07 4930 9250

Security

0418 792 982

CURTIN UNIVERSITY

Counselling

<https://students.curtin.edu.au/personal-support/counselling-guidance/counselling/>

Student Wellbeing Hotline

1800 244 043 (free call)

Safer Community Team

08 9266 4444

Perth Medical Centre

<https://students.curtin.edu.au/personal-support/health/medical-centre/>

08 9266 7345

healthservices@curtin.edu.au

SUPPORT SERVICES

DEAKIN UNIVERSITY

Security

1800 062 579

Safer Community

<https://www.deakin.edu.au/students/safety-and-security/safer-community>
03 9244 3734

Deakin Student Wellbeing Liaison – (distressed student triage)

03 9244 5970

Deakin Counselling & Psychological Services

<https://www.deakin.edu.au/students/health-and-wellbeing/counselling>
Burwood: 03 9244 6300 Waurin Ponds: 03 5227 1221
Waterfront: 03 5247 9312 Warrnambool: 03 5563 3256

EDITH COWAN UNIVERSITY

Counselling Service

<https://intranet.ecu.edu.au/student/support/counselling-and-equity-services/counselling>
08 9370 6706
counselling@ecu.edu.au

Safer Communities Team

<https://www.ecu.edu.au/centres/student-life/contact>
134 328

Employee Assistance Program (for staff)

www.peoplesense.com.au
1300 307 912 or 08 9388 9000
reception@peoplesense.com.au

SUPPORT SERVICES

FEDERATION UNIVERSITY AUSTRALIA

Counselling

Monday to Friday 9am to 4pm

<http://www.federation.edu.au/counselling>

Ballarat, Wimmera and online: 03 5327 9470

Gippsland and Berwick: 03 5122 6425

counselling@federation.edu.au

Employee Assistance Program (for staff)

1300 687 327 or 03 8681 2444

Security

1800 333 732

FLINDERS UNIVERSITY

Health, Counselling and Disability Services

Monday to Friday 8.45am to 5pm

<https://students.flinders.edu.au/student-services/hcd>

08 8201 2118

counselling@flinders.edu.au

After hours crisis support line

Monday to Friday 5pm to 9am, 24 hours on weekends and public holidays

1300 512 409 or text 0488 884 103

University Security

08 8201 2880

Employee Assistance Program (for staff)

<https://staff.flinders.edu.au/workplace-support/whs/health-and-wellbeing/eap>

SUPPORT SERVICES

GRIFFITH UNIVERSITY

Counselling and Wellbeing

<https://www.griffith.edu.au/counselling>

Gold Coast: 07 5552 8734

Nathan: 07 3735 7299

Griffith Mental Wellbeing Support Line

1300 785 442 or text 0488 884 146

Suicide response and prevention

<https://www.griffith.edu.au/student-support/counselling/crisis-contacts/suicide-response-and-prevention>

Life Promotion Clinic (Australian Institute for Suicide Research and Prevention)

<https://www.griffith.edu.au/griffith-health/australian-institute-suicide-research-prevention>

Mount Gravatt: 07 3735 1168

Campus Support Team (including security)

1800 800 707

JAMES COOK UNIVERSITY

Campus Security

1800 675 559

security@jscu.edu.au

Counselling

07 4781 4711

studentwellbeing@jcu.edu.au

Manager Student Equity and Wellbeing

<http://www.jcu.edu.au/safety-and-wellbeing>

07 4781 4538

studentwellbeing@jcu.edu.au

Chief of Staff

07 4781 4078

chiefstaff@jcu.edu.au

Employee Assistance Program (for staff)

<https://www.jcu.edu.au/human-resources/staff-equity/employee-assistance-program>

SUPPORT SERVICES

LA TROBE UNIVERSITY

Employee Assistance Program (for staff)

24 hours

<https://intranet.latrobe.edu.au/human-resources/safety-wellbeing/wellbeing/support-services/employee-assistance>

1300 OUR EAP (1300 687 327)

Counselling

03 9479 2956

counselling@latrobe.edu.au

Speak Up

03 9479 8988

speakup@latrobe.edu.au

La Trobe University Crisis Line, Out-of-Hours Support

Monday to Friday 5pm to 9am, 24 hours on weekends and public holidays

1300 146 307 or text 0488 884 100

Student Wellbeing

<https://www.latrobe.edu.au/students/support/wellbeing>

MACQUARIE UNIVERSITY

Student Wellbeing

02 9850 7497 or 1800 2273 67 (outside business hours)

wellbeing@mq.edu.au

After hours support and assistance

1800 CARE MQ (1800 2273 67)

Employee Assistance Program (for staff)

1300 360 364

Emergency Campus Security

02 9850 9999

SUPPORT SERVICES

MONASH UNIVERSITY

On-campus counselling

03 9905 3020

24-hour phone counselling (for students)

1300 788 336

Employee Assistance Program (for staff)

1300 360 364

Safer Community Unit

Monday to Friday 9am to 5pm

03 9905 1599

safercommunity@monash.edu

Campus security

03 9905 3333

MURDOCH UNIVERSITY

Counselling Service

Monday to Friday 8.30am to 4.30pm

08 9360 1227

counsellingservice@murdoch.edu.au

Security

Perth: 08 9360 7333

Mandurah: 08 9582 5555

Rockingham: 08 9553 7333

Medical Service

Monday to Friday 8.30am to 4.30pm

<https://www.murdoch.edu.au/medical/appointments>

08 9360 2293

Employee Assistance Program (for staff)

<https://assureprograms.com.au/book-an-appointment/>

1800 808 374

SUPPORT SERVICES

QUEENSLAND UNIVERSITY OF TECHNOLOGY

Student Counselling

Monday to Thursday 9am to 5pm, Friday 9am to 4pm

Domestic Students

Gardens Point: 07 3138 2383 Kelvin Grove: 07 3138 3488

International Students

Gardens Point: 07 3138 2019 Kelvin Grove: 07 3138 3963

issadvice@qut.edu.au

Equity Services

07 3038 5601

equityenq@qut.edu.au

QUT Security

24 hours

07 3138 8888 or 1800 065 585

Employee Assistance Program (for staff)

<http://www.assureprograms.com.au/>

1800 808 374

Health, Safety and Environment

07 3138 9271

hse@ut.edu.au

RMIT UNIVERSITY

Employee Assistance Program (for staff)

24 hours

<https://www.rmit.edu.au/staff/hr-central/health-safety-wellbeing/mental-physical-health/employee-assistance-program>

Australia: 1300 360 364

Spain: +44 20 7938 0963

Vietnam: 1800 1798

International: +61 2 8295 2292

Staff Line for Urgent Student Support

<https://www.rmit.edu.au/staff/hr-central/health-safety-wellbeing/mental-physical-health/wellbeing/staff-line-for-urgent-student-support>

03 9925 1111

urgent.studentsupport@rmit.edu.au

Urgent Counselling Support (for students)

24 hours

1300 305 737

RMIT Connect (gateway to student support services)

<https://www.rmit.edu.au/students/contact-and-help/connect>

03 9925 5000

SUPPORT SERVICES

SOUTHERN CROSS UNIVERSITY

Counselling Services

Main reception: 02 6626 9300
counselling@scu.edu.au

Coffs Harbour: 02 6659 3263

After-hours Crisis Counselling Support

1300 782 676 or text 0488 884 143

Student Safety and Wellbeing Support Line

02 6620 3030

Employee Assistance Program (for staff)

<https://assureprograms.com.au/>
1800 808 374 or text 0439 449 876

SCU Security

02 6620 3333

SWINBURNE UNIVERSITY OF TECHNOLOGY

Wellbeing at Swinburne University of Technology

<https://www.swinburne.edu.au/current-students/student-services-support/health-wellbeing>

03 9214 8483

After Hours Crisis Line: 1300 854 144 or text 0488 884 145

Safer Community

<https://www.swinburne.edu.au/about/campuses-facilities/safety-security/safercommunity@swin.edu.au>

THE AUSTRALIAN NATIONAL UNIVERSITY

ANU Student Incidents and Support

student.critical.incident@anu.edu.au
02 6125 2249

ANU Wellbeing and Support Line (24/7)

24 hours
1300 050 327 or text 0488 884 170

ANU Counselling Centre

Monday to Friday 9am to 5pm
02 6125 2442
counselling.centre@anu.edu.au

SUPPORT SERVICES

THE UNIVERSITY OF ADELAIDE

Student Life Counselling Support

Monday to Friday 9am to 5pm
08 8313 5663
counselling.centre@adelaide.edu.au

University Crisis Line

Monday to Friday 5pm to 9am, weekends and public holidays 24 hours
1300 167 654 or text 0488 884 197

CHG Employee Assistance Program (for staff)

Business hours: 08 8352 9898 After hours: 0418 883 855
eap@chg.net.au

Human Psychology Employee Assistance Program (for staff)

1300 277 924
reception@humanpsychology.com.au

Security

24 hours
08 8313 5444

THE UNIVERSITY OF MELBOURNE

Counselling and Psychological Services

Monday to Friday 9am to 5pm
<https://services.unimelb.edu.au/counsel/home>
03 8344 6927

After hours mental health crisis support

1300 219 459 or text 0480 079 188

Employee Assistance Program (for staff)

<https://staff.unimelb.edu.au/health-safety-wellbeing/employee-assistance-program>
1300 360 364

University Security

03 8344 6666

Safer Community Program

<https://safercommunity.unimelb.edu.au/>
03 9035 8675
safer-community@unimelb.edu.au

SUPPORT SERVICES

THE UNIVERSITY OF NEW ENGLAND

UNE Counselling and Psychological Services (for students)

Monday to Friday 9am to 4pm
02 6773 2897
studentcounselling@une.edu.au

UNE After-hours Crisis Support (for students)

Monday to Friday 4pm to 9am, 24 hours on weekends and public holidays
1300 661 927
0488 884 169

Employee Assistance Program (for staff)

Monday to Friday 8am to 5pm
02 6738 7200

UNE Safety and Security

24 hours
02 6773 2099

THE UNIVERSITY OF NEWCASTLE

Counselling

Callaghan and Sydney: 02 4921 6622
Central Coast: 02 4348 4060
counselling@newcastle.edu.au

Online Counselling

Skype username: UoNonlinecounsellor (drop-in sessions)
onlinecounselling@newcastle.edu.au

UON After-hours Crisis Support Line

Weekdays 5pm to 9am, 24 hours on weekends and public holidays
1300 653 007 or text: 0488 884 165

Employee Assistance Program (for staff)

02 4926 5005
reception@newpsych.com.au

Campus Care

02 4921 8600
campuscare@newcastle.edu.au

Security

Callaghan, Newcastle City, Central Coast: 02 4921 5888
Sydney: 02 8262 6488

SUPPORT SERVICES

THE UNIVERSITY OF NOTRE DAME AUSTRALIA

Student Counselling Service (Fremantle and Broome)

Monday to Friday 9am to 5pm
08 9433 0580
fremantle.counselling@nd.edu.au

Student Counselling Service (Sydney)

Monday to Friday 9am to 5pm
02 8204 4220
sydney.counselling@nd.edu.au

Employee Assistance Program (for staff)

24 hours
1300 66 77 00

Campus Security

Fremantle: 08 9433 0123 or 0438 923 955
Darlinghurst: 0406 318 213

Broadway: 0403 458 011
Broome: 0475 985 197

THE UNIVERSITY OF QUEENSLAND

UQ Counselling and Crisis Line

<https://my.uq.edu.au/information-and-services/student-support/health-and-wellbeing/mental-health-and-emotional-support/counselling>
1300 851 998

Student Services

07 3365 1704

Student Welfare Check Requests

<https://studenthub.uq.edu.au/Form.aspx?id=2486321>

Employee Assistance Program (for staff)

24 hours
<https://staff.uq.edu.au/information-and-services/health-safety-wellbeing/mental-health/eap>
1300 360 364

Workplace Psychologist (for staff)

<https://staff.uq.edu.au/information-and-services/health-safety-wellbeing/mental-health/workplace-psychologist>
07 3365 1146

SUPPORT SERVICES

THE UNIVERSITY OF SYDNEY

Counselling and Psychological Services (CAPS) (for students)

Monday to Friday 9am to 5pm
02 8627 8433 or 02 8627 8437
caps.admin@sydney.edu.au or cumberland.cs@sydney.edu.au

Mental Wellbeing Support Line (MWSL)

24 hours
1300 474 065 or text 0488 884 429

Employee Assistance Program (for staff)

24 hours
1300 360 364

Campus Security and Helpline Service

24 hours
02 9351 3333 or 1800 793 457

Safer Communities Office

Monday to Friday 9am to 5pm
02 8627 6808
safer-communities.officer@sydney.edu.au

THE UNIVERSITY OF WESTERN AUSTRALIA

UWA Counselling Service

Monday to Friday 9am to 5pm
<https://counselling.uwa.edu.au/>
08 6488 2423

UWA Medical Centre

Monday to Thursday 8.30am to 4.30pm, Friday 8.30am to 3.30pm
<https://www.uwa.edu.au/students/need-help/medical-centre>
08 6488 2118

UWA Security

<http://www.security.uwa.edu.au/>
08 6488 2222

Employee Assistance Program (for staff)

24 hours
<https://www.safety.uwa.edu.au/health-wellbeing/health/eap>
1300 307 912

UWA Complaints Resolution Unit

<https://www.web.uwa.edu.au/university/complaints>
08 6488 8547

SUPPORT SERVICES

UNIVERSITY OF CANBERRA

Medical & Counselling

<https://www.canberra.edu.au/on-campus/health-and-support/medical-counselling>

Monday to Friday 9am to 5pm
02 6201 2351

Student Welfare

Monday to Friday 9am to 5pm
02 6206 4481
welfare@canberra.edu.au

UC Crisis Line

Afterhours, weekends and public holidays
1300 271 790 or text 0488 884 227

UC Security

24 hours
02 6201 2222

UNSW, SYDNEY

UNSW Counselling and Psychological Services

Monday to Friday, 9am to 5pm
<https://student.unsw.edu.au/counselling>
02 9385 5418
counselling@unsw.edu.au

University Health Service

<https://student.unsw.edu.au/hsu>
02 9385 5425
unihealth@unsw.edu.au

Campus Security

24 hours
Emergencies: 02 9385 6666 or 1800 626 003
General enquiries: 02 9385 6000

SUPPORT SERVICES

UNIVERSITY OF SOUTH AUSTRALIA

Counselling

<https://i.unisa.edu.au/students/student-support-services/counselling/>

Metropolitan and UnisSA Online: 1300 301 703

Mount Gambier: 08 8723 1999

Whyalla: 08 8645 8233

UniSA Out-of-Hours Crisis Line

Monday to Friday 5pm to 9am, 24 hours on weekends and public holidays

1300 107 441 or text 0488 884 163

Campus Security

24 hours

1800 500 911

Employee Assistance Program

<https://i.unisa.edu.au/staff/ptc/safety-and-wellbeing/eap/>

UNIVERSITY OF SOUTHERN QUEENSLAND

24 hours USQ Student Advice Line

1300 932 483

Health and Wellness Team

Monday to Friday 9am to 5pm

07 4631 2372

student.success@usq.edu.au

Security (for emergencies)

07 4631 2222

UNIVERSITY OF TASMANIA

Student counselling

<https://www.utas.edu.au/students/shw/counselling>

Employee Assistance Program (for staff)

24 hours

1800 650 204

After Hours Crisis Support Service

Monday to Friday 5pm to 9am, 24 hours on weekends and public holidays

1300 511 709 or text 0488 884 168

Safe and Fair Community Unit

<https://www.utas.edu.au/students/shw/safe-fair-community-unit>

Security (for emergencies)

03 6226 7600

SUPPORT SERVICES

UNIVERSITY OF TECHNOLOGY SYDNEY

UTS Security

24 hours

Emergencies: 1800 249 559 or 6 from an internal UTS phone

General enquiries: 02 9514 1192

Managing loss and grief

<https://www.uts.edu.au/current-students/support/health-and-wellbeing/counselling-service-and-self-help/self-help-resources/managing-loss-and-grief>

TalkCampus app

<https://www.uts.edu.au/current-students/support/health-and-wellbeing/counselling-service-and-self-help/self-help-resources/talkcampus-app>

Counselling and medical appointments

02 9514 1177

UNIVERSITY OF THE SUNSHINE COAST

Student Wellbeing

Monday to Friday 8.30am to 4.30pm

<https://www.usc.edu.au/current-students/student-support/health-and-wellbeing/healthy-mind/student-wellbeing>

07 5430 1226

studentwellbeing@usc.edu.au

SafeUSC

07 5430 1168

security@usc.edu.au

Staff wellbeing and counselling program

<https://www.usc.edu.au/community/work-at-usc/health-safety-and-wellbeing/staff-wellbeing-and-counselling-program>

1300 360 364

UNIVERSITY OF WOLLONGONG AUSTRALIA

Student Counselling

<https://www.uow.edu.au/student/support-services/counselling/get-help/>
02 4221 3445

After Hours Crisis Support Line

Monday to Friday 4.30pm to 9am, 24 hours on weekends and public holidays

1300 036 149 or text 0488 884 164

Security

02 4221 4900 or 0407 287 750

Employee Assistance Program (for staff)

24 hours

1300 361 008

SUPPORT SERVICES

VICTORIA UNIVERSITY

Student counselling

Monday to Friday 9am to 5pm
03 9919 5400

Safer Community

03 9919 5707
safer.community@vu.edu.au

Employee Assistance Program (for staff)

24 hours
1800 818 728

Security

24 hours
03 9919 6666

WESTERN SYDNEY UNIVERSITY

Counselling and the Mental Health and Wellbeing Team

Monday to Friday 9am to 5pm
1300 668 370 (option 4 then option 1)
counselling@westernsydney.edu.au

eCounselling

ecounselling@westernsydney.edu.au

Employee Assistance Program (for staff)

24 hours
1800 81 87 28

Campus Safety and Security

24 hours
1300 737 003

After Hours Student Assistance Line for international students only

1800 735 807

SUPPORT SERVICES

COMMUNITY AND GOVERNMENT MENTAL HEALTH SERVICES

NATIONAL

Call **Triple Zero (000)** or go to a hospital if you are in immediate danger.

LIFELINE

www.lifeline.org.au

Counselling services for anyone at anytime
13 11 14

KIDS HELPLINE

www.kidshelp.com.au

Telephone and online counselling for young people aged 12–25.
1800 551 800

SANE HELPLINE

www.sane.org/helpline

Information, advice and referral for mental illness.
1800 187 263

HEADSPACE

www.headspace.org.au

Free and confidential online support from a qualified counsellor.

BEYONDBLUE

www.beyondblue.org.au/get-support/get-immediate-support

Information and referral for depression and anxiety.
1300 224 636

PARENTLINE (QLD and NT only)

www.parentline.com.au

Support, counselling and education for parents.
1300 301 300

MENSLINE

www.mensline.org.au

Telephone and online support, information and referral service to help men with relationship and other problems.
1300 789 978

DIVERSE VOICES

www.diversevoices.org.au/services

Peer counselling service for gay, lesbian, bisexual, transgender and intersex people and their families and friends.
1800 184 527 (3 pm to midnight)

ARAFMI

www.arafmiqld.org

Support for family, friends and carers of people with mental illness.
1800 351 881

SUPPORT SERVICES

SEEING YOUR DOCTOR (GENERAL PRACTITIONER – GP)

Talk to your doctor about mental health concerns and ask for a mental health care plan and referral. Some general practitioners (GPs) have additional training and expertise in mental health. If you don't have a regular doctor you can search for a GP online or phone beyondblue on 1300 224 636.

Medicare rebates are available for a range of mental health treatments (via a mental health care plan), including up to 10 individual sessions with a mental health professional.

FACE-TO-FACE COUNSELLING

HEADSPACE

www.headspace.org.au

If you're 12–25, you can seek support through headspace centres, through online and phone services, or through online chats.

Visit headspace.org.au for more information.

SPECIFIC SUICIDE SERVICES

SUICIDE CALL BACK SERVICE

www.suicidecallbackservice.org.au/suicide

Provides free phone, video and online counselling for anyone affected by suicide
1300 659 467

STANDBY RESPONSE SERVICE

<http://www.unitedsynergies.com.au>

A community-based postvention program that provides coordinated support for people bereaved by suicide and/or witnessed a suicide
07 5442 4277



**UNIVERSITIES
AUSTRALIA**



headspace

National Youth Mental Health Foundation

