

12<sup>th</sup> March 2003

Ms Monica Warby  
A/Suicide Prevention Coordinator  
Centre for Mental Health  
NSW Health Department



Dear Ms Warby,

Thank you for providing the Mental Health Co-ordinating Council (MHCC) with the opportunity to review the Postvention Guidelines surrounding a suicide death for NSW Health staff and staff in private hospitals facilities document. MHCC is the state peak body for non-government organisations (NGOs) working for mental health throughout NSW. MHCC represents the views and interests of over 100 NGOs in the formation of policy and acts as a liaison between the government and non-government sectors. A number of our member organisations specialise in the provision of support for people affected by suicide, while all our members are concerned about, and involved in, this vital area.

MHCC strongly supports the benefits and value of increased support for all stakeholders following a suicide death and welcomes the development of comprehensive helpful and detailed guidelines in this area.

### **General comments**

- The term “postvention” is not widely used or understood. It is difficult terminology which we feel will not be used by the majority of people.
- The majority of the guidelines are clear, comprehensive and useful.
- The guidelines refer frequently and appropriately to the need to provide support, however, what this means is not explained. Occasional examples of supportive actions by health workers are cited. These examples are helpful in demonstrating behaviours by health workers that are supportive. It would be helpful, particularly for inexperienced staff, if a section could be included, which explained the concept of providing support fully and clearly, together with a variety of examples of helpful actions and verbal responses. Further appropriate examples could also be provided in each section.
- There is confusion between the statement in the first paragraph, page 9 “There is no justification for routine intervention for bereaved persons in terms of therapeutic modalities – either psychotherapeutic or pharmacological because grief is not a disease” and the frequent recommendations for bereavement counselling throughout the document. It is desirable and appropriate to offer bereavement counselling to bereaved persons. Bereavement counselling would be regarded by most clinicians as a psychotherapeutic intervention

*Working For  
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*MHCC is the peak  
Body for mental health  
Organisations in NSW*

- Additionally, the tone of the statement is not consistent with the helpful tone of the rest of the document. The statement needs to be rephrased.
- The referencing system is inconsistent and incomplete. There are two referencing styles used in the body of the document. Further, some of the people cited in the body are not included in the references. For example, Dusevic, Baume and Malak, 2001 and Farberow, 1975 are cited on page 24 but are not in the references.
- There needs to be a process which ensures that staff can receive education about the guidelines together with a mechanism that enables staff to provide feedback if they are unable to implement the guidelines, for example due to inadequate education, staffing or resources.

## **Specific comments**

### **3.2 Resident inpatients**

It would be helpful to include a clear statement that residents should receive extra support.

### **5 Assessment of trauma and grief**

The inclusion of HIV in this section, which deals with violent deaths, is out of place.

The key questions in this section are helpful and comprehensive, however, many staff would need further education to assess people at this level.

### **6.1 Confidentiality**

The last sentence is unclear. It needs “of information” at the end.

### **6.3 Providing ongoing support to family and friends**

The last bullet point statement does not need brackets or exclamation marks. It is clear without them.

### **12 Supporting and working with Aboriginal and Torres Strait Islander Communities**

The last sentence of the first paragraph is unclear.

This document provides clear, helpful information and will be a useful resource for staff in a difficult and important area.

If you would like to clarify any points in this submission, please do not hesitate to contact Ann MacLochlainn on (02) 9555 8388. MHCC would be pleased to review any further drafts.

Thank you for considering this feedback.

Yours sincerely,

Jenna Bateman  
Executive Officer  
Mental Health Co-ordinating Council