
**Environmental scan of ‘postvention after suicide’
research, services, and practice guidelines focusing
on military, emergency services and their families**



Military and Emergency
Services Health Australia



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Executive Summary

Bereavement by suicide poses unique challenges, affecting family, friends, and colleagues differently from other deaths. With an estimated 135 people impacted by each individual suicide, over 50% of individuals in society are estimated to be exposed to a suicide in their lifetime, heightening the risk and prevalence of suicidal ideation and behaviours. Military and emergency service populations face even higher rates, with a significant impact on the mental health and well-being of these communities. Despite this, tailored support for these groups is lacking, contributing to stigma and distress. While postvention resources and services have been flagged as an area of unmet need, policies remain insufficient, and research on service-specific needs is lacking. There is an urgent need for comprehensive investigation and international collaboration to develop appropriate support and resources for service populations. This Environmental Scan aims to address these gaps by compiling a detailed summary of existing national and international initiatives for military and emergency services personnel and their families affected by suicide—encompassing research, services, programs, resources, policy, and education/training programs.

This scan was created to inform the Australian specific contexts, and therefore highlights Australian specific services for the broader military and emergency services community in greater details – examinations of the international contexts were performed to best inform the Australian setting, but not examined at the same level of detail. Future releases of this work may consider detailing the international services for the broader military and emergency services community in greater detail. While this scan contains a list of all services available for military and emergency services communities in Australia, irrespective of postvention services, this scan should *not* be considered a comprehensive list of every service available for military and emergency services personnel internationally – it will only focus on postvention specific services internationally.

Australia-specific Highlights:

- There is no published research which has been conducted within Australia which focuses on postvention for Australian military or emergency services or their families in the event of a service member's death by suicide.
- In Australia, only two services—Open Arms, a Department of Veterans' Affairs owned organisation and Commando Welfare Trust—offer specific support for the families and peers of military personnel when someone dies by suicide.
- Cor Infinitus, who support the establishing of memorials throughout the country dedicated to those that served Australia and have died by suicide, do offer memorial creation support for both military and emergency services, but this is not specific to any individual.

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- There is no service within Australia offering specific assistance to families or peers in the event of a first responder suicide.
 - There were no specific practice guidelines or resources for Australian military or emergency services personnel for suicide postvention, though it should be noted that there may be additional programs and policies within organisations that are not publicly available.
 - On-going work conducted by Military and Emergency Services Health Australia (MESHA) will be made available throughout 2024/25.

Key Points – Research:

Across the four data sources and searches included in this scan, a total of 35 articles were identified that addressed postvention and post-suicide in military and emergency services personnel and their families. Twenty-seven of the 35 articles related to postvention support specific to a military member's death by suicide, and only seven related to emergency service personnel. Twenty nine of the 35 articles were from the US. After examining the studies included in this scan, the below gaps and recommendations can be made.

Identified Gaps:

- Studies indicate high exposure to suicide among military, veterans, and emergency services, which was associated with an increased risk of mental health problems in those exposed to suicide.
- Those left behind after a military and emergency services suicide face stigma and dissatisfaction with support. Higher satisfaction with postvention services correlates with better psychological outcomes.
- Negative organisational culture which often prioritises coping without support—as well as stigma in military and law enforcement—can lead to a lack of acknowledgment of the suicide death and shame around expressing grief.
- In addition to minimal policy guidelines, leadership lack adequate training for implementing what policy does exist to support post-suicide events.
- Limited research exists on the impact of military suicide on families, sub-population (e.g., gender, race, sexual identity) risks and needs, evidence-based clinical treatments to address impacts such as traumatic grief, and the short- and long-term effects of suicide exposure.
- Most research was performed in the US.
- Despite an identified higher suicide risk among ambulance personnel, no research evidence for ambulance postvention was identified.



Identified Recommendations:

- High-quality research is needed to understand the effects of suicide exposure on military and emergency service personnel and their families in order to develop tailored solutions, especially outside the US.
 - This research should involve international collaboration, be mixed-methods, and include a focus on missing sub-populations and groups (e.g., families, ambulance personnel) and should prioritise translational outputs.
 - Government bodies should prioritise funding for research to proceed by allocating protected funding for postvention work in military and emergency services and their families.
- There is a high priority need to address gaps in the availability of current services and to develop evidence-based clinical interventions and support programs that address the impacts of a military and emergency service worker's suicide death.
 - These services should be underpinned by, and continually evaluated with research.
 - Tailored supports should be co-designed and conducted in collaboration with individuals with lived and living experience, which includes family members.
 - Peer-based support represent a viable pathway for support—with programs like the Tragedy Assistance Program for Survivors (TAPS) in the United States as an example model—which provides normalisation and personal healing for survivors.
- There is a high priority need to develop psychoeducation programs for military and emergency services leadership and personnel, health care providers, and the general community to prepare for how to respond in the event of a service member suicide.
 - Psychoeducation programs for military and emergency services personnel should focus on individual wellbeing.
 - Psychoeducation programs for military and emergency services leadership should focus on the factors contributing to and the impacts of a negative organisational culture, as well as how to navigate the nuances around managing suicide-related events.
 - Education programs for the wider public should focus on highlighting the unique requirements of military and emergency services personnel and their families in the event of a suicide.




Key Considerations for Transferring Postvention Services, Programs, and Resources:

- When transitioning support services from civilian to military and emergency service communities, it is crucial to recognise the unique needs of service personnel affected by suicide. While civilian resources can provide a starting point, it is essential to tailor them to the specific cultural and contextual needs of military and emergency service communities.
- Similarly, when taking programs and resources from international settings and implementing them in different countries, careful consideration of cultural factors and microcultures within each country must be considered. While some programs may be easily adaptable between countries with similar military and emergency services structures and values, differences in geography, training, and cultural perceptions of service often necessitate thorough assessment and adaptation before implementation.
- Successful import of international programs and resources are certainly possible, but for postvention resources and programs specifically, more careful consideration is needed as most evidence currently available is from the US—and therefore may require substantial modification due to differing levels of patriotism and spirituality prevalence.
- Programs need to be tailored not only to consider external cultural differences (e.g. between civilian & service, or between countries) but also internal cultural differences (e.g. between branches of military bodies, or between different emergency services organisations).
- All services, programs, and resources that are transferred or created should be piloted and evaluated to establish evidence of what works in these groups with these cultural considerations in mind.

Key Points – Services, Resources, and Practice Guidelines:

- Only three international services were identified which provided specific postvention support for military or emergency services communities in the event of a suicide death:
 - Tragedy Assistance Program for Survivors (TAPS; US owned and operated)
 - The Home Base Veteran and family care facility, which offers an Intensive Outpatient Program for Survivors (IOPS; US owned and operated)
 - Wounded Warriors Canada (WWC; Canadian owned and operated) Surviving Family Program
- Similarly available resources and guidelines for military and emergency services personnel are predominantly from the UK and the US. Despite their detail, many lack specific postvention resources for suicide survivors in these communities.

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- For instance, the Postvention Toolkit for Military Suicide Loss in the USA offers extensive resources the links provided are for military-specific counselling/grief services for any death type. For specifically suicide deaths, links to civilian services are provided.
 - Similarly, the UK's Ambulance Service Employee Suicide Toolkit serves as the primary reference for ambulance personnel postvention yet lacks ambulance-specific research to inform it, or connection to ambulance specific postvention services.
 - There appears to be a series of core resources that all other resources refer to in each country. This reliance on 'lynchpin' resources highlights a gap in available evidence for these communities and may pose sustainability challenges.
 - Additionally, while having resources such as fact sheets are positive, those resources must be able to signpost to accessible, tailored services to be truly useful.
 - Standout guides like the Guidelines for Suicide Postvention in Fire Service provide comprehensive, locally informed protocols. Developed to address specific organizational needs, such guides offer valuable models for other contexts.

Key Points – Education and Training:

- Training programs for post-suicide support in military and emergency services mainly focus on preparing emergency responders for their roles in postvention, such as informing families of suicide deaths.
- There is a lack of specific training for supporting military or emergency services communities in the event of a suicide within these groups, both in Australia and internationally.
- There is also no comprehensive understanding of who training should be for to best serve the needs of the community.

Key Points – Ongoing Work & Areas Under Investigation

Australia

Military

- In 2021, the Royal Commission into Defence and Veteran Suicide was established to investigate the high rates of suicide in veteran communities and make recommendations to government. The Royal Commission's final report is due to be delivered on Monday 9 September 2024.
- MESHA has also begun reviewing the publicly available submissions made to the Royal Commission into Defence and Veteran Suicide and identifying postvention specific content. 530 of the 797 public submissions have been reviewed. Only 46 describe postvention-specific content.



Emergency services

- MESHA is conducting a needs assessment of current and former serving emergency services personnel and their families who were impacted by the suicide death of emergency services personnel. This mixed method study—called the SAFeRS study—will be opening for recruitment in May 2024 and is expected to be completed in early 2025.
- A PhD conducted by New South Wales Firefighter Tara Lal aims to understand the experiences of firefighters exposed to suicide in their personal and professional lives. This dissertation was submitted for examination in January 2024.

International

- Military and Emergency Services Health Australia (MESHA) is conducting a systematic review of the perceptions and experiences of military and emergency services personnel and their families and their needs in the event of a suicide death. This is scheduled to be submitted for publication in April.
- The Families Matter Research Group in Canada are conducting various studies on suicide prevention, intervention, and postvention in military and emergency services communities. Ongoing research includes understanding family involvement in guideline generation and postvention considerations being part of a critical policy synthesis.

Military

- UK: Suicide Bereavement UK recently completed the Armed Forces Bereavement Study—resulting in three new suicide bereavement guides called *At Your Side*, which are currently being produced for serving personnel, veterans, and families. These guides are scheduled to be made publicly available in early 2024.
- US: A study is being conducted to assess the perception of military leaders regarding the Department of Defence’s Postvention Toolkit for managing suicide-related events. This toolkit is a crucial resource for supporting the military community in such situations but has not been evaluated yet. The study aims to interview 100 military leaders to gather feedback on the toolkit's content and effectiveness.

Emergency services

- No ongoing work was identified internationally.



Background

Bereavement by suicide presents unique challenges for survivors, including family, friends, and co-workers—differing from other types of death (Young et al., 2022). An estimated 135 people are impacted by each single suicide (Cerel et al., 2019), with some studies suggesting that over 50% of individuals report being exposed to suicide at some point in their lifetime (Fiegelman et al., 2018). That means that every year, 425,000 additional Australians are impacted by a suicide death. Furthermore, research indicates being exposed to suicide can increase risk of suicidal behaviours (Maple et al., 2017) and attempts (Pitman et al., 2016). This is exacerbated within family units, where children who have a parent who die by suicide are three times more likely to die by suicide than their peers (Calderaro et al., 2022).

When considering military and emergency services, these figures can be even higher again, with an estimated nearly 75% of law enforcement officers knowing an individual who has died by suicide (Cerel et al., 2019). Almost half of US veterans know someone who died by suicide, and those exposed to suicide have higher rates of anxiety, depression, PTSD, and prolonged grief (Cerel et al., 2015; Peterson et al., 2022). In Australia, current and former serving military personnel have higher rates of suicidal thoughts, attempts, and deaths than the general Australian public (Kyron et al., 2021), and both military and emergency services have higher rates of PTSD, depression, anxiety, and stress than the general population (Kyron et al., 2021). While figures are not exact, there were an estimated 1,600 deaths by suicide among current and former serving Australian Defence Force personnel in Australia between 1997 and 2020 (AIHW, 2021). This equates to an average of more than one current and former serving Australian Defence Force personnel dying by suicide every single week. Meanwhile, between January 2001 and December 2016, there were a recorded 197 suicide deaths of current or former emergency services personnel—an average of one emergency services member dying every month (NCIS, 2019). More recent figures suggest that this is increasing, with a report by the Western Australia Police Union (WAPU) investigating police officer suicides in Australia finding that 103 serving police officers died by suicide throughout 2000 to 2020, with rates of suicide doubling from 5.9 suicides per 100,000 serving officers in 2000 to 12.5 suicides per 100,000 by 2020 (Payne, 2023). While this report examined only police officers, and changes within fire and rescue or ambulance personnel are unknown for these periods, it is reasonable to assume these groups would also have an upward trend as other evidence indicates similar trending in other domains of mental health and wellbeing across emergency services (Kyron et al., 2021).

The families and co-workers of current and former military and emergency service personnel who die by suicide represent a unique group with specific needs (Tam-Seto et al., 2018). The loss of their loved one may not be addressed by generic or civilian resources and services, which is particularly concerning given that suicide risk is heightened when a person is bereaved by suicide. Families of current and




former military and emergency services personnel who die by suicide are faced with a myriad of unique concerns such as: conflict about how they talk about their loved one's job (i.e., acknowledging the great work their loved one has done in their career, while also knowing that career contributed to their death); navigating funeral arrangements which include service acknowledgements; navigating pension claims; access to adequate social support which may be lacking due to relocation as a result of their loved ones' role in service; and media invasiveness.

Similarly, the co-workers and peers of current and former military and emergency services personnel are uniquely impacted by the suicide death of one of their own. Co-workers in military and emergency services work closely together for upwards of 8 to 12 hours each day, giving them many opportunities to build both professional and personal relationships (Pak, Ferreira & Ghahramanlou-Holloway, 2019). When a co-worker dies by suicide, often colleagues respond to the death the same way a family member would (Pak, Ferreira & Ghahramanlou-Holloway, 2019), while the death of a co-worker is one of the more critical incidents an emergency service member can experience (Mitchell, 1990). However, they often do not have the same opportunity to grieve as a family member would (Lynn, 2008), as they are required to return to regular duties as soon as possible (Lynn, 2008). This can result in them feeling they do not have the right to fully grieve (Pak, Ferreira & Ghahramanlou-Holloway, 2019), putting them at a greater risk of developing a mental disorder (Bär et al., 2004). Furthermore, service members also deal with the guilt that comes with a co-worker suicide, internalising this as a failure to protect their colleague from harm and death, as well as a failure to return their military unit members back to their families (Pak, 2018). Shame, stigma, and distress are reported among suicide survivors, particularly in military contexts where suicide may be perceived as a “dishonourable death”. Military units with a history of suicide attempts are critical targets for postvention efforts, given the potential negative impact on morale and confidence in leadership (Noble, 2020; Nassif, Mesias, & Adler, 2022)

Nevertheless, health and wellbeing risks for those impacted by suicide can be lowered by providing adequate resources and support that are tailored to their specific needs and circumstances. Postvention interventions for those bereaved, community members, and health care professionals, assist in the grief and recovery process, while also destigmatising service suicide and honouring the deceased. This strategy can also act as a secondary prevention strategy to reduce the risk of future suicides because of grief and trauma (Jordan & McGann, 2017)—and fundamentally and most importantly—the World Health Organisation declared that suicide postvention is a clear suicide prevention strategy (WHO, 2021).

Conversely, evidence-based interventions, services, and resources that support postvention are lacking—both for military and emergency services communities and the general community. Recent systematic reviews of suicide postvention interventions (Andriessen et al., 2019a), service models and guidelines (Andriessen et al., 2019b), and models of postvention (Abbate et al., 2022) have all noted



that, overwhelmingly, evidence around postvention support is lacking. Furthermore, what is available is of highly variable, and often questionable, quality.

Given the rippling impact that the suicide of a current and former military or emergency services member has within their community, this issue has the potential to not only represent a tangible threat to a military or emergency services units' operational capability, but also the additional suicide risk in these communities. Unfortunately, in the context of current and former serving military and emergency services personnel families and peers, there is often a lack of such policies, safeguards, and systems in place to help them cope with their loss and grief—and where there are policies, the nuances in following these policies are lacking (Nassif, Mesias, & Adler, 2022)

In Australia, while the National Framework for Mental Health of First Responders (2016) recommended all emergency service organisations have postvention resources, this has not yet been actioned. Similarly, the interim report from the Royal Commission into Defence and Veterans Suicide acknowledged a lack of understanding of the impact of deaths by suicide on families and colleagues, and that the availability and accessibility of the support was too limited (Royal Commission, 2022).

Postvention support for this unique population has not been developed largely because their specific needs have not been studied. Funding bodies and researchers have mainly focused on preventing suicides—resulting in limited resources for researching, developing policies, and providing support for those left behind if a suicide does occur within these communities. Federal investments in postvention strategies are few even within the general community. When the added layer of specific population needs of current and former serving military and emergency services personnel are considered, this reduces to almost non-existent.

There is a strong need to investigate the needs of current and former serving military and emergency services personnel and their families impacted by the suicide death of a member so that appropriate policy, guidelines, supports, and resources can be developed. As highlighted by a recent rapid review of military postvention (Varker et al., 2023), research in postvention faces challenges due to the rarity and unpredictability of suicides. Therefore, international collaboration is crucial for addressing these challenges and collecting sufficient data to answer complex questions in the field.

To support this endeavour, this Environmental Scan aims to collate a comprehensive understanding of what has been developed, or is currently under development, in the postvention space for military and emergency services and their families—specifically in the event of a suicide death of a current or former serving member (of either group). While the Australian setting will be addressed in detail, international evidence has also been collated. This includes: Research, Services, Programs, Resources, Policy, Practice Guidelines, and Education and Training Programs.



Research

As outlined in the background section of this environmental scan, despite an increasing focus on postvention and its importance, the lack of quality research hinders a comprehensive understanding of its effectiveness and the extent of its impact (Varker et al., 2023). There is a scarcity of high-quality evidence for postvention, and what is available is largely focused on civilian populations (Varker et al., 2023) with little guidance available for military and emergency services communities in the event of a suicide. What limited evidence does exist appears to be largely military focused, with minimal research examining postvention in emergency services communities.

Search Methodologies:

As part of identifying relevant information, research was included from multiple search sources. These include:

- 1) A rapid review of postvention for military personnel (as performed by and extracted from the report produced by Phoenix Australia)
- 2) A rapid review of postvention for emergency services personnel (replicating the Phoenix Australia search strategy and performed by MESHA)
- 3) A systematic review of postvention for families of military and emergency services personnel (MESHA; currently in progress)
- 4) A systematic review of postvention for co-workers and peers of military and emergency services personnel (MESHA; currently in progress)
 - a. Please note that while search 3 and search 4 were performed independently of each other, the results of these searches have been combined into a single systematic review.

These searches in their totality included the following databases and terms in differing combinations:

Table 1: Databases and Search Terms for Research Review

Databases	Cochrane (CENTRAL), Medline, EMBASE, PsycInfo, PILOTS, ProQuest (CENTRAL), CINAHL
Suicide Terms	Suicid* OR suicide prevention OR suicide intervention OR suicide treatment OR suicide management OR suicide attempt* OR suicid* ideation OR suicidal thought* OR suicidal behavi*r OR non*suicidal self*injury OR NSSI OR self-harm OR DSH OR completed suicide* OR fatal attempt* OR fatal suicide* OR suicide* OR attempted suicide OR Parasuicide*
Population Terms	air force personnel OR armed forces personnel OR army personnel OR coast guard* OR marine* OR military OR military personnel OR defence personnel OR navy personnel OR sailor* OR soldier* OR aviator* OR Veteran* OR law enforcement officer* OR law enforcement OR police OR police force* OR police officer* OR police officers OR Cop OR fire fighter* OR fire and rescue personnel OR firefighter* OR rescue personnel* OR

	emergency medical technician* OR paramedic* OR emergency medicine technician* OR emergency paramedic* OR ambulance OR ambulance operator OR emergency first responder* OR emergency responder* OR first responder* OR public safety personnel OR public safety officer* OR emergency service* OR prehospital emergency care
Sub-Population (Families) Terms	extended famil* OR famil* OR family life cycle* OR family research* OR filiation OR kinship network* OR reconstituted famil* OR relative* OR stepfamil* OR families of military personnel OR families of veteran* OR military famil* OR veterans famil* OR domestic partner* OR married person* OR spousal notification* OR wives OR Children* OR Child* OR Kid* OR Kids* OR Daughter* OR Son* Or Mother* OR Father* OR Brother* OR Sister* OR Adolescent* OR Sibling* OR Caregivers* OR Carer* OR Spouse* OR De-facto* OR Partner* OR Widow* OR Wife OR Husband* OR Family member* OR Single-parent family* OR Intergenerational relations* OR Parent* OR Intergeneration OR step-parent OR step-mother* OR step-father* OR step-sibling* OR step-brother* OR step-sister* OR step parent OR step mother* OR step father* OR step sibling* OR step brother* OR step sister*
Sub-Population (Co-workers/ Peers) Terms	Colleague* OR Associate* OR Team member* OR Work mate* OR Work-mate* OR Assistant* OR Manager* OR Instructor* OR Supervisor* OR Leader* OR Supporter* OR Comrade* OR Executive* OR Head of office* OR Member* OR Group member* OR Assistant* OR Manager* OR Confrere* OR Acquaintance* OR Fellow worker* OR Fellow* OR Collaborator* OR Partner* OR Peer* OR Corporal* OR Sergeant* OR Major* OR Lieutenant* OR Officer* OR Work friend* OR Boss* OR Cadet OR Coworker* OR Co-worker* OR Co worker*
Postvention Terms	Postvention OR post-vention OR bereaved by suicide OR strategies OR frameworks OR Bereavement* OR Grief* OR Grieving OR Mourning* OR Bereaved OR Mourn OR Coping

It should be noted that these search terms are broad, in the effort to capture as much information as possible but may not be reflective of specific sub-cultures within military and emergency services populations that have other ways of addressing suicide and post-suicide impact. For example, culturally appropriate healing practices for Indigenous cultures may not have been captured by these MESH terms.

Results:

Across the four sources and searches, a total of 34 articles were identified that addressed postvention and post-suicide in military and emergency services personnel and their families. The identified studies are described in Table 2 below. (Note: Varker et al. (2023) has been included in Table 2 below).

Postvention Research for Emergency Services Communities

Where emergency services are concerned, research appears largely focused on their role in the postvention process, from being first-on-scene in the event of a suicide, to being the mechanisms through which the families are informed of the death. Very little research is focused on the impact of an




emergency services death by suicide on their co-workers and family, even though there is an awareness that it would be the co-workers of an emergency services member who would be informing the family member of their death by suicide.

In total, seven ($n = 7$) articles were identified that related to emergency services' postvention support, specific to an emergency service member's death by suicide. Of these, five ($n = 5$) were focused on police and two ($n = 2$) were focused on firefighters. Geographically, four ($n = 4$) were based in the US, two ($n = 2$) were based in Canada, and one ($n = 1$) was based in Northern Ireland. Articles ranged from a case study with two ($n = 2$) participants to a cross-sectional study with two hundred and sixty-six ($n = 266$) participants. Of these, six ($n = 6$) of the studies were focused on the emergency service colleagues, with one ($n = 1$) investigating the families.

Research on post-suicide support in emergency services communities emphasised the importance of recognising the unique challenges faced by coworkers and their families after a police officer or firefighter suicide. It also stressed the lack of dedicated support services and the need to implement tailored support systems (Black, 2004; Hom et al., 2018). Addressing systematic issues within organisational culture is crucial, along with adopting effective postvention strategies at the organisational level (Loo, 1986).

Studies have shown that organisational culture within law enforcement communities such as fear of repercussions for seeking help, lack of trust in confidentiality and leadership, and social perception and stigma around mental health, can negatively impact individuals seeking support or discussing their needs after a police officer suicide. Addressing these issues is vital for effective postvention policy implementation (Bogle, 2018; Chambers, 2008), and policy guidelines have been suggested for both police (Loo, 2001) and firefighters (Gulliver et al., 2016).

Noting that the following study was not limited to suicides within the emergency services community, Hom et al. (2018) found that female firefighters may face a higher risk when exposed to suicide. This finding highlights the importance of considering demographics and experiences, especially for specific sub-groups like female personnel. Similarly, Black (2004) focused on family members, particularly on the traumatic grief experienced by children of a police officer who died by suicide. Though this was a small case study, it underscores the need for healthcare services tailored to the needs of family members. Finally, there were no studies identified which explored postvention support for ambulance personnel. This is particularly concerning given recent work which highlighted that ambulance personnel appear to have a higher risk of death by suicide than their emergency services peers, when matched by age and gender (Petrie et al., 2023).




Postvention Research for Military Communities

In total, twenty-seven ($n = 27$) articles were identified that related to postvention support specific to a military member's death by suicide. Of these, one ($n = 1$) was an international literature review, one ($n = 1$) detailed postvention policy in Belgium, while the remaining twenty-five ($n = 25$) were based in the US. Articles ranged from a case study of one ($n = 1$) person to a cross-sectional study with one thousand five hundred and forty-one ($n = 1,541$) of participants.

Results of this research demonstrated that the risks of being exposed to suicide are high for military members. Almost half of US veterans who participated in the research reported knowing someone who died by suicide, with those exposed to suicide having higher rates of anxiety, depression, PTSD, and prolonged grief (Cerel et al., 2015; Peterson et al., 2022). Military cultural norms and stigma were identified to play a role in this due to the prioritisation within the military on coping without support. This has been shown to lead to unacknowledged deaths and stigma around expressing grief (Ho et al., 2018; Jamieson, Cerel, & Maple, 2023; 2024). Veterans stressed the importance of officially acknowledging soldier deaths and dismantling norms hindering grieving and seeking support (Jamieson, Cerel, & Maple, 2024). This emphasises the enduring impact of exposure to suicide within the military context and underscores the importance of incorporating veterans' lived experiences into suicide prevention and postvention efforts.

Research indicates that grief over suicide death for military personnel is influenced by the unexpected nature of suicide deaths, the heroic perception of combat deaths, and the intensity of the emotional response due to the brotherhood forged in combat (Ho et al., 2018; Lubens & Cohen Silver, 2019). However, research on the specific relationship between suicide exposure, suicide risk, and mental health outcomes remained limited—highlighting the need for longitudinal studies and tailored clinical interventions that address these health outcomes within suicide-exposed military communities (Chen et al. 2019; Ho et al., 2018; Peterson et al. 2022). Beyond that, soldier cohesion is required when mitigating the impact of suicide deaths within units to minimise negative mental health outcomes (Noble, 2020). Soldiers experiencing isolation, depression, or substance abuse post-suicide are less likely to seek treatment, affecting unit readiness (Noble, 2020).


Carr (2011) presented a case study of the suicide of a US military member during deployment in Iraq. The article discussed the profound impact of these suicides on unit members, fellow soldiers, and medical practitioners—emphasizing the need for tailored postvention strategies within the combat environment. Several commentaries responded to Carr's article (2011) on military personnel suicides during deployment in Iraq (Ghahramanlou-Holloway et al., 2011; Mann, 2011; Nock, 2011). Ghahramanlou-Holloway et al. (2011) reflected on the core lessons learned from this article, highlighting the lack of evidence-informed protocols specific to soldier suicides during deployment and



the importance of investigating the traumatic impact of suicide further. Mann (2011) compared civilian and military responses to suicide, stressing the need for evidence-based methods to predict, prevent, and manage such incidents in combat zones. Nock (2011) called for a holistic approach to addressing the impact of suicide on caregivers and advocated for qualitative case studies alongside quantitative research in understanding and addressing this complex issue.

Ramchand et al. (2015) assessed the U.S. Department of Defence's response to escalating suicide rates among military personnel in 2015, advocating for comprehensive evaluation and support mechanisms. At the time, there was a lack of policy addressing post-suicide support within units, and existing programs did not adequately meet the needs of suicide loss survivors. More recent investigations suggest that while policy has been introduced, services continue to be lacking. Despite existing postvention procedures outlined in the Defence Suicide Prevention Offices' Postvention Toolkit, nuances in managing such events were not adequately addressed (Nassif, Mesias, & Adler, 2022). It is also not always clear how aware leaders are of the availability of the toolkit, and what their perceptions of this are. More training for senior military leaders is needed to address unit suicides effectively, as leaders face difficulties in navigating the complexities of postvention following garrison suicide-related events (Noble, 2020; Nassif, Mesias, & Adler, 2022). Pak, Ferreira, and Ghahramanlou-Holloway (2019) emphasized the importance of trust, leadership, and psychological climate within military units in their proposed conceptual model for Military-Unit Suicide Survivorship, highlighting that policy is not enough—the process and environment of enactment of the policy is just as important. Best practice recommendations for supporting military mental health clinicians following patient suicide are similar, with recommendations focusing not only on training and education, but also on emotional support and advocating for the implementation of formal postvention protocols at provider, supervisory, organizational, and discipline levels (Daly et al., 2023).

Research into the impact of a military death by suicide on family members remains scarce. Families have been involved in research that asks about the member before their death (Sterling, 2017) but research that focuses on the family members themselves and the impact on their wellbeing post suicide remains minimal and tends to comprise of smaller case studies (Thomas & Baumann, 2020; Ohye et al., 2022). There is also a lack of support for children of military personnel who die by suicide. Although a protocol for tailored support programs has been presented (Ruocco, 2020), it does not appear to have been implemented. Additionally, one study by Thomas and Baumann (2020) concluded that nurses play a crucial role in aiding adolescent recovery post-parental suicide—necessitating appropriate responses from healthcare professionals to address heightened mental health vulnerability among children affected by military parental suicide (Thomas & Baumann, 2020).



There is also a lack of understanding about what factors influence bereavement outcomes in women whose military spouse died by suicide, suggesting further investigation is needed (Mitchell & Bray, 2015). One intervention specific for suicide-bereaved military widows, however, found group support and cohesion contribute significantly to this improvement (Ohye et al., 2022). Similar to these findings by Ohye et al., (2022) for families, Harrington-LaMorie et al. (2018) discussed military suicide loss challenges and endorsed postvention peer support for bereaved veterans, emphasizing its benefits: fostering camaraderie, normalizing experiences, and promoting personal healing. The Tragedy Assistance Program for Survivors (TAPS) was recommended in the article as an effective peer support intervention for addressing the unique needs of individuals coping with military suicide loss. However, while the TAPS program appears to be promising, additional evaluation is required to establish evidence of the program's efficacy and effectiveness, especially when considering expansion.

Three studies (Moore et al., 2023; Ruocco et al., 2022; Strouse et al., 2021) provided insights into TAPS and its effectiveness in supporting military suicide survivors. Across these studies, TAPS effectively fostered post-traumatic growth, especially for those bereaved by suicide, by providing support and resources that positively impacted psychological well-being (Moore et al., 2023). Beyond that, TAPS recognised the unique needs of suicide survivors, such as complex grief, stigma, and a sense of responsibility, and provided tailored support throughout their grief journey, including postvention strategies and peer-based services (Ruocco et al., 2022). TAPS adopted a best practice approach by combining peer-based support with clinical care to facilitate post-traumatic growth among suicide loss survivors. This included an Artful Grief Studio, which was effective in improving social validation and facilitating bereavement processing among military suicide survivors through art therapy (Strouse et al., 2021).

In summary, military suicide presents a significant issue to the operational readiness of a military force. There are repeated calls for more research and initiatives—highlighting the absence of evidence-based programs for suicide postvention and the urgent need for high-quality research—to inform any clinical practice that intends to address adverse survivorship-related outcomes.

Key Takeaways from the Research:

Prevalence and Impact of Suicide Exposure: Studies suggest that a high proportion of military personnel, veterans, emergency services personnel, and their families are exposed to suicide, which can increase suicide risk factors and other mental health issues. Understanding the impact of suicide exposure is crucial for developing targeted evidence-based clinical interventions and services within military and emergency services populations.



Unique Psychological Needs: Survivors of military member suicide experience higher levels of shame and stigma compared to those who lost someone by other means. They also report low satisfaction with various aspects of post-suicide support, such as the death investigation process and unit leadership. Similar for emergency services, research emphasises the need to recognise the unique challenges faced by coworkers and families after a police officer or firefighter suicide such as complex grief, stigma, and a sense of responsibility. Despite this recognition, there was a lack of dedicated support services tailored to the needs of emergency services personnel and their families found in this search. Addressing these differences is essential for providing tailored support to meet the unique needs of suicide loss survivors.


Importance of Postvention Satisfaction: Higher satisfaction with postvention services is associated with better psychological outcomes for both suicide and accident loss survivors. This suggests that effective postvention strategies are crucial for supporting survivors' mental health.

Focus on Organisational Culture: Studies indicate that organisational culture within military and law enforcement communities in particular, can negatively impact individuals seeking support or discussing their needs after a suicide. Addressing systemic issues within organisational culture is crucial for effective postvention policy implementation.

Challenges in Postvention for Leadership: Despite some existing postvention protocols, nuances in managing suicide-related events within military contexts are not adequately addressed. Leaders within military settings face challenges in navigating postvention, including coping with emotions and implementing practical support strategies when the policies available may not address unique personal contexts adequately. In emergency services, policy guidelines have been suggested for both police and firefighters to address post-suicide support, but these are specific to the locations to where they were generated and may not map to other services or countries due to contextual and cultural nuance. There is a need for improved training and resources to effectively support leadership to guide their staff following a suicide-related event.

Importance of Peer Support: Peer-based support programs, such as the Tragedy Assistance Program for Survivors (TAPS), appear to be viable options for supporting military suicide survivors. While additional evaluation of these models is required, evidence appears to suggest that peer support can provide normalisation, safety, modelling, and personal healing for survivors. However, it is important that clinical governance frameworks and training for these peers are provided, to build sustainable systems that protect both the peers offering support and those accessing it.

Need for a Focus on Family Specific Support: Research into the impact of military suicide on family members including children remains limited, highlighting the need for further investigation. Tailored evidence-based clinical interventions and support services for children and families affected by the suicide of a military or emergency service family member are lacking, indicating a gap.



Need for Improved Postvention Support: Recommendations are made for providing better and more consistent postvention support to survivors of military member suicide. This includes addressing gaps in current postvention services. There is a lack of evidence-based treatments for the effects of suicide within military and emergency services communities. Developing high-quality research to inform clinical practice and improve postvention strategies is crucial for supporting military suicide survivors effectively.

Need for Broader Postvention Research: There is an urgent need for the development of high-quality research to build an understanding of the acute (under 24 hours), short-term (under 12 months) and long-term (over 12 months) effects of exposure to a service member's suicide within military and emergency communities. There is a need for an increase in qualitative case studies alongside quantitative research to build understanding and allow for tailored solutions that address this complex issue. This mixed methods approach is required to comprehensively understand not only how many people are impacted, but how, why, to what extent, and what their needs are to address this. Additionally, a significant amount of research is based in the US, suggesting that more work is needed in other countries.

Gap in Ambulance Personnel Research: No studies were identified exploring postvention support for ambulance personnel, despite recent findings suggesting a higher risk of death by suicide among ambulance personnel compared to their emergency services peers. This gap underscores the urgent need for research and tailored support services for this group.



Table 2: Research Related to Postvention in Military and Emergency Services Communities

Author	Year	Country	Population	Title	Description & Outcomes	DOI/URL
EMERGENCY SERVICES						
Black	2004	Northern Ireland (NI)	Emergency Service (Police)	Traumatic grief in the children of a Northern Irish police officer	This case study provided a breakdown of the challenges that families of police officers in NI face. The Child and Adolescent Service at the Police Rehabilitation and Retraining Trust was specifically set up to support the families of police officers in Belfast. Two case studies of a son and daughter of a NI police officer who died by suicide provided a comprehensive overview of symptoms of traumatic grief that the children were presenting with and the specific therapies used to reduce the symptoms. The findings suggested dedicated and tailored supports should be implemented to the families of police officers who die by suicide.	https://doi.org/10.1080/02682620408657595
Bogle	2018	US	Emergency Service (Police)	The Impact of a Law Enforcement Suicide on Colleagues	Explores the lived experiences of law enforcement officers concerning colleague suicide and the impact a suicide has on a law enforcement agency/department. <i>n</i> = 11 Police Department Law enforcement officers; Male = 7; African American = 10; Caucasian = 1; semi-structured interviews analysed with thematic analysis; Four major themes: (1) Uniqueness of the law enforcement community (2) Lack of available resources regarding mental health services (3) Reactive response to the suicide event and (4) The necessity for consistent mental health services.	https://scholarspace.library.gwu.edu/concern/gw_etds/9593tv408
Chambers	2008	US	Emergency Service (Police)	An investigation of police officers bereaved by police suicides	The research aims to contribute to existing literature on police suicide, with a focus on the effect of police suicide on fellow officers, the interconnectedness of training and police culture, and the necessity for prevention and intervention strategies. Phenomenological interviewing is employed to reveal issues of emotional uncertainty, self-blaming and inability to cope with the stressors of police suicide. It was found that experiences of bereavement were expressed by officers in the form of frustration, anger and betrayal directed toward the suicide-deceased officer. The study also highlighted that systematic issues of suicide stigma and silencing of suicide-related discussion within police cultures contributed to the officers' challenges in coping with police suicide. The study suggests that police leaders must employ a cultural shift in order to stop ignoring the commonality of police suicide. Furthermore, it identifies the necessity to implement programs on suicide prevention and postvention specific to police.	https://www.proquest.com/docview/30437976 3



Author	Year	Country	Population	Title	Description & Outcomes	DOI/URL
Gulliver et al.	2016	US	Emergency Service (Fire)	In the wake of suicide: Developing guidelines for suicide postvention in fire service	Development of a suicide postvention protocol in firefighters. Two phases: 1) expert review of existing SOP for postvention; 2) focus groups. Focus group participants: <i>n</i> = 61, majority male (75.4%), mean age = 47 ys. Predominantly Caucasian (72.1%), with 22.9% Hispanic & 9.8% African American. Their ranks in the fire service ranged from line-duty firefighters to Staff Chief, with the majority being firefighters (54.1%). All participants had witnessed or learned about at least one suicide attempt or completion in their lifetime, and 75.4% had known at least one firefighter co-worker who had attempted or died by suicide. The SOP guideline has 6 sections. Section 1 discussed notification procedures, where it was recommended that departments follow chain-of-command and existing policies, further recommending that firefighters should be briefed and provided with resources, referrals, and helplines for themselves and others. Section 2 highlighted that a leader should be appointed to coordinate the response to a suicide death as well as appointing a liaison for the families who need help dealing with the loss. Section 3 of the SOP discusses how the response to a suicide will differ depending on whether it occurred in quarters or not, and that when it occurs in the quarters, it is treated like as an emergency (call 911, attempt resuscitation, and assess vitals). Section 4 recommends liaisons for the family, as well as an outline of the financial benefits. Section 5 highlights the importance of following-up to maximise the probability of the firefighters seeking mental health resources. Finally, section 6 concludes the postvention with the guide to set up regular meetings, ensure that sufficient resources are available, and to acknowledge that grief following suicide can take a long time to process.	https://doi.org/10.1080/07481187.2015.1077357
Hom et al.	2018	US	Emergency Service (Fire)	Exposure to suicide and suicide bereavement among women firefighters: Associated suicidality and psychiatric symptoms	The aim of this quantitative study was to analyse women firefighters (N=266) exposed to suicide and/or the suicide of a fellow firefighter. Three quarters (74.4%) of participants reported knowing someone who had died from suicide and 31.3% reported knowing a fellow fire fighter who had died by suicide. Women firefighters were found to be at risk of more severe psychiatric symptoms and increased suicide risk compared to women firefighters without exposure to suicide throughout their careers. Additionally, the more impact a suicide has on a female firefighter, the greater the risk of suicide. This study provides an indication of the impact of suicide on women firefighters in the US and may provide indicators of the prevalence of suicide amongst firefighters.	https://doi.org/10.1002/jclp.22674
Loo	2001	Canada	Emergency Service (Police)	Effective postvention for police suicide	This policy guide presented literature informing a model for postvention support in police departments in Canada. The model provides an overview of the required steps to prevent further suicides and indicates that programs, services, and a postvention analysis	https://www.massey.ac.nz/~trauma/issues/2001-2/loo.htm



Author	Year	Country	Population	Title	Description & Outcomes	DOI/URL
					is required. Programs and services include critical incident debriefing and survivor support. Postvention analysis involves a psychological autopsy and suicide notes which informs the preventative measures that can be taken in the future. All of these stages should then be evaluated to provide recommendations for improvements in postvention policy.	
Loo	1986	Canada	Emergency Service (Police)	Suicide among police in a federal force	This study identified prevalence and demographics of suicide deaths ($n = 35$) in the Royal Canadian Mounted Police (RCMP) between 1960 and 1983. Rates of suicide were approximately half that of the general population and the most common method of suicide was by service revolver, in 77% of suicide cases. The three most common factors contributing to the death by suicide include psychological state/trait ($n = 16$) (e.g. depression, obsessive-compulsive personality), job related concerns ($n = 12$) (e.g. posting, testifying), and marital or sexual problems in a relationship ($n = 11$). Postvention recommendations provided included performing psychological postmortems and providing psychological assessment, counselling/therapy, and follow-up for attempted suicides.	https://doi.org/10.1111/j.1943-278x.1986.tb01019.x
MILITARY						
Carr	2011	US	Military	When a soldier commits suicide in Iraq: impact on unit and caregivers	This article reviews the suicide of US military personnel during deployment in Iraq. It maintains a specific focus on the impacts of the suicide for the members of their unit, other soldiers, and medical practitioners. The article details how the suicide both increased existing mental health issues as well as created mental health issues for the unit, other soldiers, and medical practitioners. The outcome of these rising issues led to increasing levels of work for all in the chain of command (COC) as well as practitioners. At the time of the study (2011), most support after a suicide within a combat setting came from the chain of command, fellow soldiers, chaplains, and CSC teams. This report indicates the need for development and testing of postvention strategies for use specifically within military environments.	https://doi.org/10.1521/psyc.2011.74.2.95
Cerel et al.	2015	US	Military	Veteran exposure to suicide: Prevalence and correlates	This study of US veterans ($n = 931$) provides insight into the increased risk for military members exposed to suicide. Almost half (47.1%; $n = 434$) of the veteran sample reported they knew someone who died by suicide at some point in their life. The relevant suicide deaths were not identified as civilian or military members. Data showed that veterans who had been exposed to suicide almost doubled in meeting the criteria for an anxiety diagnosis; cut-off scores for probable anxiety were met by 19.3% of suicide	https://doi.org/10.1016/j.jad.2015.03.017



Author	Year	Country	Population	Title	Description & Outcomes	DOI/URL
					exposed compared to 9.4% of suicide unexposed. Those exposed to suicide also increased in probable diagnosis of depression, PTSD and prolonged grief. Cut-off scores for probable depression were met by 22.5% of suicide exposed compared to 12.5% of suicide unexposed.	
Chen et al.	2019	US	Military	Life after loss: Comparing student service member/veteran and civilian mental health characteristics among individuals exposed to death by suicide.	In this study, the objective was to evaluate the mental health characteristics and beliefs of student service members/veterans (SSM/Vs) who have experienced the suicide death of another individual. The research involved 39 SSM/Vs exposed to suicide, 32 SSM/Vs not exposed to suicide, and an age- and gender-matched group of 39 civilians. Data were collected through an Internet-based campus needs survey in Fall 2014, covering suicide-related behaviours, suicide prevention, help-seeking, and demographics. The results revealed that SSM/Vs exposed to suicide exhibited more positive mental health and suicide prevention beliefs compared to those not exposed to suicide, while the civilian group exposed to suicide did not significantly differ from either SSM/V group. Additionally, unique help-seeking patterns were identified. These findings suggest that understanding the distinct characteristics of SSM/Vs exposed to suicide could inform the development of targeted prevention programs and support for this particular population.	https://doi.org/10.1080/07448481.2018.1469500
Daly et al.	2023	US	Military	Scoping Review of Postvention for Mental Health Providers Following Patient Suicide.	This study conducted a scoping review to identify best practices for supporting military mental health clinicians following patient suicide. The analysis of 122 relevant studies yielded 358 recommendations categorized into provider, supervisory/managerial, organizational, and discipline levels. The literature emphasizes the importance of formal postvention protocols focusing on training and education, as well as emotional and instrumental support for clinicians. In summary, the study proposes a simple postvention model for military mental health clinicians.	https://doi.org/10.1093/milmed/usac433
Deheegher	2008	Belgium	Military	Suicide of a service member: How to organize support for the bereaved service members in the emotional aftermath	This paper, written by the clinical psychologist in the Centre for Mental Health in the Military Hospital of the Medical Component of Belgian Defence, provides an understanding of the 'postvention trajectory of care' that has been enacted through the development of a crisis intervention program in the aftermath of a service member suicide in Belgian Defence. The first section focuses on the prevalence of suicide in Belgian Defence with sixty-six service members identified between 2001 and 2005. The second section of this paper outlines that the grief of a colleague of a Defence Service member who has died by suicide is a particular bereavement that requires tailored support. The third section provides a comprehensive overview of the postvention policy	https://doi.org/10.3233/978-1-58603-889-2-149



Author	Year	Country	Population	Title	Description & Outcomes	DOI/URL
					that has been developed in Belgian Defence. This policy consists of care and education with specific supports tailored to primary, secondary, and tertiary victims of grief and bereavement of a service member who has died by suicide.	
Ghahraman lou-Holloway	2011	US	Military	Lessons learned from a soldier's suicide in Iraq	This commentary of Carr (2011) details the core lessons that can be inferred from the case study: 1) the profound impact of the suicide of a soldier whilst on deployment and how it not only affects the soldiers themselves, but also the healthcare teams and wider military community—which can result in a rapid deterioration in the mental health of those left behind; 2) a distinct lack of evidence-informed postvention protocols, specific to a soldier suicide whilst on deployment; and 3) the importance of reflecting on the preventable nature of suicide and thoughts and feelings expressed by those affected by the suicide; including feelings of guilt and confusion. The author posits that suicide survivors may overestimate the importance of why a suicide occurred, underestimating the impact of the suicide on their own wellbeing. The author suggests that the traumatic impact of a suicide should be investigated further, serving as a suicide prevention strategy.	https://doi.org/10.1521/psyc.2011.74.2.115
Harrington-LaMorie et al.	2018	US	Military	Surviving families of military suicide loss: Exploring postvention peer support.	This article explores unique issues accompanying military suicide loss, with the proposition of providing bereaved veterans with postvention peer-based support. Several benefits of postvention peer support were elaborated on, including: "all in the same boat" phenomenon, normalisation, providing a safe culture, modelling, monitoring the suicide risk of the bereaved, allowing for the sharing of education and advocacy, and personal healing. Tragedy Assistance Program for Survivors (TAPS) military suicide postvention program was recommended as a suitable peer support intervention.	https://doi.org/10.1080/07481187.2017.1370789
Ho et al.	2018	US	Military	Postvention in the U.S. Military: Survey of Survivors of Suicide Loss from 2010-2014	The goal of this study was to determine whether suicide loss survivors have any unique psychological needs—compared to accident loss survivors—that are currently unmet by postvention services provided by the US Department of Defence. To address this, researchers administered a mixed methods survey to survivors, including next of kin ($n = 202$) and fellow unit members ($n = 1,339$), on the suicide or accident loss of a US Department of Defence member (suicide group $n = 1,348$, accident group $n = 1,672$). The survey assessed survivors' usage of and satisfaction with military postvention programs and services as well as survivors' current psychological functioning. Results indicated that survivors of service members who died by suicide from 2010 to 2014 experienced significantly higher levels of shame and stigma compared to survivors of	https://apps.dtic.mil/sti/pdfs/AD1048434.pdf



Author	Year	Country	Population	Title	Description & Outcomes	DOI/URL
					service members who died in accidents. Higher levels of postvention satisfaction were associated with better psychological outcomes for both suicide and accident loss survivors. Among next of kin, suicide loss survivors reported significantly less satisfaction with their experiences around the death investigation than accident loss survivors. Among fellow unit members, suicide loss survivors reported significantly less satisfaction with unit leadership and funeral or memorial services specifically. Synthesis of the quantitative and qualitative data lead to recommendations on how to provide better and more consistent postvention support to survivors of suicide loss within the Department of Defence.	
Jamieson, Cerel, & Maple	2022	US	Military	Social and cultural dimensions of loss of a military colleague by suicide or traumatic death: A retrospective veteran study	This study explores the heightened suicide risk among veterans who have experienced the suicide or traumatic death of a military colleague, especially when there is a close relationship with the deceased. Conducted in the U.S. Commonwealth of Kentucky, the research involved fifty-one interviews with veterans to understand their experiences of loss and perceptions of helpful responses. The thematic analysis reveals that veterans contextualize their experiences within military cultural norms, where coping without support is considered a cultural norm leading to unacknowledged deaths and stigma around expressing grief and seeking help. However, veterans emphasize the importance of officially acknowledging soldier deaths for honouring the deceased and supporting survivors. The study underscores the need for suicide prevention and postvention practices to align with veterans' cultural values, advocating for the dismantling of norms hindering grieving and seeking support. Official recognition of soldier deaths is crucial within a collective cultural context that values responsibility, honour, and integrity. The findings stress the importance of collective approaches to grief support and organizational efforts to address institutional norms contributing to mental health stigma in the military.	https://doi.org/10.1016/j.ssmqr.2022.100160
Jamieson, Cerel, & Maple	2024	US	Military	Impacts of exposure to suicide of a military colleague from the lived experience of veterans: Informing postvention responses from a military cultural perspective	This article addresses the limited research on veterans' experiences with the suicide death of a military colleague, despite evidence linking such exposure to increased suicide risk factors. Through a qualitative analysis of 38 interviews with U.S. veterans who had encountered the suicide death of a military colleague during past war operations, the study highlights the enduring impact of such exposure within the military context and the consequential effects of the official response to the death. The findings emphasize the importance of incorporating veterans' lived experiences into suicide prevention and postvention efforts, even for those whose exposure occurred significantly	https://doi.org/10.1080/07481187.2023.2261408



Author	Year	Country	Population	Title	Description & Outcomes	DOI/URL
					in the past. Additionally, the study underscores the relevance of understanding how different military policies and practices in response to suicide deaths over time influence the short- and long-term consequences of exposure to the death of a military colleague.	
Lubens & Cohen Silver	2019	US	Military	U.S. combat veterans' responses to suicide and combat deaths: A mixed-methods study	This mixed methods study examined how U.S. combat veterans experience the deaths of comrades who have died in combat or by suicide and explored factors that predict their level of grief over those deaths. Analyses of interview transcripts revealed seven themes: 1) Suicide death as unexpected can make acceptance of death harder; 2) Combat death as expected can ease acceptance of death; 3) Combat death as heroic can make acceptance of death easier; 4) Brotherhood forged in combat intensifies the emotional response, even if the deceased was not a friend; 5) Guilt over inability to prevent a comrade's death makes acceptance harder; 6) Attribution of blame for a death creates anger; and 7) Detachment from the civilian world may make it more difficult to cope with comrades' deaths. Multiple regression analyses revealed that suicide death predicts a higher level of non-acceptance; 2) The mode of death moderates the association between unit cohesion and grief; 3) Combat exposure, anger, closeness to the deceased, and gender predict the level of grief; 4) Combat exposure is an equally strong predictor of grief and PTSS. This study compares and contrasts the impacts of deaths by combat versus deaths by suicide, within the U.S. military.	https://doi.org/10.1016/j.socscimed.2019.05.046
Mann	2011	US	Military	The impact of soldier suicide on a base in Afghanistan: lessons for prevention and postvention	This commentary of Carr (2011) compares and contrasts civilian and military response to suicide, providing a comprehensive understanding of the limitations of psychiatric and mental health care within combat zones such as Iraq. This commentary raises the question: if the caregivers of someone who dies by suicide are often the same people who care for those affected by the suicide, including the soldier's unit, the medical team that responded, and other affected personnel, who cares for the carers? Finally, this commentary outlines the need for designing and conducting studies evaluating interventions that are enacted in the wake of a suicide on deployment.	https://doi.org/10.1521/psyc.2011.74.2.121
Mitchell & Bray	2015	US	Military	Bereavement Experience of Female Military Spousal Suicide Survivors: Utilizing Lazarus'	This study aimed to explore the relationship of five variables: primary appraisal (defined as an individual's expressed concern in terms of harm, loss, threat or challenge), secondary appraisal (defined as the focus on what the individual can do to overcome or prevent harm), coping skills, social support, and stigma to bereavement in women ($n = 194$) whose spouse died by suicide and was actively serving or a veteran in the US military. Results indicated that there was a significant relationship between perceived	https://doi.org/10.1524/1/lm.5.4.442



Author	Year	Country	Population	Title	Description & Outcomes	DOI/URL
				Cognitive Stress Theory	stigma and increased bereavement amongst military spouses. Findings also suggested that survivors of military spouse suicide who perceived the death as stressful were more likely to experience bereavement, in keeping with Lazarus' (2005) Cognitive Stress Theory. Additional findings of the study indicated that survivors who created a negative appraisal of their ability to control the outcomes of their military spouse's death—or believed that their ability to cope with the death was low—were more likely to experience bereavement. The overall model, based upon Lazarus' Cognitive Stress Theory, was statistically significant in predicting bereavement outcomes.	
Moore et al.	2023	US	Military	Growth and Hope after loss: How TAPS facilitates posttraumatic growth in those grieving military deaths	This quantitative study examined post-traumatic growth amongst Tragedy Assistance Program for Survivor (TAPS) participants ($n = 691$). A self-report survey collected data on the following psychological constructs: posttraumatic growth, resilience, posttraumatic stress disorder, depression, and anxiety. When comparing TAPS peer mentors and non-mentors, results suggested peer mentors were found to have experienced greater post-traumatic growth. The TAPS program was found to be more beneficial to participants bereaved by suicide than by death from other causes.	https://doi.org/10.3389/fpsyg.2022.996041
Nassif, Mesias, & Adler	2022	US	Military	Leader Perspectives on Managing Suicide-related Events in Garrison	Thematic analysis was used to analyse interviews with leaders, chaplains, and behavioural health providers who responded to suicide-related events in garrisons. Decision-making by leaders relating to memorials, investigations, and readiness was also explored. These suicide-related events included a unit members' suicide death, suicide ideation, or suicide attempt. It was found that leaders face challenges in navigating the nuances of postvention, coping with emotions, and implementing strategies to support unit members' behavioural health during or after a suicide-related event. The article recommends the Defence Suicide Prevention Offices' Postvention Toolkit (2019) includes postvention procedures, roles, and responsibilities, and includes checklists of immediate actions for unit leaders and behavioural health providers involved in managing a suicide death. Although on paper this toolkit is helpful, it was found that the toolkit does not provide nuances around managing suicide-related events and how these decisions operate in a real-world context. Educating military leaders on decision-making in real world contexts, utilizing communication channels, and addressing memorial services are emphasized as crucial elements in navigating suicide postvention.	https://doi.org/10.5554/0/0031-1723.3189



Author	Year	Country	Population	Title	Description & Outcomes	DOI/URL
Noble	2020	US	Military	Understanding the Impacts of Military Unit Suicides on Fellow Soldiers as Witnessed by Battalion Commanders	Through semi-structured interviews, the thematic analysis study explored the experiences of 4 US battalion commanders who have witnessed the impact of a suicide death on their Military soldiers. Findings indicated that the bond developed between soldiers working alongside each other is viewed as equivalent, or more important than that of their blood relatives. In units where suicides have occurred, soldiers experienced issues with isolation, depression, and substance abuse after the suicide and, in some cases, would choose not to seek treatment. A protective factor against the grief experienced following a soldier suicide was found in soldier cohesion throughout the period after the incident. Participants reported that when a soldier chose not to seek treatment, or isolated themselves from the unit, it had an impact on the unit's readiness to continue the mission. Following completion of the interviews, the author addressed the need for additional training and/or program development for senior military leaders in the face of a unit suicide.	https://www.proquest.com/docview/24394593 56
Nock	2011	US	Military	A soldier's suicide: Understanding its effect on fellow soldiers	This commentary of Carr (2011) details the response to military suicide by the U.S. Army and National Institutes of Health, with initiatives like the Army STARRS project that aim to identify the causes of military suicide and seek to improve intervention efforts. While suicide prevention research is abundant, there is a gap in understanding the impact of suicide on those close to the deceased. Dr. Carr's article presents a detailed case study of the postvention effects of a soldier's suicide, emphasizing the unique challenges fellow soldiers within the unit face, including high-stress environments and limited time for mourning. The article addresses the need for evidence-based methods to predict, prevent, and manage suicides and emphasizes the importance of developing qualitative case studies in complementing quantitative research.	https://doi.org/10.1521/psyc.2011.74.2.107
Ohye et al.	2022	US	Military	Intensive outpatient treatment of PTSD and complicated grief in suicide-bereaved military widows	This study evaluated the treatment effects of The Intensive Outpatient Program for Survivors (IOPS) among 24 U.S. suicide-bereaved military widows. The Home Base IOPS is an intensive outpatient treatment option (61 hours of engagement across 2 weeks) for those who develop Post Traumatic Stress Disorder (PTSD) and Complex Grief (CG), following sudden traumatic loss by suicide. Patients completed several qualitative and quantitative measures as part of clinical assessments at initial screening, pre-treatment, and post-treatment. PTSD, CG, and depression symptoms decreased significantly from pre- to post-treatment, with group support and cohesion within the program being credited as a contribution to this improvement. These outcomes provide	https://doi.org/10.1080/07481187.2020.17408 32



Author	Year	Country	Population	Title	Description & Outcomes	DOI/URL
					support for IOP to treat co-occurring PTSD and CG among widowed survivors of military suicide.	
Pak, Ferreira, & Ghahramanlou-Holloway	2019	US	Military	Suicide postvention for the United States military: literature review, conceptual model, and recommendations	This document includes a literature overview of 30 articles around suicide postvention but does not distinguish if these are focused on civilians or military. Furthermore, it addresses the significance of suicide postvention in the context of the United States military. It emphasizes the impact of suicide exposure on military unit members and the need for a better understanding of the short- and long-term effects. The authors highlight the lack of empirical approaches to postvention and the importance of timely and systematic efforts to manage the aftermath of a suicide. They propose a conceptual model for Military-Unit Suicide Survivorship, emphasizing the role of trust, leadership, and psychological climate within military units. The article also discusses the association between suicide exposure and adverse survivorship-related outcomes, emphasizing the need for more research and initiatives in this area. Overall, the article provides a comprehensive review of suicide postvention literature—with a specific focus on the military setting—and offers important recommendations for the Department of Defence and other organizations, based on scientific literature and clinical experiences.	https://doi.org/10.1080/13811118.2018.1428704
Peterson et al.	2022	US	Military	Those left behind: A scoping review of the effects of suicide exposure on veterans, service members, and military families	This review examines the prevalence and impact of suicide exposure among military veterans, service members, their families, and military systems. Overall, studies suggest that approximately half of the veteran population experience suicide exposure (47.1–65.4%). Few studies address the effect of this prevalence, with all studies being small scaled and US based. Throughout non-military populations, suicide exposure is associated with increased suicide risk and other mental health outcomes; although specificity on the relationship between suicide exposure, suicide risk, and mental health outcomes remains inconsistent across these studies. The scarcity of research across these topics suggests that future research directions should focus on longitudinal studies, exploration of risk mechanisms, understanding protective factors, and addressing the impact on family and peer networks to better comprehend the effects of suicide exposure on military populations. Such research must be conducted to inform tailored interventions and prevention efforts within military populations.	https://doi.org/10.1080/07481187.2020.1802628



Author	Year	Country	Population	Title	Description & Outcomes	DOI/URL
Ramchand et al.	2015	US	Military	Suicide Postvention in the Department of Defence: Evidence, Policies and Procedures, and Perspectives of Loss Survivors.	This report assesses the U.S. Department of Defence’s (DoD) escalating suicide rates among military personnel through program and policy evaluation. A review of the existing scientific evidence on postvention after suicide—not specific to defence—and guidance for other types of organizations, provides potential insights for DoD’s future conduct. The current response to service member suicide necessitates evaluation of surveillance practices, support mechanisms for loss survivors, prevention strategies, and respectful treatment of decedents and their families. Key findings emphasize that the DoD Suicide Event Report (DoDSER) system currently has no policies or procedures addressing what to do after a service member suicide death to prevent subsequent suicides within the unit or externally (e.g., friends and family). Furthermore, myriad official DoD programs have been established to assist military dependents and colleagues with grieving and loss—though none addresses survivor needs after a suicide. Finally, the report evaluated the perspectives of suicide loss families who took part in the TAPS National Military Suicide Survivor Seminar and Good Grief Camp for Young Survivors Colorado Springs. Results suggested families found administrative documents and processes to be challenging; had difficulty navigating available grief and support resources; believed suicide deaths were treated differently from other military deaths; and thought parents and next-of-kin were treated differently from spouses. The report recommended considerable improvements in postvention research—supports for coworkers and families must also be made to those affected by the suicide of a service member.	https://www.rand.org/pubs/research_reports/R586.html
Ruocco	2020	US	Military	An intervention for military children and families after a parent has died by suicide	The doctoral project aimed to create an intervention to support military children and families coping with the suicide of a parent. Existing literature on grief support of military families lacks specific guidance for suicide survivors. Suicide bereavement poses vulnerabilities in individuals that are heightened in military families. The six-process intervention, developed through a thorough literature review and expert feedback, addresses the complex needs of suicide survivors within the military context using 1) needs assertion; 2) psychoeducation; 3) individualised support; 4) group support; 5) facilitation of post-traumatic growth; and 6) allowance for transition after loss within the family. Although the intervention was well received by the expert reviewers, they recommended incorporating trauma-informed care, additional resources, and information on post-traumatic growth. Once these improvements were made, the	https://www.proquest.com/docview/22967787 55



Author	Year	Country	Population	Title	Description & Outcomes	DOI/URL
					paper suggested that the intervention was feasible to be conducted as a pilot program in the future.	
Ruocco et al.	2022	US	Military	TAPS Suicide Postvention Model TM: A comprehensive framework of healing and growth	This paper provides a framework and lessons learned from 26 years of TAPS. Authors highlighted the following: 1) postvention is a critical component in preventing future suicide; 2) suicide survivors are a unique group that require tailored supports along the grief journey; 3) peer-based services are of paramount importance in the grief journey; 4) best practice approach comes from a combination of peer-based support and clinical care; and 5) suicide loss survivors are uniquely positioned to achieve posttraumatic growth when provided with appropriately tailored services and resources, offered as part of the TAPS Suicide Postvention Model.	https://doi.org/10.1080/07481187.2020.1866241
Sterling	2017	US	Military	Perspectives of Suicide Bereaved Individuals on Military Suicide Decedents' Life Stressors and Male Gender Role Stress	This study aimed to evaluate the pilot of the Male Gender Role Stressor Inventory (MGRSI) in the context of military suicide bereavement, focusing on family members and significant others of the deceased. Sixty-five survivors attending a national seminar provided demographic information and reported observations of the decedent's stressors leading up to suicide. The MGRSI demonstrated acceptable reliability, highlighting factors like honour, strength, and achievement as common sources of Male Gender Role Stress (MGRS). Correlational and regression analyses revealed significant associations between legal- and trauma-related stressors one month before suicide and MGRSI scores. The study suggests that MGRS understanding could contribute to insights into military male suicide, recommending suicide prevention programs by the Department of Defence and Veterans Administration to target rigid male gender role beliefs and address male-specific stressors.	https://doi.org/10.1080/13811118.2016.1166087
Strouse et al.	2021	US	Military	Benefits of an open art studio to military suicide survivors	The study is an evaluation of the Artful Grief Studio for military suicide survivors at the Tragedy Assistant Program for Survivors. Firstly, the article identified that art therapy grief work is an effective bereavement practice for civilian populations. The program facilitated art activities (e.g., memory books, dolls, painting etc.) in order to express grief and other feelings. The results derived from 39 adult participants, showed that participation in the Studio resulted in significant improvements in social validation, developing new possibilities, and relating to others. Qualitative responses revealed improvements in bereavement processing, collaboration, relaxation effects, and positive contributions of the art experience. As the art therapy is delivered in group settings, it was also found that the sharing of experiences through creativity allowed	https://doi.org/10.1016/j.aip.2020.101722



Author	Year	Country	Population	Title	Description & Outcomes	DOI/URL
					participants within the program to feel validated by one another. Overall, this evaluation suggests that the Artful Grief Studio is an effective and applicable studio art therapy for military suicide survivors.	
Thomas & Baumann	2020	US	Military	The Loss of a Parent to Suicide in Military Families	This paper explores the impact of loss of a parent to suicide on adolescents in military families using Marcia’s Identity Status Theory and the Roy Adaptation Model (RAM). Using these theories, the authors follow the case of a 13-year-old boy to explain how a familial suicide within a military family impacts identity development. Furthermore, the article found that nurses play an important role in an adolescent recovery following the suicide death of a military parent. Knowing that military family stressors may result in a child’s increased mental health vulnerability, the article recommends healthcare professionals need to appropriately respond to the adverse outcomes that may occur amongst the children that are impacted by parental suicide.	https://doi.org/10.1177/0894318420943142
Varker et al.	2023	International	Military	Suicide and Self-harm Postvention Strategies, Programs and Frameworks (within ADF Members and Ex-Members Suicide Literature Review: An Update)	A report update on a 2020 literature review conducted by Phoenix Australia. The report focuses on updating the literature published on the topic of ADF members’ and ex-members’ suicide death, prevalence, causes, and interventions. This includes the investigation of demographics, social factors, psychopathology/physical illnesses of those impacted by suicide, moral injury, religiosity, trauma exposure, and suicide prevention programs and strategies among defence members. Sections 3.10 and 4.1 of the report focuses on suicide and self-harm postvention strategies, programs, and frameworks—not currently included in the 2020 literature review. Several findings were reported from the literature found between 2021-2023: 1) 47-65% of U.S. service members and veterans have been exposed to at least one suicide, and 2) the Study to Assess Risk and Resilience in Servicemembers found that past-year suicide attempts in a soldier’s unit predicted later suicide attempts. A critical finding was that evidence-based treatments for suicide postvention do not exist—at the time of the report—and there is an urgent need for the development of high-quality research to inform clinical practice.	https://defenceveteransuicide.royalcommission.gov.au/system/files/2023-10/adf-members-and-ex-members-suicide-literature-review-an-update.pdf



Australian Services, Practice Guidelines & Resources

As reflected in the research, post-suicide services and resources designed for Australian military and emergency services personnel and their families which exist in the public domain are largely non-existent.

Military and Emergency Services Health Australia conducted a service provider gap analysis aimed at identifying the current pool of providers offering post-suicide grief and bereavement services suitable for defence and emergency services and their families. This analysis included two approaches, and searched for service providers claiming to provide:

- (1) grief and bereavement services after suicide, and whether any specific services were tailored for defence or emergency services personnel and their families; and
- (2) services specifically for defence or emergency services personnel and their families—to examine whether any specific for grief and bereavement services were offered after a suicide death.

This dual approach was conducted to ensure that services focused on post-suicide support, of which defence or emergency services were a sub-component did not get missed; similarly, to ensure that services which focused on defence or emergency services, where post-suicide support was a sub-component, did not get missed.

The initial search of providers was performed on October 22, 2022, via a desktop review—a revised desktop review was performed on January 15, 2024. A desktop review involves performing a series of Google Searches utilising a specific string of words. The search performed in October 2022 was limited to Australian services, practice guidelines, and resources; the follow-up search performed in January 2024 included both Australian and international services.

There were 10 base search queries which were varied to capture the most information. These queries were designed to capture difference types of information (types referring to services, supports, resources, or guidelines) about different populations (populations referring to military, emergency services, their families, or the broader public). Additional population keywords were added in 2024 to accommodate international terminology. The base queries are as follows:

1. Post-suicide TYPE
2. Suicide postvention TYPE
3. Grief TYPE suicide
4. Bereavement TYPE suicide
5. Post-suicide TYPE for POPULATION



6. Suicide postvention TYPE for POPULATION
7. Grief TYPE for POPULATION suicide
8. Bereavement TYPE for POPULATION suicide
9. Support for POPULATION
10. Service for POPULATION

The keywords that were changed at each search are outlined in Table 3 below.

Table 3 Keywords utilised in the search combinations of the desktop review

TYPE key words	POPULATION key words	International POPULATION*
Services	Australian Defence Force member	Public Safety Personnel
Supports	Australian Defence Force family	Public Safety Personnel family
Resources	Veteran	Emergency Medical Technicians families
Guidelines	Veteran family	Emergency Medical Technicians
	Military	Law Enforcement
	Military family	Law Enforcement families
	Firefighter	
	Firefighter family	
	Paramedics	
	Paramedics family	
	Police	
	Police family	
	First Responder	
	First Responder family	
	Emergency services	
	Emergency services family	


**Keywords added to 2024 search only.*

Results up to the 10th page of Google were reviewed for each individual search of the 2022 search. Google introduced Continuous Scroll in late 2022, removing pages to replace with a continuous scroll function. This functional change meant that the equivalent of six pages of results is displayed first, before selecting a ‘see more’ function to see an additional six pages worth of results. As such, the 2024 search reviewed all hits returned before two ‘see more’ selections (i.e., 12 pages).

A list of potentially relevant services was compiled. Services that were obviously not relevant (e.g., which regarded the death of a child, or grief and bereavement for unrelated death types, such as palliative care) were not included.

To be considered relevant and worthy of deeper review, services needed to:

- Clearly indicate post-suicide support within their public facing website in some capacity
- OR
- Clearly indicate a focus on military or emergency services communities in their public facing website in some capacity



Potentially relevant services were then collated and reviewed to locate services in Australia that were specific to post-suicide support for military or emergency services communities.

Relevant services were collated, with the following information on their public profiles and websites:


- Organisation Name
- Focus Population
- State
- Funder Type
- Description (including what is being provided, for whom, and how)
- URL

A total of 304 independent searches were conducted in 2022, which were repeated in 2024 with 108 additional searches to accommodate international terminology, resulting in a total of 412 unique Google searches conducted 716 times. Appendix 1 provides the list of the 412 unique Google searches.

The identified relevant services are outlined in Table 4. Overall, searches tended to return more news articles that highlighted suicide death in military and emergency services communities than links to services, programs, resources, or guidelines. Where links did reference services or supports, they tended to be general mental health or grief/bereavement for military and emergency services communities or linked back to Department of Defence or Department of Veterans' Affairs owned organisations. Only two services—Open Arms, a Department of Veterans' Affairs owned organisation and Commando Welfare Trust—offer specific support to the families and peers of military personnel who has died by suicide. For first responders, there was no service identified within Australia that offered specific assistance to families or peers of an emergency service member who died by suicide. Cor Infinitus, who support the establishing of memorials throughout the country dedicated to those that served Australia and have died by suicide, do offer memorial creation support for both military and emergency services, but these are not for individuals. These memorials are locations for service communities to gather and remember those lost to suicide. There are no specific supports for emergency services communities in the event of an emergency services member death by suicide. The closest support for first responders is Standby Support After Suicide, a civilian service available nationwide. Overall, there were no specific practice guidelines or resources for Australian military or emergency services personnel for postvention.

Important considerations for interpreting the results of this desktop review:

It should be acknowledged that as a desktop review, this service gap analysis focused on larger organisations, and may not have captured smaller community groups or individual practitioners. Due to the nature of how a desktop review is performed, the services recorded in this analysis are dependent



on an organisation having an internet presence that would be accessible via Google search. While reflective of how a family member, peer, or someone who wishes to support them may realistically attempt to find services in the event of a suicide death of military or emergency services personnel, this means organisations who have a smaller digital presence may have been missed.

Additionally, information held privately by organisations (i.e. internal policy documents) which are not publicly accessible would not have been identified in this searching process. It is possible that additional guidance does exist within these internal documents that were not available publicly for inclusion in this scan.


This scan was created to inform the Australian specific contexts, and therefore highlights Australian specific services for the broader military and emergency services community in greater details. As such, this scan opted to also record a comprehensive list of services available for military and emergency services communities in Australia identified using the search strategies above, including those who did not offer specific post-suicide support.

Additionally, Postvention Australia hosts a directory of postvention services, including national, state-based, and online services and programs. This directory, listed in Table 4 and available online (<https://postventionaustralia.org/service/>), is the most comprehensive list of suicide bereavement and postvention services available in Australia for any population group. Due to the comprehensiveness of this list, and to keep this scan focused on military and emergency services postvention specifically, the civilian services listed in Table 4 are limited to national organisation, even if a smaller service was identified during our searching.

Australian-Specific – Emergency Services

While the National Framework for Mental Health of First Responders (2016) recommended that all emergency service organisations have postvention resources, much like the veteran availability of resourcing, there remains no specific policies or procedures around suicide postvention in Emergency Services personnel in Australia for any service at either a federal or state and territory level. While some organisations make reference to postvention within suicide policies (e.g. Fire and Rescue Victoria) and there is anecdotal evidence of emergency services unions responding to suicide postvention needs, this does not appear to be a formalised, policy-driven process, but rather a community, individual-driven one.

In terms of resources, the coordinators of Perth Metropolitan Suicide Prevention have created a toolkit resource called ‘Supports After Suicide or Sudden Loss’. Within this toolkit, they acknowledge that suicide bereavement is different from non-suicide bereavement. The 12-page PDF has many different support services listed nationwide, including a large number from Western Australia. Some of those



listed include: Mates in Mining, Mates in Construction, Soldiers and Sirens, The Grief Centre of Western Australia, Lifeline WA, and Hopes Support group. For each support service, the toolkit outlines how to access each form of support, commonly including an address, telephone number, and email. While largely civilian focused, these support services are likely to benefit emergency services, however these services are not listed as specific to post-suicide support for this population.

As reflected in Table 4, there is no service that is available for first responders specifically that offers post-suicide support targeted towards the families and peers of emergency services personnel.


Australian-Specific – Military

As noted in the review submitted to the Royal Commission by Phoenix Australia:

“With regard to how Australia compares with best practice, we were unable to find specific ADF or DVA policy or procedures around suicide postvention, although a recent statement by the Repatriation Commissioner promotes the importance of postvention in general and the Tragedy Assistance Program for Survivors program in particular (Repatriation Commissioner, 2023). The US, UK, and Canada all make reference to postvention in their suicide policies, although generally procedural details are lacking. Thus, while there may not be a great deal of difference in the practical implementation of suicide postvention across countries, and notwithstanding the relative absence of evidence for its efficacy, it is reasonable to suggest that Australia may wish to formalise postvention policy and procedures following military and veteran suicides.” – Varker et al., 2023, p.93

As stated within this quote, often postvention-specific guidelines are hidden within suicide prevention guidelines, and largely non-specific. Sometimes, however it can be hidden within specific guidelines regarding service death more broadly. For example, *The Australian Defence Force Commanders Guide Looking after Families following a Service Death* is the only current practice guidelines for ADF Commanders designed to support the care of ADF families in the event of a death. This guide is divided into five parts, including: casualty notifications, after the funeral, longer term issues such as continuing family needs, memorial activities, and legal matters, differing needs of families, and command preparation—and includes contact information for those seeking further guidance.

The comprehensive guide outlines multiple types of death and includes a section that is specific to the suicide death of an ADF member. The recommendations for notifying the family for a suicide death mentioned the difficulty and outlined steps such as “the use of the word suicide should be avoided,” “convey the facts as you know them,” and to never speculate whether a death was due to suicide until the coroner determines it is. However, outside of this section around circumstances of death, there is no other specific guidance. For example, in terms of wakes, funerals and memorial services, the guide offers several important considerations in relation to religious ceremonies, military funerals, special requests and eulogies. However, there is no special mention of suicide in this section of the guide, where it is possible that funeral services may differ based on causes of death.



It should be noted that this document is the only document which is currently publicly available. It is possible additional internal resources exist within ADF policy documents and are not accessible by external bodies, and therefore were not identified by our searching processes.

As reflected in Table 4, there is only one service available for current and former serving Australian Defence Force personnel and their families that explicitly states it offers post-suicide support: OpenArms, a defence affiliated service. This service offers counselling to military members and their immediate family. They also have educational workshops and community and peer programs.

Australian-Specific – Civilian

As shown in Table 4, several civilian services in Australia explicitly offer support to individuals affected by suicide deaths. Most of these services are specific to states or territories, with only one service, Standby Support After Suicide, available nationwide.

Regarding guidelines and resources, Australian-specific practices, and available resources for postvention and post-suicide support needs are mostly limited to those accessible to civilian populations. Postvention Australia serves as a clearing house of research, including practice guidelines and policy documents supporting these efforts. The organization provides resources for both organizations and individuals offering services to those bereaved by suicide. These resources encompass various forms of support such as telephone, in-person or online counselling, presentations, webinars, training, and workshops. Postvention Australia also maintains a research library database containing over 300 practice guidelines and support documents aimed at ensuring individuals affected by suicide have access to appropriate support (www.postventionaustralia.com/research).

However, it's important to note that while some documents in this database may assist military and emergency services personnel in informing civilian families of a suicide death, there are no documents or guidelines specifically designed to meet the unique needs of families and peers of current and former military and emergency services personnel.

As outlined earlier, Postvention Australia provides the most comprehensive directory of postvention services, encompassing national, state-based, and online resources, catering to all population groups in Australia. As such, the civilian services listed in Table 4 are limited to national organisations. This directory is listed in Table 4 and available online (<https://postventionaustralia.org/service/>).

Furthermore, Postvention Australia was involved in the development of Postvention Guidelines for Australia, a document prepared by the Australian Institute for Suicide Research and Prevention National Centre of Excellence in Suicide Prevention World Health Organization Collaborating Centre for Research and Training in Suicide Prevention through Griffith University. These guidelines summarize all knowledge related to people bereaved by suicide and the necessary services to be implemented.

Figure 1 from these guidelines illustrates the conceptual interaction between elements impacting postvention services, as outlined in the Postvention Australia Guidelines document.

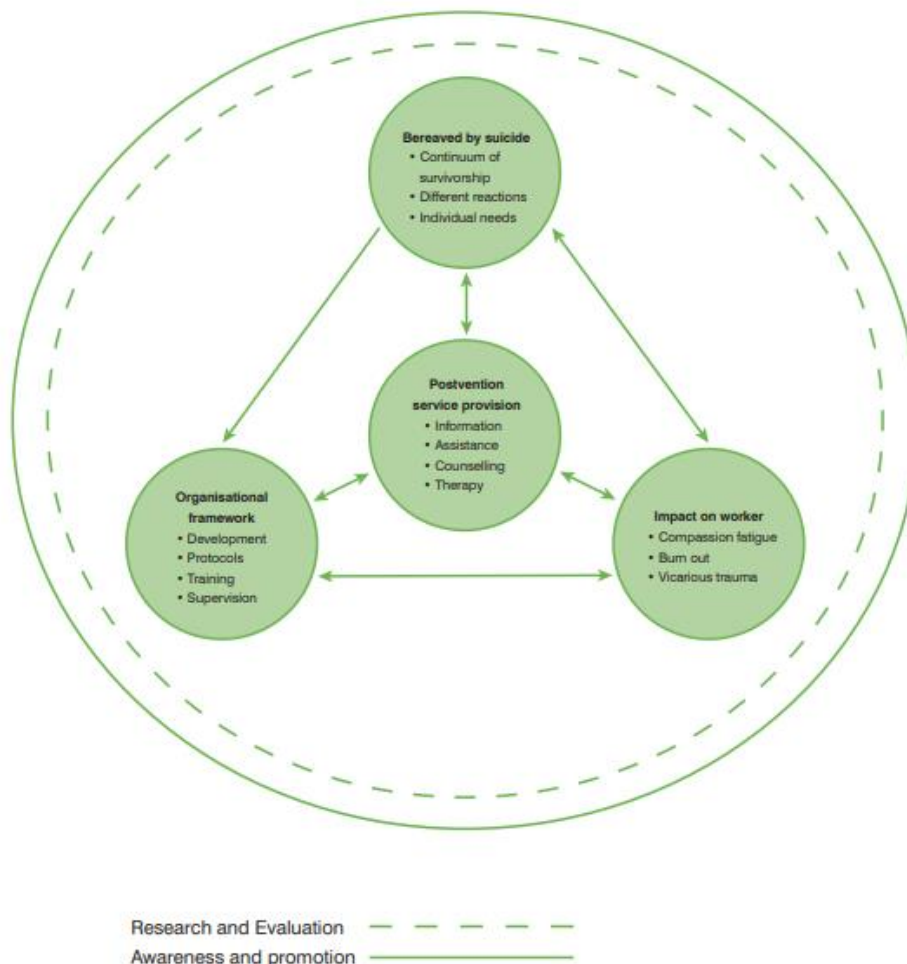



Figure 1: Elements of Postvention Service Provision, from Australian Institute for Suicide Research and Prevention & Postvention Australia (2017) *Postvention Australia Guidelines: A resource for organisations and individuals providing services to people bereaved by suicide*. Brisbane: Australian Institute for Suicide Research and Prevention.

After suicide: A resource for GPs is designed to help general practitioners (GPs) respond to suicide in their communities—particularly those in Australia’s rural and remote regions. This toolkit is designed to support general practitioners to guide those who may be impacted by a suicide death, and contains links to several suicide bereavement support services, fact sheets, and checklists. Given that this resource was created in 2016, it is likely that some of the information may be outdated (for example, it lacks some core civilian resources for suicide bereavement (e.g. StandBy Support After Suicide)), however this resource serves as a useful starting place for civilian health professionals.



The resource toolkit can be found here: <https://gpmhsc.org.au/getattachment/f4679f63-cd5a-4dfc-92b0-ee1fee04a357/gpmhsc-after-suicide-a-resource-for-gps.pdf>

Roses in the Ocean is Australia's national lived experience suicide organisation. While predominantly focused on suicide prevention and intervention, this organisation has a suite of resources (such as lived experience videos and podcasts) specific to suicide bereavement. These resources are likely to be more accessible for some individuals who struggle to access written forms of information, and who require an exploration of personal experience.

These videos and podcast resources can be found here: <https://rosesintheocean.com.au/resources-hub/resources/?preset=suicide-bereavement>.

Table 4: Services Related to Postvention Support and/or Supporting Military and Emergency Services Communities

Organisation Name	Focus Population	State	Funder Type	Description	URL
MILITARY AND EMERGENCY SERVICES WITH SPECIFIC REFERENCE POSTVENTION SERVICES – AUSTRALIA ONLY					
Commando Welfare Trust	Military (Cur/Form & Fam)	All	NS	Provides emergency funding/financial aid for current/former special ops personnel (and their families), including in the event of suicide	https://commandotrust.com/
Cor Infinitus	Military/ EmServ (Cur/Form)	All	NFP	Cor Infinitus aims to establish memorials throughout the country dedicated to those that served Australia and have died by suicide. These are not for individuals. These memorials are locations for service communities to gather and remember those lost to suicide.	https://www.corinfinitus.org/
Open Arms - Veterans and Family Counselling	Military (Cur/Form & Fam)	All	NFP	Provides mental health assessment and counselling for veterans and their families. Also provides information, resources, treatment programs, workshops and crisis support.	https://www.openarms.gov.au/
CIVILIAN POSTVENTION SERVICES – AUSTRALIA ONLY					
Postvention Australia Service Directory	Civilian	All	NFP	A directory of postvention services, with national, state-based, and online services and programs. This is the most comprehensive list of suicide bereavement and postvention services available in Australia, for any population group.	https://postventionaustralia.org/service/
BeyondBlue	Civilian	All	NFP	Provides phone and web-based counselling, mental health screening tools, information about mental health and advice for connecting with mental health practitioners.	https://www.beyondblue.org.au/
BeYou	Civilian	All	NFP	An initiative delivered by BeyondBlue which provides information, tools and resources for schools and learning communities to support the mental health and wellbeing of children and young people in educational settings.	https://beyou.edu.au/resources/suicide-prevention-and-response
Griefline	Civilian	All	NFP	Provides phone-based support for those experiencing grief, online support groups and forums, and resources for coping and supporting others.	https://griefline.org.au/
LGBTIQA+ Support After Suicide	Civilian	All	NFP	Provides peer-driven support services including information, resources, and bereavement support groups for LGBTIQA+ people.	https://www.switchboard.org.au/
Lifeline	Civilian	All	GOV/NFP	Provides information, coping strategies and help-seeking advice for those bereaved by suicide.	https://www.lifeline.org.au/get-help/information-and-support/bereaved-by-suicide/



Organisation Name	Focus Population	State	Funder Type	Description	URL
SANE Australia	Civilian	All	GOV/ NFP	Provides free digital and phone-based support and information for those with complex mental illness. Provides fact sheets and a directory of services for those experiencing loss from suicide.	https://www.sane.org/
Services Australia Bereavement	Civilian	All	GOV	Provides information, step-by-step instructions, and payments for those experiencing the death of a loved one	https://www.servicesaustralia.gov.au/death-loved-one
Standby Support After Suicide	Civilian	All	GOV	Provides in-person or phone-based support and resources for those that have been bereaved or impacted by suicide, including loved ones, witnesses, first responders and service providers, with ongoing support for up to two years.	https://standbysupport.com.au/
Suicide Callback Service	Civilian	All	NS	Provides professional online and phone-based counselling support to those experiencing emotional or mental health issues, at risk of suicide, bereaved by suicide, or concerned for a person at risk.	https://www.suicidecallbackservice.org.au/
Thirrili	Civilian	All	NFP	Postvention services including 24/7 call help for Australian Aboriginal communities.	https://thirrili.com.au/
MILITARY AND EMERGENCY SERVICES WITHOUT SPECIFIC POSTVENTION SERVICES – AUSTRALIA ONLY					
AFP Legacy	Police Fam	All	NFP	Not-for-profit charity that provides support for families after the death of a loved one who was in the Australian Federal Police. The charity provides support via bereavement payments, scholarships and community organisation.	https://policelegacyafp.org.au/
Air Force Association	Military (Airforce)	All	NFP	Not-for-profit charity that aims to be advocates for anyone with affiliation to the Australian Air Force (serving/veteran/family/cadets). The AFA goals are to provide representation, recognition and financial stability to all those who are applicable.	https://raafa.org.au/
ATDP Advocacy List	Military (Form)	All	NS	A registry for military veterans to search for authorised ex-service organisations that are trained and able to advocate for veterans (lobbying, defence/DVA support, well-being support, home/hospital/age care support, employment & social support).	https://www.advocateregister.org.au/index.php
Australian Air Defence Artillery Association	Military	All	NFP	Not-for-profit organisation that aims to provide support for all serving members/veterans that are/were in an Air Defence Artillery Unit. AADAA goals are to provide information for its members while also establish a sense of community through memorials and reunions.	https://aadaa.asn.au/
Australian Bravery Association	Military/ EmServ (Cur/Form)	All	NFP	Not-for-profit organisation that aims to provide support for those who are given awards of bravery in both Military and Emergency services. Support provided is one of community support as well as mental health support via professional counselling	http://www.forbravery.org.au/

Organisation Name	Focus Population	State	Funder Type	Description	URL
Australian Defence Force All-hours Support Line	Military (Cur/Form & Fam)	All	GOV	A confidential all-hours support line that provides easy access to psychological, medical, social work, and chaplain services.	https://www.defence.gov.au/adf-members-families/health-well-being/services-support-fighting-fit/need-help-now/all-hours-support-line
Australian Defence Services Organisations	Military	All	NFP	A collective of ex-service organisations that work together to form a representative body to government.	http://adso.org.au/
Australian Peacekeeper & Peacemaker Veterans Association	Military	All	NFP	A charity organisation that focuses support on serving members/veterans who worked in peace keeping missions. While the organisation is focused on those who were or are peacekeepers, membership is open to all current and former military members. Provides government representation and wellbeing support.	http://www.peacekeepers.asn.au/
Australian Professional Firefighters Foundation	Firefighter	South Australia	NFP	Provides support for burn and road trauma survivors as well as fire fighters and family members via charity events and donations.	https://apff.org.au/
Blue Hope	Police	QLD	NFP	A not-for-profit charity that provides support to current and former police officers based in Queensland. Offers peer support, social connection, education and training, career transition, and legal services. Previously offered fitness gym.	https://bluehope.org.au/
Bravery Trust	Military	All	NFP	A charity that aims to provide financial support, education, or counselling to both serving and veteran members of the military.	https://braverytrust.org.au/
BuddyUp Australia	Military/ EmServ (Cur/Form)	All	NFP	Buddy Up Australia connects current and former serving military and first responders, and their immediate families to their communities through physical fitness, social activities, and purposeful volunteering.	https://buddyupaustalia.org/
Carry On	Military (Form)	VIC	NFP	Assists ex-servicemen and women and their families to get help where they need it most: housing, advocacy, education, relief, and financial support. Many who have served our country with distinction find it difficult to adjust to civilian life without support from the government or other welfare agencies.	https://www.carryon.org.au/
Defence Families of Australia	Military & Fam	All	GOV	Provides advocacy for ADF personnel and families—an advisory body to the Minister for Defence Personnel and Chief of the Defence Force.	http://www.dfa.org.au/
Defence Force Welfare Association	Military (Cur/Form & Fam)	All	NFP	Advocates for fair pay, treatment, and working conditions for ADF members, and improved veteran support.	http://www.dfga.org.au/



Organisation Name	Focus Population	State	Funder Type	Description	URL
Department of Veteran Affairs	Military (Cur/Form & Fam)	All	GOV	Provides financial support, physical and mental health care, advocacy, and information for veterans, currently serving ADF, and their families.	https://www.dva.gov.au/
Emergency Services Foundation	EmServ (Cur)	VIC	NFP	An umbrella organisation that aims to prevent mental health injury and improve mental health outcomes for Victoria's emergency service workers.	https://esf.com.au/
Fire and Emergency Services Support Network	EmServ (Cur/Form & Fam)	QLD	NS	Provides counselling and support to fire and emergency services personnel (and immediate family members).	https://www.qfes.qld.gov.au/supporting-our-people
Fortem Australia	EmServ (Cur/Form & Fam)	Capital Cities/ Some Regional Towns	NFP	Provides mental health and wellbeing support to those in national security and first responder roles.	https://fortemaustralia.org.au/
Frontline Mental Health	Military/EmServ (Cur/Form)	SA	FP	Provides counselling specifically for military and emergency services personnel. Also offers lived experience informed workshops.	https://frontlinemh.com.au/
Invisible Injuries	Military/EmServ (Cur/Form)	All	NFP	A national PTSD awareness campaign that provides support to veterans and first responders through connection and ambassadorship.	https://www.invisibleinjuries.org.au/
Legacy	Military Fam	All	NFP	Provides financial assistance, educational opportunities, information, and advocacy for the families of ADF personnel who have lost their lives or health as a result of service.	http://www.legacy.com.au/
Mates 4 Mates	Military/EmServ (Cur/Form & Fam)	All	NFP	Provides mental health and wellbeing services and programs, physical rehabilitation services, and social connection activities for veterans, currently serving ADF and their families.	http://mates4mates.org/
Military and Emergency Services Health Australia	Military/EmServ (Cur/Form & Fam)	All	NFP	Works with military and emergency service communities to deliver research, programs, and training to current and former serving military and emergency service members and their families, to optimise and sustain their mental health and wellbeing.	https://mesha.org.au/

Organisation Name	Focus Population	State	Funder Type	Description	URL
National Malaya & Borneo Veterans Association Australia Inc	Military (Cur/Form & Fam)	All	NS	Conducts meetings, social functions, and Remembrance Services for those who are currently serving or have served in Malaya/Borneo/Malaysia (WWII to present day). Also aims to strengthen relations with Malaysia and Singapore.	http://www.nmbvaa.org.au/
Naval Association of Australia	Military (Cur/Form)	All	NS	Provides information, welfare support, social events, community engagement, commemoration, and memorial activities for current and former Navy personnel and cadets.	http://navalassoc.org.au/wp/
Northern Territory Police Association	Police	NT	NS	Negotiates industry agreements and ensures protection of rights for members.	https://www.ntpa.com.au/
NSW Ambulance Staff Support	Ambulance	NSW	GOV	Builds and maintains the health and wellbeing of NSW Ambulance workers through psychology services, peer support officers, chaplains, and grievance contact officers.	https://www.ambulance.nsw.gov.au/careers/paramedic/staff-support-programs
Officer Training Unit Association	Military (Form)	All	NS	Provides notice of events, connects members, and organises reunions for those who served at OTU Scheyville (1965-1974).	http://www.otu.asn.au/
Partners of Veterans Association of Australia Inc	Military Fam	All	NFP	Provides support and information for the partners, ex-partners, carers, widows/widowers, and immediate family members of current and former ADF personnel.	https://www.pva.org.au/
Phoenix Australia	EmServ (Cur/Form)	VIC	NFP	A Responder Assist program provides mental health support for current and former emergency services workers. Also provides training for health care practitioners who treat emergency services personnel.	https://www.phoenixaustralia.org/responder-assist/
Police Care Australia	Police (Cur/Form & Fam)	All	NS	Provides mental health and wellbeing support, referrals, and education for current and former police personnel and their families/friends. Also provides online counselling for current and former serving police officers.	https://policecareaustralia.org.au/directory/
Police Legacy SA	Police (Cur/Form & Fam)	SA	NFP	Provides financial and emotional support to SA police officers and their families during times of serious illness or bereavement.	https://policelegacysa.org.au/
Police Post Trauma Support Group	Police (Cur/Form & Fam)	All	NFP	Provides mental health support and assistance for current and former police officers (and their families) experiencing PTSD, anxiety, depression, and addiction.	https://ppts.org.au/
Police Veterans Vic	Police (Cur/Form & Fam)	VIC	NFP	Provides mental health support, community events, and employment opportunities for former police and public safety personnel and their families.	https://policeveteransvic.org.au/



Organisation Name	Focus Population	State	Funder Type	Description	URL
RAAF Association	Military (Cur/Form & Fam)	All	NFP	Provides social activities, commemoration events, memorials and historical education, and promotes welfare for Air Force veterans and their community.	http://www.raafa.org.au/
RSL	Military (Cur/Form)	All	NFP	Provides nationwide support and advocacy at a national, state, and personal level for serving members and veterans.	http://rslnational.org/
Sirens of Silence Charity	EmServ	All	NFP	Awareness of mental health issues and stigma in emergency services. Provides insight into the stigma of mental health in emergency services, as well as resources for other mental health services.	https://www.sirensOfSilence.org.au/
Soldier On	Military (Form)	All	NFP	Provides support to veterans via personal mental health support and development, employment, social events, and education.	https://www.soldieron.org.au/
Special Air Service Association	Military	WA	NS	Historical society with limited membership only for those who have been part of S.A.S.R. Holds reunions and educational tours for schools and other organisations.	https://www.australiansas.com/
The Royal Australian Regiment Association	Military	All	NS	Incorporated company that safeguards the legal interests of its members who are current or former-serving Army personnel.	http://rarnational.org.au/
TPI Federation of Australia	Military (Form)	All	NS	Focuses on representation and advocacy for disabled veterans, both on a national- and services-level.	http://www.tpifed.org.au/
Vasey RSL	Military (Widows)	VIC	NFP	Vasey RSL focuses on providing veterans and widows with home care and residential aged care.	https://www.vaseyrslcare.org.au
Veterans Connect	Military (Form & Fam)	NSW	GOV	Veterans Connect is a free service supporting Veterans and their families on the NSW Central Coast and now in the NSW Hunter Region. They help to improve mental health and wellbeing by setting personalised goals, building resilience and linking them to local, health, social and community services with an experienced Care Coordinator.	https://socialfutures.org.au/service/veterans-connect/
Vietnam Veterans Association of Australia	Military (Form)	SA, WA, NSW, QLD, TAS, VIC	NS	An association of Vietnam veterans who focus on community-based welfare.	http://www.vvaa.org.au/
Vietnam Veterans' Peacekeepers & Peacemakers Association of Australia	Military (Form & Fam)	NSW	NS	An advocate organisation for Vietnam veterans, peacekeepers, and families (i.e., representation and advocating for disability, service pensions, and appeals).	http://www.vvfragranville.org/

Organisation Name	Focus Population	State	Funder Type	Description	URL
War Widows' Guild of Australia	Military (Widows)	All	NS	An advocate body to represent widows of veterans—predominantly community support and advocacy.	http://www.warwidows.org.au/
Wounded Heroes	Military (Form)	QLD	NS	Aims to provide crisis (health, finance, and familial) support and community building.	https://www.woundedheroes.org.au/
Young Veterans	Military (Form)	QLD, NSW, VIC, WA	NFP	Aims to provide community support for 'young' veterans via event organisation.	https://www.youngveterans.com.au/
MILITARY AND EMERGENCY SERVICES WITH SPECIFIC REFERENCE POSTVENTION SERVICES – INTERNATIONAL					
First Help	EmServ	US	NFP	First H.E.L.P is a not-for-profit committed to honouring the first responders who have died by suicide in the United States and offer support to the families in the aftermath of a suicide loss. Additionally, First H.E.L.P. has been compiling a list of first responders who have died by suicide to both track suicide deaths in first responders and honour the lives lost. Individuals, including the general public, can submit first responders who have died by suicide to their database.	https://1sthelpp.org/
Tragedy Assistance Program for Survivors (TAPS)	Military	US	NFP	The Tragedy Assistance Program for Survivors (TAPS) supports survivors of military suicide loss with an aim to provide hope, healing, and opportunities for future posttraumatic personal growth. TAPS has numerous programs and resources including: casework support, education support, suicide loss support, grief counselling, online support groups, 24/7 call in service for immediate care (trauma, crisis intervention, case work, peer support), workshops and seminars, as well as peer-to-peer mentoring and programs tailored specifically towards youth, young adults, men, and women. The TAPS Model is used to provide those bereaved with a three-phase approach to suicide grief. It aims to develop foundations for an adaptive grief journey through research informed, proactive, and intentional pathways to posttraumatic growth. The Model goes through a series of lessons focussing on three phases: stabilisation, grief work, and post-traumatic growth. The TAPS Model influenced the development of other Defence-related suicide postvention strategies including the US Department of Defence's Postvention Toolkit for a Military Suicide Loss, and the International Association of Chiefs of Police by the National Consortium for Preventing Law Enforcement Suicide.	https://www.taps.org/



Organisation Name	Focus Population	State	Funder Type	Description	URL
The Intensive Outpatient Program for Survivors (IOPS)	Military	US	NS	The Home Base Veteran and family care facility offers an Intensive Outpatient Program for Survivors (IOPS) to fill a gap in treatment options for those who develop PTSD and complex grief following sudden traumatic loss by suicide. The IOPS model is informed by emerging data demonstrating the effectiveness of massed, time-compressed treatment for PTSD and co-occurring conditions. Individual therapy included either daily sessions of prolonged exposure or complicated grief treatment. While this program was originally developed for families who experience trauma following any form of veteran loss of life, it has been recognised as a suitable treatment that targets symptoms directly related to the suicide of the veteran spouse.	https://homebase.org/program/outpatientclinic/
Once A Soldier	Military	US	NFP	Providing counselling and crisis financial aid to the families of veterans immediately after a suicide. Some resources are also available, such as a Time of Need Checklist, with step-by-step guidance for what to do immediately following the suicide death of a military personnel member.	https://www.onceasoldier.org/
Wounded Warriors Canada (WWC)	Military (Cur & Form, EmServ & Fam)	Canada	NFP	WWC provides counselling to veterans and first responders dealing with the negative effects of post trauma symptoms. They also facilitate a couple's-based trauma and resilience program. In addition to this program, they also have a Surviving Family Program which provides support to immediate family members who have lost a service family member due to suicide or in the line of duty. WWC also provides several training courses for clinicians and peer workers training.	https://woundedwarriors.ca/

Note: EmServ = Emergency Services; Cur = Current Serving; Form = Former Serving; Fam = Family (Cur/Form); NFP = Not-for-Profit; FP = For Profit; GOV = Government Run; RSL = Returned and Services League of Australia; NS = Unclear/Non-specific information available



Important Considerations: Transferring Postvention Services, Programs, and Resources

The introduction of any service, program, or resource, whether they are existing programs or are being developed newly from scratch, comes with a need to pilot, and evaluate their efficacy and effectiveness to establish the evidence for what works for whom, how it works, and why. This evaluation process should be ongoing with continual refinement which is contextually appropriate. However, with that in mind, there are some specific factors to consider when looking at the transfer existing programs into a specific cultural community.

The Transfer of Programs and Resources from Civilian to Military and Emergency Services Communities

As outlined in detail in the background of this environmental scan, the families and colleagues of military and emergency service personnel who die by suicide have specific needs not always addressed by generic civilian resources (Tam-Seto et al., 2018). These individuals face unique challenges, such as conflicting feelings about their loved one's job, navigating funeral arrangements and pension claims, and accessing social support. Co-workers are also deeply affected but may struggle to grieve openly due to work pressures and lack of leave entitlements (Pak, Ferreira & Ghahramanlou-Holloway, 2019). The suicide death of a co-worker can lead to emotional distress and guilt among service members, impacting morale and trust in leadership (Noble, 2020; Nassif, Mesias, & Adler, 2022). Exposure to suicide can also result in shame, stigma, and distress, particularly in military contexts where suicide may be seen as dishonourable (Noble, 2020; Nassif, Mesias, & Adler, 2022). As such, military and emergency services organisations with a history of suicide attempts require targeted interventions to mitigate the negative impact on morale and leadership confidence.

This does not mean, however, that resources developed for civilian populations are not useful. Often, civilian resources will address the aspects of post-suicide bereavement and grief that all individuals are at risk of experiencing. Additionally, there are several reasons why an individual from a service background may intentionally choose to not engage in a service or program that is tailored to military and emergency services personnel, and instead, engage civilian services, such as wanting separation from the organisation or community that they may feel have had a role in the death of their loved one. Previous literature recommends that postvention resources be tailored to the needs of the individual requiring support regardless of their cultural background (Andriessen et al, 2019b). Services, programs, resources, and any clinical practice guidelines should take any cultural aspects into consideration, while acknowledging that individual factors will still influence the specific needs of the person seeking



assistance. When considering the usefulness of civilian resources for military and emergency services communities, it is recommended that they be viewed as a starting place, on which specific cultural layering can be applied. It should also be acknowledged that there may be aspects of civilian resources that do not apply, or would be inappropriate to use, when working with these specific populations.


The Transfer of Programs and Resources for Military and Emergency Services Communities Internationally

Beyond post-suicide support programs, there is an acknowledgement that when it comes to programs that support military and first responder communities, what works for one country does not necessarily translate well to another (Bowen et al., 2023).

Culturally appropriate programs, co-designed by those with lived experience or using a peer model, may be developed and implemented effectively in one country, but some of these programs and services require adaptation before implementation can occur in other regions or countries (Bowen et al., 2023). Lived experience-informed resources, hubs, and services should be created that use language, stories, and scenarios that are relatable to the settings that they are being used in (Bowen et al., 2023). While all military and emergency service personnel are devoted to a particular lifestyle that often promotes service before self, regardless of the country they are from, there are microcultures within each sector that are impacted by physical location (Bowen et al., 2023).

Within this, there is an understanding that it is easier to adopt and translate resources from some settings more than others. For example, programs and resources can be exchanged more easily between Australia and Canada due to similarities in military and first responder composition, operational logistics, and challenges, such as similar geography issues, training structures, and the size and composition of forces. Culture from America or the UK may not, on the other hand, translate very well to the Australian sector, due to factors of differing geography, context requirements in training, size and composition of forces, the impact of patriotism, spirituality, class divides within service personnel, and the influence of the wider cultural setting of the country on civilian perception of service personnel (Bowen et al., 2023). If these factors are not considered in the transfer and adaptation of programs internationally, it is possible that the program implementation in a new location would be unsuccessful. This may lead to the perception that these programs are not effective—however, it is more likely they simply require further customisation to be more culturally relevant.

There are examples of resources moving between countries successfully. The translation of the Skills Training in Affective and Interpersonal Regulation (STAIR) Program for Australian Defence Force Members, Veterans and First Responder Personnel (Lane, 2023) into the Group Emotional and Relationship Skills (GEARS) program (<https://mesha.org.au/programs-and-resources/our-programs/gears-program/>) for service personnel is one such example. For families, the transfer of the



Child and Family Resilience Resources from Australia to Canada (<http://ecdefenceprograms.com>), is another example of a successful transfer process. The success of these programs in the new location is largely attributed to the work put into ensuring these resources and programs are relatable to the new settings that they are being utilised in.

Broadly, there is a need to develop a guiding model for knowing what can be **adopted** with minor changes, versus what can be used but needs to be **adapted**, versus what can **advise** but does not **apply** (Bowen et al., 2023).

When considering *postvention and post-suicide support programs specifically*, most programs and resources originate in the US. This can present a unique concern for modifying the program for use in an Australian setting. In the US, levels of patriotism and connection to spirituality are generally quite high in both service personnel and the public, meaning that postvention programs designed for US service personnel and their families often rely heavily on these two aspects. Given that neither spirituality, nor patriotism, is as prevalent or influential in the Australian public or Australian service personnel, these elements of the programs may not be as acceptable or relevant to those accessing it without significant modification. While tempting, given their success in the US, it would be unwise to implement US-based programs in Australia without specific tailoring. For any transfer of US programs to be successfully implemented safely and sustainably in Australia, a rigorous needs assessment of the specific Australian cultural and contextual requirements for military and emergency service personnel and their families regarding post-suicide support is required.

The Transfer of Programs and Resources across Military and Emergency Services Communities

Similar to the acknowledgement that what works best in one country may not work best in others, what works best for one service organisation community may not work best for other organisations. For example, the cultural, organisational, and logistical composition of the Australian Defence Force is very different to that of any of the emergency services organisations in each of the state and territories, so what serves a defence community may not be best for the emergency services community. Additionally, there are distinct differences even within communities, with cultural considerations needed when looking at organisations such as the police in comparison to organisations such as ambulance service – while there are some similarities, there are also unique stressors and enablers within each of these communities which would need to be factored into any development or transfer of programs and resources.

With that context in mind, below represents the programs and resources available internationally for post-suicide support of military and emergency services families and peers.




International Services, Practice Guidelines & Resources

Similar to the Australian settings, postvention services, programs, and practice guidelines that are specifically designed for military and emergency service that are publicly available internationally are minimal. However, there are more population-specific resources and toolkits that are available internationally. Additionally, likely born from the research that is available, most of these services, programs, resources, and guidelines originate in the US. However, notably, work in the UK has been progressing for both military and emergency services communities.

A list of the currently available resources, which include toolkits, checklists, factsheets, and policy guidance documents, can be found in Table 5. Only a handful of services were identified which provided specific support for military or emergency services communities in the event of a suicide death in international settings:

1. The Tragedy Assistance Program for Survivors (TAPS) program—widely considered the most comprehensive military suicide support program. The TAPS Model is used to provide those bereaved with a three-phase approach to suicide grief. It aims to develop foundations for an adaptive grief journey through research-informed, proactive, and intentional pathways to post-traumatic growth. The Model goes through a series of lessons focussed on three phases: stabilisation, grief work, and post-traumatic growth. The TAPS Model influenced the development of other Defence-related suicide postvention strategies including the US Department of Defence’s Postvention Toolkit for a Military Suicide Loss, and the International Association of Chiefs of Police by the National Consortium for Preventing Law Enforcement Suicide.
 - a. The TAPS model is the most advanced postvention model available internationally for the military population and serves as a cornerstone program for many countries seeking to develop similar models. As such, it is essential that this program be well evaluated for its validity, reliability, efficacy, and effectiveness so as best to inform the development of like programs around the world. Although there have been some evaluations performed of the TAPS model, this is limited within only the US setting, may only examine a portion of the model (rather than the entire model) and at times is of varying methodological quality. This is likely reflective of the realities of establishing a large, multidisciplinary program model, additional evaluation should be undertaken to further establish the evidence for this type of program, particularly when they are being tailored and delivered in other populations. While it is possible that additional internal evaluations do exist which have not been considered by this work,



further evaluation is required to establish sufficient evidence of program efficacy and effectiveness.

2. The Home Base Veteran and family care facility, which offers an Intensive Outpatient Program for Survivors (IOPS) to fill a gap in treatment options for those who develop PTSD and complex grief following sudden traumatic loss by suicide. While this program was originally developed for families who experience trauma following any form of veteran loss of life, it has been recognised as a suitable treatment that targets symptoms directly related to the suicide of a veteran spouse.
 - a. Only one public evaluation of this program exists; while it is possible that internal evaluations do exist, further evaluation is required to establish sufficient evidence of program efficacy.
3. Wounded Warriors Canada offer a Surviving Family Program which provides support to immediate family members who have lost their service member due to suicide or in the line of duty. This group program is conducted by lived experience peers.
 - a. Currently, there are no publicly available evaluations of this program; while it is possible that internal evaluations do exist, further evaluation is required to establish sufficient evidence of program efficacy.
4. Once a Soldier offer counselling and crisis financial aid to the families of veterans immediately after a suicide.
 - a. Currently, there are no publicly available evaluations of this service; while it is possible that internal evaluations do exist, further evaluation is required to establish sufficient evidence of program efficacy.
5. First H.E.L.P is a not-for-profit committed to honouring the first responders who have died by suicide in the United States and offer support to the families in the aftermath of a suicide loss.
 - a. First H.E.L.P is a system to register and honour suicide deaths in first responders, but do not appear to have a program or service for evaluation purposes.

These are included in the services list in Table 4.

It should be noted that these services do not include more generic services for military and emergency services communities as the Australian services do. While the Australian specific section of this guide provides a list of available services for military and emergency services broadly, regardless of the service type offered, the international services are limited to only those that are specific to postvention. That does not mean that there are not services available for international communities on a broader level, or services specific for suicide prevention.



This scan was created to inform the Australian specific contexts, and therefore highlights Australian specific services in greater details – examinations of the international contexts were performed to best inform the Australian setting. Future releases of this work may consider detailing the international contexts in greater detail.

International Emergency Services:


There was a total of eight ($n = 8$) resources available to support those impacted by an emergency services personnel suicide or to prepare in the event of an emergency services suicide. Of these, four ($n = 4$) were focused on firefighters, three ($n = 3$) were focused on police, and one ($n = 1$) was for ambulance personnel. Five ($n = 5$) were based in the US, with two ($n = 2$) of these created by international associations which service both the US and Canada. Three ($n = 3$) were based in the UK.

International Military:

There was a total of eight ($n = 8$) resources available to support those impacted by a military member's death by suicide, or to prepare in the event of a military member suicide. Six ($n = 6$) resources identified were created in the US, with two from Canada. Three ($n = 3$) of the resources were toolkits, two ($n = 2$) were a handbook, and two ($n = 2$) were a checklist.

Key Takeaways from the Services, Practice Guidelines & Resources:

There are a higher number of international resources and guidelines available for military and emergency services personnel internationally, however most of these are from the UK and the US. Notably, however, even within resources with high levels of detail and comprehension, there is often no specific postvention resources for suicide survivors of the military and emergency services listed. For example, *the Postvention Toolkit for a Military Suicide Loss (USA)* is extremely detailed with a large number of resources collated at the end of the document, such as National Military Family Associated, National Suicide Prevention Lifeline, Sesame Street for Military Families, and more. However, these resources can largely be divided into two types: 1) military-specific counselling/grief services for any death type (e.g. Military OneSource) or any support need (i.e. financial, transition, deployment, etc); and 2) civilian services and resources specifically to support after a suicide death. There is no service specific to post-suicide support for military personnel and family members in these resources. The toolkit aims to equip Department of Defence personnel with an increased understanding of how to support survivors navigating the practical and emotional concerns after suicide and is often the kit that is used as a reference point for many of the fact sheets—meaning that most fact sheets and other resources link back to this singular resource. A similar phenomenon exists within the UK, where most fact sheets and other resources for emergency services personnel refer to a single central document—*Ambulance service employee suicide: a postvention toolkit to help manage the impact and*



provide support. This marks the only reference to postvention for ambulance personnel in this guide, and while the toolkit is comprehensive for guiding the organisation through postvention processes, there is no research that underpins this guide which is specific to ambulance personnel.

This suggests that while there are information guides for military and emergency services personnel and their families impacted by a suicide death, practical services which are specifically tailored to their needs are still lacking. It also suggests that there is a cross-reliance on singular toolkits or resources within countries, where new resources are continually linking back to older sources as their foundation. While this is not a negative, it could present an issue with sustainability of resources into the future.

The *Guidelines for Suicide Postvention in Fire Service* – reported both as a standalone Standard of Practice (SOP) in this section and detailed in the research section of this guide as an academic research article – is a standout guide for its comprehension, rigour in which it was developed, specificity for the organisational needs, and basis in the local requirements of the service personnel at hand. While existing research and resources were used to inform the development of this SOP, the protocol itself was developed to account for the microculture that existed in the physical location of its development. This SOP can not only be used to guide the development of local procedures, but the process which was followed to develop this SOP could guide similar processes elsewhere. The six-stage guide can be accessed here: <https://www.iaff.org/suicide-postvention-sop/>



Table 5: Resources Related to Postvention in Military and Emergency Services Communities

Title	Year	Country	Population	Type	Description & Outcomes	URL
EMERGENCY SERVICES						
Ambulance service employee suicide: a postvention toolkit to help manage the impact and provide support.	2021	UK	Ambulance	Toolkit	This toolkit aims to assist ambulance service workers (particularly management and HR) to implement suicide management processes within their workplaces to help manage the impact of an employee suicide, minimise harm, and provide the best possible support to colleagues. It has been developed and provided through a collaboration between Samaritans and Association of Ambulance Chief Executives, based on research from both organisations and funding from the NHS. It is divided into 8 sections—an Introduction, followed by a step-by-step action plan for managing a suicide or attempt: Be prepared, Communicating after a suicide, When suicide happens, Grieving/post-traumatic phase, Legacy phase, and Reflection time. This is followed by further information and resources.	https://aace.org.uk/wp-content/uploads/2021/06/Samaritans_AACE-postvention-toolkit-June-2021.pdf
Suicide prevention and postvention guidance: Checklists for managers and people professionals	2023	UK	Firefighter	Checklist	This checklist aims to provide an overview for managing suicide prevention and suicide response and postvention within an organisation. It has been developed by The Fire Fighters Charity and Nottingham Trent University to provide information for anyone with management, supervisory or leadership responsibilities, using the Fire and Rescue Service context as an example, but encouraging a tailored approach for other organisations. Section A includes general questions for organisations relating to sensitivity and organisational culture, as well as training and response readiness. Section B includes a Suicide Prevention checklist—which lists risk factors, warning signs and potential issues for organisations, and a Suicide Postvention checklist—which outlines response and communication strategies. These are followed by links to additional postvention resources and the Appendix.	https://www.firefighterscharity.org.uk/wp-content/uploads/2023/09/OSN287_Firefighters_Suicide_Prevention_Brochure_AW%E2%80%9393interactive.pdf
Suicide postvention toolkit	2022	UK	Police	Toolkit	This toolkit aims to help senior leadership in police forces to support staff after the loss of a colleague to suicide. It may also be adapted to support staff who lose a family member or close friend outside the force to suicide. Police officers and staff from different roles across the service, as well as membership organisations, have contributed their insights and experiences to the development of this toolkit. This toolkit was developed by Samaritans, similar to the Ambulance Toolkit.	https://www.oscarkilo.org.uk/resources/toolkits-and-campaigns/suicide-postvention-toolkit
Fire Fighter Suicide How to Cope with Grief and Loss	2018	US/CAN	Firefighter	Fact Sheet	This fact sheet provides a list of strategies to help people bereaved by a firefighter’s suicide to cope in the aftermath, including numbers to Lifeline in Canada and the US. The fact sheet also provides a summary of common reasons as to why a firefighter (or	https://www.iaff.org/wp-content/uploads/2019/0

Title	Year	Country	Population	Type	Description & Outcomes	URL
					anyone for that matter) may choose to take their life, including reasons as to why the pain becomes unbearable. The fact sheet provides a list of normal emotional reactions to losing someone to suicide. This resource has been developed by the International Association of Fire Fighters.	4/41969_SuicideLossHandout_December2018_v3.pdf
How to talk about Fire Fighter Suicide	2018	US/CAN	Firefighter	Fact Sheet	This fact sheet provides an overview of communicating in the aftermath of a firefighter's death by suicide. Section 1 and Section 2 provide a list of principles that a bereaved person should consider when choosing who and how to talk to others about the suicide. Section 3 details how to face questions that may be inappropriate at the time for a person experiencing bereavement. Section 4 provides an overview as to navigating communities or people that may judge suicide harshly, encouraging survivors to find a place and people that they feel comfortable to talk to without experiencing judgement. This fact sheet was developed by the International Association of Fire Fighters and provides helpline numbers in the US and Canada to aid in a crisis.	https://www.iaff.org/wp-content/uploads/How to Talk about Fire Fighter Suicide.pdf
Guidelines for Suicide Postvention in Fire Service	2016	US	Firefighter	Standard Operating Procedure (SOP)	The SOP guideline has 6 sections. Section 1 discussed notification procedures, where it was recommended that departments follow the chain-of-command and existing policies, further recommending that firefighters should be briefed and provided with resources, referrals and helplines for themselves and others. Section 2 recommended a leader be appointed to coordinate the response to a suicide death, as well as appointing a liaison for the families who need help dealing with the loss. Section 3 of the SOP discussed how the response to a suicide will differ depending on whether it occurred in quarters or not, and that when it occurs in the quarters, it is treated like an emergency situation (call 911, attempt resuscitation and assess vitals). Section 4 recommends liaisons for the family, as well as an outline of the financial benefits. Section 5 highlights the importance of following-up to maximise the probability of the firefighters seeking mental health resources. Finally, section 6 concludes the postvention, with the following advice: set up regular meetings; ensure sufficient resources are available; and acknowledge that grief following suicide can take time to process.	https://www.iaff.org/suicide-postvention-sop/
Suicide Prevention, Intervention, & Postvention: Policy Guidance for Law Enforcement Agencies	2018	US/CAN	Police	Policy Guidance	This policy document, developed by the International Association of Chiefs of Police, provides a comprehensive overview of the steps law enforcement agencies can take in preventing and intervening, prior to a law enforcement officer suicide. The policy guidance also provides a comprehensive postvention strategy including the appropriate supports that should be offered to fellow officers, at all levels, and the families of those	https://www.theiacp.org/sites/default/files/Policy%2520Guidance_0%5B1%5D.pdf



Title	Year	Country	Population	Type	Description & Outcomes	URL
					<p>affected. Furthermore, the guidance details the importance of screening for suicide in the aftermath of a suicide, to prevent further deaths, and details the importance of acknowledging the death and commemorating the life of the officer—with the permission of the family—in ceremonies that do not differ from a non-suicide death of a police officer. In additional collaboration with the family, internal and external information should be appropriately managed, with a guidance protocol developed and actioned in the wake of a law enforcement officer suicide. A set of recommendations is also provided to agencies regarding when an officer dies in the line of duty and fellow officers witness the death, are exposed to the death, or are involved in the investigation. The importance of collecting postvention data is established and the recommendation that a protocol should be established, regarding the collection of such information. The policy guidance also contains further links to resources regarding supporting families and colleagues of those in law enforcement who have died by suicide.</p>	
After a suicide in blue: a guide for law enforcement agencies	2018	US/CAN	Police	Fact Sheet	<p>This fact sheet was developed by the International Association of Chiefs of Police and has five sections that contribute to a guide for law enforcement agencies. 1) The first section provides an overview of what postvention is and what that means to a law enforcement agency. 2) The second section details the key audiences a postvention policy should focus efforts, inclusive of colleagues, family, and the wider community. 3) Key postvention activities are provided, including development of enacting policies; leadership response and communication; designating teams dedicated to enacting postvention policy and activities; training for officers to spot the signs of a colleague struggling; provide peer support networks to those affected by the suicide; support for the family members of a law enforcement officer who dies by suicide; ensure that colleagues are provided with information regarding professional mental health support services through EAP providers; and ensuring that a psychological autopsy provides guidance to improve policies in law enforcement officer suicide prevention, intervention, and postvention. 4) An overview of when postvention efforts should begin and end at an agency level. 5) Encouraging law enforcement agencies to draw on expert opinion and evidence-based research to inform and improve agency policy.</p>	https://www.edc.org/sites/default/files/uploads/IACP-NOSI-After-Suicide.pdf
MILITARY						
Canadian Armed Forces clinician	2018	CAN	Military	Handbook	<p>This handbook is predominately focused on suicide prevention within the Canadian military and is designed for clinicians working with individuals at risk of suicide in the</p>	https://www.cpa-apc.org/wp-

Title	Year	Country	Population	Type	Description & Outcomes	URL
handbook on suicide prevention.					Canadian military. However, there is a section (pages 30-31) specific to losing a patient to suicide, and how to support clinicians, families, loved ones, and service members in the event of a Canadian military member suicide death.	content/uploads/CAF-Clinician-Handbook-18-FIN-EN.pdf
Military and Veteran Family Involvement in Suicide Prevention Efforts in Canada and Abroad	2021	CAN	Military	Fact Sheet	This fact sheet shares background information related to suicide in military and Veteran (mV) communities. It also shares preliminary research findings about how mV Families are affected by suicide and are involved in suicide prevention in mV communities around the world. The research involved systematically identifying and collecting academic research and policy and program reports. The content of these reports was then reviewed, combined, and interpreted together. Resources Canadian mV communities impacted by suicide are listed at the end of the factsheet.	https://atlasveterans.ca/documents/families-matter/families-matter-fact-sheet-e.pdf
Rocky Mountain MIRECC (Mental Illness Research, Education, and Clinical Center) Uniting for Suicide Postvention	NS	US	Military	WebHub	The Rocky Mountain MIRECC (Mental Illness Research, Education, and Clinical Center) within the U.S. Department of Veterans Affairs has a focus on Suicide Prevention, which has since generated a hub of information for postvention in the US military, called “Uniting for Suicide Postvention.” This webpage contains links to information for the wider community impacted by a military suicide, clinical providers impacted by a military suicide, and what a workplace should do in the event of a military suicide. The primary service for military families and service members referred to on this hub is the TAPS program.	https://www.mirecc.va.gov/visn19/postvention/
Once A Soldier – Time of Need Checklist	2021	US	Military	Checklist	Once A Soldier has a Time of Need Checklist, with step-by-step guidance for what to do immediately following the suicide death of a military personnel member. This checklist includes links to financial support available through Veterans Affairs.	https://www.onceasoldier.org/time-of-need-checklist/
Postvention Toolkit for a Military Suicide Loss (USA)	2019	US	Military	Toolkit	This is the primary toolkit utilised by the DoD in the US and is the reference point for most other resources. This toolkit aims to equip DoD personnel with an increased understanding of how to support survivors navigating the practical and emotional concerns after suicide. The intended audience of this toolkit includes chaplains, Casualty Assistance Officers, first responders (military police and emergency medical technicians), military investigators, non-clinical providers, and suicide prevention program managers. The information provided in the postvention toolkit for a military suicide loss focuses on the impact of suicide loss, postvention guidelines, essential practices for supporting survivors, tips on ensuring one’s fitness to support survivors, dedicated sections for each role describing responsibilities, as well as a list of organisations and resources that provide support to families and unit members.	https://www.resilience.af.mil/Portals/71/Documents/C.%20Postvention%20Documents/2021%20Postvention%20Toolkit%20for%20Military%20Suicide%20Loss%20w%20DAF%20comments.pdf



Title	Year	Country	Population	Type	Description & Outcomes	URL
U.S. Army Unit Commander's Suicide Postvention Handbook	NS	US	Military	Handbook	This document aims to provide United States Department of Defence personnel with tools and understanding to support the suicide survivors when navigating bereavement by suicide in an emotionally sensitive way. The toolkit aims to promote healing and minimise negative effects of suicide deaths, including preventing additional suicides as a result. The toolkit was created using policies, subject matter experts, research, and survivor feedback. The toolkit discusses three phases of postvention: Stabilise—address issues specific to suicide to promote healing and minimise risk; Grieve—grieving occurs throughout the postvention process and action is needed to facilitate and support healthy grieving, and thirdly; Grow—assist survivors in finding ways to experience post-traumatic growth. Additional suggestions include reaching out to survivors, being there to listen, not offering false comfort, and checking in on special days.	https://www.armyresilience.army.mil/suicide-prevention/pages/pdf/PWS%205.18_Graphic%20Imagery_Suicide%20Postvention%20Handbook.pdf
Reserve Component Suicide Postvention Plan: A Toolkit for Commanders	2012	US	Military	Toolkit	This toolkit aims to assist Reserve Component Commanders (and others in leadership positions) with developing a suicide postvention strategy for use when a unit member dies by suicide. It has been provided by the Defence Suicide Prevention Office and includes a Command Suicide Response Quick Reference Checklist at the beginning. Part 1 encourages a unit-level response plan and lists risk and protective factors at both the individual and organisational level. Survivor reactions and stages of grief are described and procedural advice for commanders is provided. Part 2 relates to interaction with family members, criminal investigations, and casualty or memorial affairs, as well as information relating to survivor benefits and funeral or memorial services. Part 3 provides advice for community-level interactions, including media entities, funeral service providers, and other organisations. The document also includes a list of resources, links to websites, and a guide to sensitive and appropriate language to use when discussing suicide.	https://www.armyresilience.army.mil/suicide-prevention/pages/pdf/Postvention-Plan-Reserve-Components.pdf
Leaders Guide to Suicide and Postvention Checklist	2016	US	Military	Checklist	This checklist is designed to assist leaders in guiding their response to suicides and suicide attempts, and is intended to augment any local policies. It incorporates “lessons learned” from leaders who have experienced suicide deaths in their unit. It is a guide intended to support a leader’s judgment and experience. The checklist does not outline every potential contingency which may result from a suicide or suicide attempt.	https://www.armyresilience.army.mil/suicide-prevention/pages/pdf/Leaders%20Guide%20and%20Suicide%20Postvention%20Checklist.pdf



Education and Training Programs

After conducting a comprehensive review of education and training programs, a significant gap was identified in post-suicide education initiatives catering to individuals affected by the suicide of military and emergency services personnel. Currently, there are no specific programs in Australia tailored to address the needs of families, peers, and others impacted by these deaths. This absence likely stems from a lack of understanding regarding the unique requirements of this community in Australia, resulting in a dearth of targeted advice or training for service providers, organizations, and individuals who may encounter situations necessitating support for bereaved families and peers of military and emergency services personnel who die by suicide. Even beyond the service personnel and families themselves, this includes professionals like funeral directors, teachers, general practitioners, mental health and allied health professionals, among others, who are likely to encounter those impacted by the suicide death of a service personnel member.

In terms of available post-suicide support education and training programs for military and emergency services personnel, the focus primarily revolves around preparing emergency responders to fulfill postvention roles, such as informing families about a suicide death. One such example is the Pathways to Care workshop offered by Standby Support after Suicide in Australia. This workshop aims to equip first responders with an understanding of the available pathways to care for those impacted by suicide deaths. This training can be found here: <https://standbysupport.com.au/workshops/>. Similarly, internationally, programs like Postvention Assisting those Bereaved By Suicide (PABBS) offered by Suicide Bereavement UK provide similar training to first responders. This training can be found here: <https://suicidebereavementuk.com/pabbs-training/>.

There is no specific training that supports or prepares military or emergency services communities in the event of a military or emergency services death by suicide, in Australia or internationally, which is available in any public domain.

It is worth noting that there is also no comprehensive understanding of *who* training should be for to best serve the needs of the community. While training in postvention for leadership is being investigated (Nassif, Mesias, & Adler, 2022), training time is a valuable resource, and it may be difficult to prioritise postvention training for leaders. It is possible that for best uptake and utilisation training might be better prioritised with chaplains or behavioural health personnel. However, this requires further investigation.



Ongoing Work & Areas for Further Investigation

Australia-specific – Emergency Services

Support After First Responder Suicide (SAFeRS) Study

MESHA are currently conducting a study exploring the supports available to those impacted by the suicide death of an emergency services worker. The aims of this study are to investigate the perceptions and experiences of the co-workers and family members of an Australian emergency services member who has died by suicide and understand the barriers and enablers to postvention care.

It consists of two components:

- A qualitative survey with open ended questions
- Semi-structured qualitative interviews

This mixed-method study design sits under a critical realist grounded theory framework, employing a qualitative narrative inquiry methodology. This design promotes the systematic collection and analysis of data in an iterative, cyclical process, allowing for the comparison of data to generate concepts and categories that consider the contextual structures, mechanisms, perceptions, and experiences that make up social reality. Designed in collaboration with a lived experience advisory committee, this study will help to build an understanding not only what is needed, but identify the barriers and enablers to knowledge of, access to, and utilisation of services and information that would assist with those needs.

This study has approval from the Flinders University Human Research Ethics Committee (approval no: 6564) and due to begin recruitment in May 2024.

Impact of Suicide on Firefighters in Australia

A PhD conducted by New South Wales Firefighter Tara Lal aims to understand the experiences of firefighters exposed to suicide in their personal and professional lives. This doctoral study explores the experiences of firefighters exposed to suicide situated within the unique cultural and organisational context of firefighting, examining how firefighters live with and through the experience of exposure to suicide in their personal and professional lives. The study is grounded in narrative inquiry methodology, using a qualitative reflexive paradigm with an insider researcher perspective. In-depth semi-structured interviews elicited the stories of 20 firefighters based in Australia who had been exposed to suicide occupationally and personally. A reflexive thematic analysis was used to draw out meanings across and within the shared stories of firefighters. This dissertation was submitted for examination in January 2024.



Australian Specific – Military

Royal Commission into Defence and Veteran Suicide

The Royal Commission into Defence and Veteran Suicide began on 8 July 2021 to investigate the high rates of suicide in Defence and veteran communities and make recommendations to government. An Interim Report was handed to the Governor General on 11 August 2022, which provided 13 recommendations to the Australian Government. The recommendations centred around issues identified by the Royal Commission as requiring urgent and immediate action. These include legislative reform; claims processing at DVA; protections for those wishing to engage with the Royal Commission; and improving the Royal Commission's access to information protected by parliamentary privilege and public interest immunity.

Since then, private session applications closed on 28 April 2023 and written submissions closed on 13 October 2023. In total, 5889 submissions were received, with 933 of these published publicly. The commission also had 6158 phone enquiries, 705 private sessions, and 308 witnesses at hearings. Submissions continue to be published publicly as the commission is being conducted.


The Final Report from this Royal Commission is due by 9 September 2024

Review of public Royal Commission Submissions

MESHA are in the process of reviewing the public Royal Commission submissions for content specific to postvention, to understand if a specific postvention needs assessment is required, or if the Royal Commission documents will provide enough information to support specific policy and service development.

As of now, 530 out of the 933 submissions have undergone review. Among these, 46 submissions have been pinpointed as relevant to the topic of completed suicide among veterans, potentially shedding light on the needs of bereaved family members, friends, and colleagues or offering suggestions for postvention measures. However, out of these 46 submissions, only one provides a detailed account of the author's personal experience with bereavement. In most instances, submissions from authors are primarily focused on suicide prevention and include only brief mentions of their own bereavement experiences.

It should be noted that less than one fifth of submissions have been made publicly available, and that it is very likely that more information regarding postvention are available within the submissions not currently available to the public. MESHA will continue to examine submission as they are made available.



International – Military and Emergency Services

Experiences and perceptions of bereaved family members and co-workers of emergency service first responders and military personnel who have died by suicide: a qualitative systematic review.

MESHA are in the process of finalising a qualitative systematic review exploring the experiences and perceptions of bereaved family members and co-workers of emergency service first responders and military personnel who have died by suicide. This systematic review identified seven ($n = 12$) qualitative or mixed-methods articles for qualitative meta-synthesis to better understand the perception and experiences of postvention support (or lack thereof) for families and coworkers of both military and emergency services personnel. Originally performed as two separate systematic review searches, the protocols for these reviews are registered on PROSPERO: CRD42022352833 and CRD42022330438.

This systematic review is set to be submitted for publication in April 2024.

Families Matter Research Group – Canada

The Families Matter Research Group in Canada have been conducting a suite of studies investigating suicide prevention, intervention, and postvention in military and emergency services communities. While a number of these studies have been published, current publicly available publications are focused more on suicide prevention (i.e. DuBois et al., 2023). However, ongoing work includes examining how families are involved in police and law enforcement, family involvement in policy pathways, and a critical policy synthesis around families, military and veterans.

- A scoping review of families in suicide research among police and law enforcement.
- How are families involved in suicide prevention guidelines? A systematic literature review and narrative synthesis —looking beyond occupation to just try to find any real evidence-informed guidelines or practices around including families in suicide prevention pathways.
- A Critical Policy Synthesis of families, military, and veterans: This critical policy synthesis is a critical interrogation of the role and placement of families across suicide prevention pathways in policy and academic research that exposes the ways in which families are positioned as a perpetual supply of support, responsabilised for prevention while simultaneously implicated as risk factors, and where occupations, organizations, and families may have competing interests around suicide prevention. Families are typically implied in policy and are generally looked at as narrow constructions of families. This work will also examine how families are not involved in the policy or supports, so their needs aren't reflected. Postvention considerations will be examined within this critical policy synthesis.



International Emergency Services

No on-going work for emergency services in the space of postvention was identified in international settings.

International Military

At Your Side Armed Forces Bereavement Resource Guides - UK

Suicide Bereavement UK Managing Director Dr Sharon McDonald in the UK has recently completed the Armed Forces Bereavement Study, funded by NHS England and approved by the Ministry of Defence. This study conducted a total of 30 qualitative, in-depth interviews with those who have lost someone serving or a veteran to suicide and identified key issues including good and bad practice for serving personnel and veterans and how those bereaved would like to be cared for. It has so far resulted in three new suicide bereavement guides, called At Your Side, which are currently being produced—for serving personnel, veterans and families—each exploring six themes highlighted through the study: suicide and its impact, grief responses, coping responses, practical matters, talking to children and young people about suicide, and useful contact and resources. These guides are scheduled to be made publicly available in early 2024.


Leader Assessment of the Department of Defence's Toolkit for Managing Suicide-Related Events – US

As outlined earlier in this scan, the Postvention Toolkit for a Military Suicide Loss is a primary resource to assist Department of Defence personnel in supporting the military community following suicide-related events. However, this Toolkit has not been evaluated. Currently, a study is underway examining the perception of military leaders of the Toolkit and gather feedback to its content and usefulness. This study aims to interview 100 military leaders to obtain feedback. This study can be viewed on the federal register here: <https://www.federalregister.gov/documents/2023/12/06/2023-26779/proposed-collection-comment-request>.



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Appendix 1: Independent Google Searches performed for Service Map and Desktop Review

BROAD – SUICIDE POSTVENTION

1. Post-suicide Services
2. Post-suicide Supports
3. Post-suicide Resources
4. Post-suicide Guidelines
5. Suicide postvention Services
6. Suicide postvention Supports
7. Suicide postvention Resources
8. Suicide postvention Guidelines
9. Grief Services for Suicide
10. Grief Supports for Suicide
11. Grief Resources for Suicide
12. Grief Guidelines for Suicide
13. Bereavement Services for Suicide
14. Bereavement Supports for Suicide
15. Bereavement Resources for Suicide
16. Bereavement Guidelines for Suicide

BROAD – MILITARY AND EMERGENCY SERVICES


17. Services for Australian Defence Force member
18. Services for Australian Defence Force family
19. Services for Veterans
20. Services for Veterans' family
21. Services for Military
22. Services for Military family
23. Services for Firefighter
24. Services for Firefighter family
25. Services for Paramedics
26. Services for Paramedics family
27. Services for Police
28. Services for Police family
29. Services for First Responder
30. Services for First Responder family
31. Services for Emergency services
32. Services for Emergency services family
33. Services for Public Safety Personnel
34. Services for Public Safety Personnel family
35. Services for Emergency Medical Technicians families
36. Services for Emergency Medical Technicians
37. Services for Law Enforcement
38. Services for Law Enforcement families
39. Supports for Australian Defence Force member
40. Supports for Australian Defence Force family
41. Supports for Veterans


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42. Supports for Veterans' family
 43. Supports for Military
 44. Supports for Military family
 45. Supports for Firefighter
 46. Supports for Firefighter family
 47. Supports for Paramedics
 48. Supports for Paramedics family
 49. Supports for Police
 50. Supports for Police family
 51. Supports for First Responder
 52. Supports for First Responder family
 53. Supports for Emergency services
 54. Supports for Emergency services family
 55. Supports for Public Safety Personnel
 56. Supports for Public Safety Personnel family
 57. Supports for Emergency Medical Technicians families
 58. Supports for Emergency Medical Technicians
 59. Supports for Law Enforcement
 60. Supports for Law Enforcement families


SPECIFIC – SUICIDE POSTVENTION FOR MILITARY AND EMERGENCY SERVICES


61. Post-suicide Services for Australian Defence Force member
62. Post-suicide Services for Australian Defence Force family
63. Post-suicide Services for Veterans
64. Post-suicide Services for Veterans' family
65. Post-suicide Services for Military
66. Post-suicide Services for Military family
67. Post-suicide Services for Firefighter
68. Post-suicide Services for Firefighter family
69. Post-suicide Services for Paramedics
70. Post-suicide Services for Paramedics family
71. Post-suicide Services for Police
72. Post-suicide Services for Police family
73. Post-suicide Services for First Responder
74. Post-suicide Services for First Responder family
75. Post-suicide Services for Emergency services
76. Post-suicide Services for Emergency services family
77. Post-suicide Services for Public Safety Personnel
78. Post-suicide Services for Public Safety Personnel family
79. Post-suicide Services for Emergency Medical Technicians families
80. Post-suicide Services for Emergency Medical Technicians
81. Post-suicide Services for Law Enforcement
82. Post-suicide Services for Law Enforcement families
83. Post-suicide Supports for Australian Defence Force member
84. Post-suicide Supports for Australian Defence Force family
85. Post-suicide Supports for Veterans
86. Post-suicide Supports for Veterans' family
87. Post-suicide Supports for Military
88. Post-suicide Supports for Military family

- 89. Post-suicide Supports for Firefighter
- 90. Post-suicide Supports for Firefighter family
- 91. Post-suicide Supports for Paramedics
- 92. Post-suicide Supports for Paramedics family
- 93. Post-suicide Supports for Police
- 94. Post-suicide Supports for Police family
- 95. Post-suicide Supports for First Responder
- 96. Post-suicide Supports for First Responder family
- 97. Post-suicide Supports for Emergency services
- 98. Post-suicide Supports for Emergency services family
- 99. Post-suicide Supports for Public Safety Personnel
- 100. Post-suicide Supports for Public Safety Personnel family
- 101. Post-suicide Supports for Emergency Medical Technicians families
- 102. Post-suicide Supports for Emergency Medical Technicians
- 103. Post-suicide Supports for Law Enforcement
- 104. Post-suicide Supports for Law Enforcement families
- 105. Post-suicide Resources for Australian Defence Force member
- 106. Post-suicide Resources for Australian Defence Force family
- 107. Post-suicide Resources for Veterans
- 108. Post-suicide Resources for Veterans' family
- 109. Post-suicide Resources for Military
- 110. Post-suicide Resources for Military family
- 111. Post-suicide Resources for Firefighter
- 112. Post-suicide Resources for Firefighter family
- 113. Post-suicide Resources for Paramedics
- 114. Post-suicide Resources for Paramedics family
- 115. Post-suicide Resources for Police
- 116. Post-suicide Resources for Police family
- 117. Post-suicide Resources for First Responder
- 118. Post-suicide Resources for First Responder family
- 119. Post-suicide Resources for Emergency services
- 120. Post-suicide Resources for Emergency services family
- 121. Post-suicide Resources for Public Safety Personnel
- 122. Post-suicide Resources for Public Safety Personnel family
- 123. Post-suicide Resources for Emergency Medical Technicians families
- 124. Post-suicide Resources for Emergency Medical Technicians
- 125. Post-suicide Resources for Law Enforcement
- 126. Post-suicide Resources for Law Enforcement families
- 127. Post-suicide Guidelines for Australian Defence Force member
- 128. Post-suicide Guidelines for Australian Defence Force family
- 129. Post-suicide Guidelines for Veterans
- 130. Post-suicide Guidelines for Veterans' family
- 131. Post-suicide Guidelines for Military
- 132. Post-suicide Guidelines for Military family
- 133. Post-suicide Guidelines for Firefighter
- 134. Post-suicide Guidelines for Firefighter family
- 135. Post-suicide Guidelines for Paramedics
- 136. Post-suicide Guidelines for Paramedics family
- 137. Post-suicide Guidelines for Police


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138. Post-suicide Guidelines for Police family
 139. Post-suicide Guidelines for First Responder
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 147. Post-suicide Guidelines for Law Enforcement
 148. Post-suicide Guidelines for Law Enforcement families
 149. Suicide postvention Services for Australian Defence Force member
 150. Suicide postvention Services for Australian Defence Force family
 151. Suicide postvention Services for Veterans
 152. Suicide postvention Services for Veterans' family
 153. Suicide postvention Services for Military
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 155. Suicide postvention Services for Firefighter
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187. Suicide postvention Supports for Public Safety Personnel
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 221. Suicide postvention Guidelines for Firefighter
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