



ACT  
Mental Health  
Consumer Network

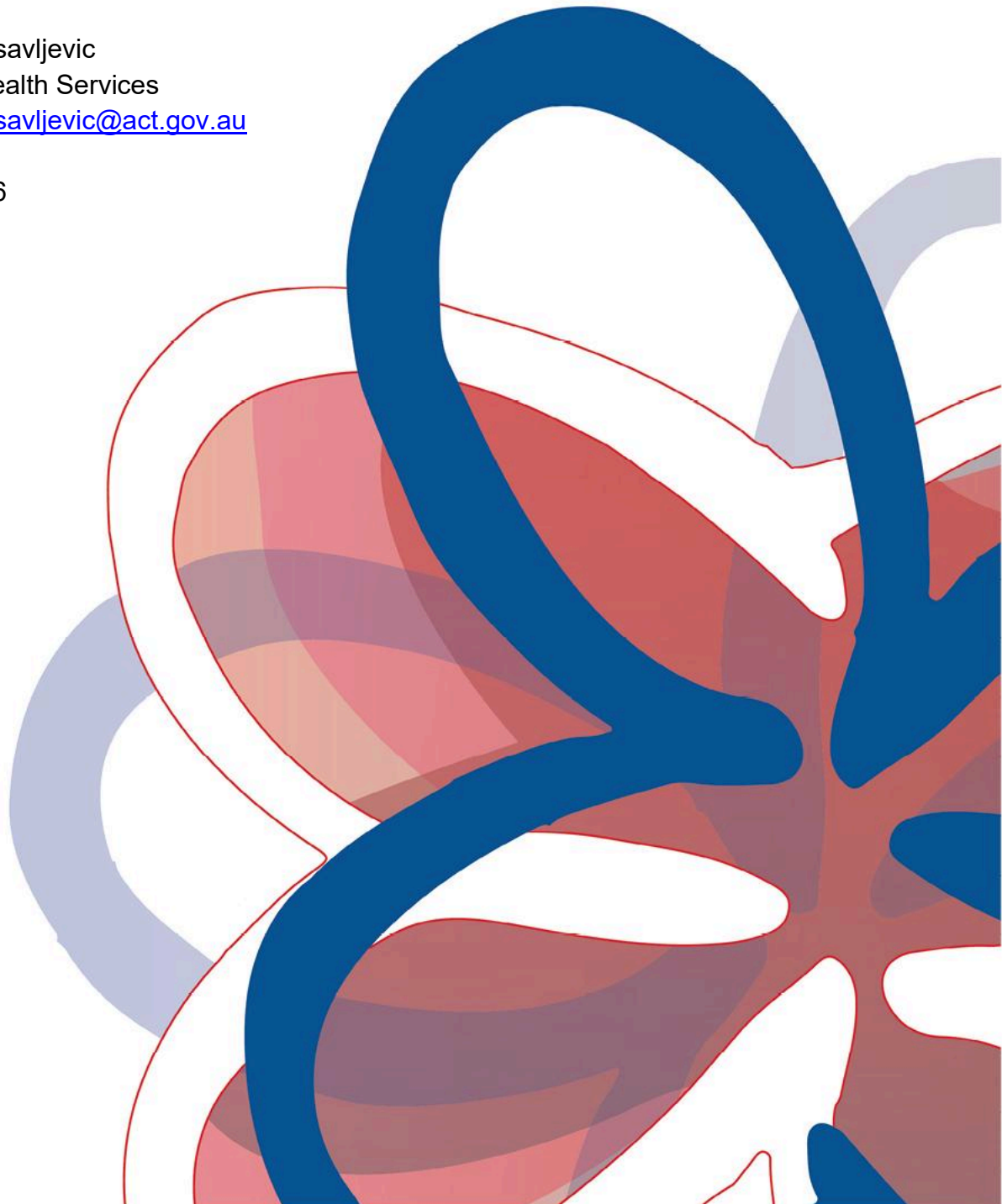
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**Submission: Review of MHJHADS Bereavement and  
Postvention Support Guideline**

Submitted by email to:

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## **Submission: Review of MHJHADS Bereavement and Postvention Support Guideline**

This submission has been prepared by the ACT Mental Health Consumer Network (the Network) in response to the invitation from the Canberra Health Services (CHS).

### **Acknowledgment of Country**

We wish to acknowledge the Ngunnawal people as traditional custodians of the land upon which we sit and recognise any other people or families with connection to the lands of the ACT and region. We wish to acknowledge and respect their continuing culture and the contribution they make to the life of this city and this region. We would also like to acknowledge and welcome other Aboriginal and Torres Strait Islander people may be reading this submission, and we recognise the ongoing contributions of all Indigenous peoples to ACT society and Australia more broadly.

### **Recognition of lived experience**

We wish to recognise people with mental health illness (consumers<sup>1</sup>) whose resilience and work contributes to creating a better mental health system for the Australian Capital Territory (ACT) and a more compassionate society for all.

### **The ACT Mental Health Consumer Network**

The Network is a consumer-led peak organisation representing the interests of mental health consumers in the ACT in policy and decision-making forums. The Network is committed to social justice and the inclusion of people with experience of mental illness. Run by consumers for consumers, our aim is to advocate for services and supports for mental health consumers which better enable them to live fuller, healthier and more valued lives in the community.

### **General comments**

The Network welcomes the opportunity to contribute to the review of the Bereavement and Postvention Support Guideline. Through consultation, consumers identified a range of issues across several key areas requiring further consideration

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<sup>1</sup> We use the term 'consumer' because it is the established and widely understood descriptor across ACT legislation, policy frameworks and advisory structures, ensuring clarity and consistency in our systemic advocacy. At the same time, we recognise that people with lived experience do not all identify with the same language, and that terms such as 'people with lived experience' and 'peer' are increasingly used in contemporary contexts were relevant. Our approach is to retain 'consumer' where required for system engagement, while respecting individuals' right to self-identify in the way that best reflects their experience. This supports inclusion, aligns with national lived experience guidance, and maintains the Network's authority and effectiveness within the mental health system.

and review. This submission incorporates both verbal and written feedback from consumers.

Consumers highlighted the following areas of concern:

- Access to localised and culturally appropriate support services;
- Suicide bereavement and postvention considerations;
- Workforce roles, training, and responsibility;
- Privacy and communication practices; and
- Evaluation and debriefing processes.

Each of these matters is discussed in detail below, followed by a consolidated list of recommendations provided by consumers.

#### *Access to localised and culturally appropriate support services*

Consumers noted that Section 4 (p. 8) includes a broad range of support services, but it is not always clear how staff should determine which supports are most appropriate or locally relevant in different situations. While the inclusion of national services and online resources is helpful, consumers indicated that clearer and more comprehensive guidance on ACT-based services would improve practical usability.

In Section 5 (p. 10), consumers suggested strengthening guidance regarding culturally and linguistically appropriate supports, including services for migrant and culturally and linguistically diverse (CALD) communities, Aboriginal and Torres Strait Islander peoples, and pathways to social work and counselling services.

Further, the description of Spiritual Support Services could be clarified, particularly in relation to whether they provide access to chaplains or spiritual leaders from a range of faiths (e.g. Christian, Hindu, Buddhist, Muslim), and how quickly these supports can be accessed when required.

#### *Suicide bereavement and postvention considerations*

While suicide bereavement resources are referenced, there is no dedicated section outlining suicide-specific bereavement and postvention considerations. Consumers suggested that this could be an additional section/subsection within the Guideline.

Clearer guidance is recommended on

- additional considerations for suicide bereavement;
- tailored communication and support needs; and
- appropriate postvention responses.

Also noted was that reliance on external resources may reduce accessibility in time-sensitive situations, particularly in suicide bereavement contexts.

### *Workforce roles, training, and responsibility*

Consumers identified a need for clearer guidance on who is responsible for providing bereavement and postvention support to families and carers. While the Guideline refers to staff with a strong rapport or familiarity with the deceased, it is not always clear whether responsibilities are formally assigned or determined by staff availability.

Expectations for clinical staff, non-clinical staff, and students under supervision should be more clearly defined to ensure consistent role delineation. In addition, the Guideline could specify whether staff are required to undertake structured training or orientation in bereavement communication, cultural considerations and postvention support.

### *Privacy and communication practices*

Consumers acknowledged the emphasis on privacy legislation and documentation requirements in Section 5 (p. 10); however, they noted that the Guideline focuses mainly on formal processes, with less attention to informal communication contexts.

It is essential to reinforce that confidentiality obligations continue after death and apply to

- informal staff conversations;
- communication in shared environments; and
- interactions involving visitors or non-clinical staff.

Further, it is recommended that privacy guidance clarify the distinction between providing bereavement support and sharing personal or clinical information with families and carers.

### *Evaluation and debriefing processes*

Consumers suggested strengthening the evaluation section (p. 11) to include clearer indicators of implementation and effectiveness.

Suggested evaluation considerations include

- staff training provided at orientation;
- accessibility and timeliness of bereavement support;

- documentation of support provided; and
- inclusion of culturally appropriate supports.

Incorporating debriefing processes following bereavement and postvention support is also recommended. These processes would support staff wellbeing and enable reflection on whether support was timely and appropriate, as well as identify opportunities for improvement in practice.

## **Recommendations**

### ***Recommendation 1***

In Sections 4 and 5 (p. 8, p. 10), clarify how staff identify and access appropriate ACT-based, culturally appropriate, and spiritual bereavement supports, including availability and timeliness.

### ***Recommendation 2***

Include a section/subsection on suicide bereavement and postvention, outlining tailored communication, support needs, appropriate responses, and reduced reliance on external resources in time-sensitive situations.

### ***Recommendation 3***

Clarify roles and responsibilities across clinical, non-clinical, and supervised staff, including whether these are formally assigned or based on availability or relationships.

### ***Recommendation 4***

Specify requirements for staff training and orientation in bereavement communication, cultural considerations, and postvention support.

### ***Recommendation 5***

In Section 5 (p. 10), strengthen privacy guidance to address informal communication, reinforce confidentiality after death, and clarify the distinction between support and sharing clinical information.

### ***Recommendation 6***

In the evaluation section (p. 11), include indicators on training, accessibility, timeliness, documentation and cultural responsiveness.

### ***Recommendation 7***

Include debriefing or reflective review processes following bereavement and postvention interactions.

### **Conclusion**

Consumers welcomed the opportunity to contribute to the MHJHADS Bereavement and Postvention Support Guideline. Their feedback aims to improve clarity, consistency, cultural responsiveness, and practical application of the Guideline, while strengthening supports for relevant stakeholders following the death of a patient.