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Suicide Postvention as Suicide Prevention: Best Practices and Recommendations

İntihar Önleme Çalışması Olarak İntihar Sonrası Müdahale: En İyi Uygulamalar ve Öneriler

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ABSTRACT

Suicide can impact not only the person who attempts suicide, but also bystanders, relatives, first-responders, mental health workers and even distant members of society. These effects include secondary trauma, depression, grief, and new suicide attempts. In this context, suicide postvention as a critical part of suicide prevention aims to provide timely psychosocial support and reduce subsequent risks for affected ones. However, its integration into national health systems seems limited, especially in low- and middle-income countries although there is a growing body of literature. Therefore, this narrative review aims to introduce the concept of suicide postvention; to examine best practices by classifying them under thematic areas such as psychological support services, school-based interventions, media guidelines, volunteer efforts and experimental studies; and to make recommendations by evaluating the current situation in Türkiye. The study implies a global trend from the traditional reactive approach toward a proactive and multidisciplinary approach by exemplifying creative efforts. Finally, it highlights the need for an evidence-based, culturally sensitive and inclusive national strategy and innovative practices to support Turkish community mental health in postvention services. This strategy should encompass not only emergency interventions but also long-term education and awareness programs to strengthen societal resilience.

Keywords: Suicide postvention, preventive health services, psychosocial support, suicide

ÖZ

İntihar sadece intihar girişiminde bulunan kişiyi değil, aynı zamanda olaya şahitlik edenleri, olayzedenin yakınlarını, ilk müdahale ekiplerini, ruh sağlığı çalışanlarını ve hatta toplumun diğer üyelerini etkilemektedir. Bu etkilere ikincil travma, depresyon, yas ve yeni intihar girişimleri dahil edilebilmektedir. Bu bağlamda intihar sonrası müdahale, olaydan etkilenenler için zamanında psikososyal destek sağlamayı ve riskleri azaltmayı amaçlamaktadır. Ancak intiharı önlemenin önemli bir parçası olarak intihar sonrası müdahale hakkında artan kanıtlara rağmen -özellikle düşük ve orta gelir düzeyindeki ülkelerde- ulusal sağlık sistemlerine entegrasyonu sınırlı kalmaktadır. Bu nedenle, bu betimsel derleme çalışması, intihar sonrası müdahale kavramını tanıtmayı; en iyi uygulamaları psikolojik destek hizmetleri, okul tabanlı müdahaleler, medya yönergeleri, gönüllü çabalar ve deneysel çalışmalar gibi tematik alanlar altında sınıflandırarak incelemeyi ve Türkiye'nin mevcut durumunu değerlendirerek öneriler getirmeyi amaçlamaktadır. Bu çalışma, özgün müdahalelere örnekler sunarak, geleneksel ve tepkisel yaklaşımlardan proaktif ve multidisipliner yaklaşımlara doğru yönelen küresel eğilimi vurgulamaktadır. Son olarak Türk toplumunda ruh sağlığının korunması ve güçlendirilmesi için, intihar sonrası müdahale hizmetlerine yönelik kanıta dayalı, kültürel bağlama duyarlı ve kapsayıcı bir ulusal stratejinin geliştirilmesine duyulan ihtiyaç ön plana çıkarılmaktadır. Bu strateji, yalnızca acil müdahaleleri değil, uzun vadeli toplumsal dayanıklılığı güçlendirecek eğitim ve farkındalık programlarını da içermelidir.

Anahtar sözcükler: İntihar sonrası müdahale, önleyici sağlık hizmetleri, psikososyal destek, intihar

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Introduction

Suicide as a societal and mental health problem claims over 720,000 lives annually worldwide, with each case potentially leading to 20 attempts while it is expected to exceed one million by 2030 (WHO 2024). As another indicator, the global crude suicide rate is 9.1 per 100,000, while in Türkiye, it stands at 4.76 with approximately 25% increase over the last decade (TÜİK 2024). Although Türkiye's rate is below both the global (9.1) and European (10.2) averages, it remains one of the highest among Middle Eastern and Western Asian countries (Rezaeian 2010, Poyraz and Çalışkan 2019).

According to Berman (2011), if a suicide decedent is a spouse/partner or parent, approximately sixty people are affected by the incident, while for a sibling or friend, the number ranges between forty-five and fifty. Studies claim that numbers can be higher in collectivistic cultures (Suh et al. 2017, Kirmayer 2022). These people are generally referred to as suicide survivors and include relatives, friends, and witnesses of the incident, first responders, and other healthcare professionals (Cerel et al. 2013). According to the literature, psychological issues such as depression (Hofman and Wagner 2025), post-traumatic stress disorder (Hagström et al. 2025), panic attacks (Brent et al. 1995), stigmatization (Evans and Abrahamson 2020) and prolonged grief reactions (Levi-Belz and Ben-Yaish 2022) are especially common among relatives and witnesses following a suicide, whereas secondary trauma reactions may occur among first responders and mental health professionals (Whitworth et al. 2023).

This influence can evolve to a point where it affects large circles of society through the press and social media, triggering new suicide attempts. For instance, in 2019, news of four adult siblings who died by suicide through the use of substances in Türkiye received widespread coverage in the national press. Details of how this tragic event occurred were shared through interviews with witnesses and relatives, and comments were made about the decedent (BBC Turkish 2019). A few weeks later, many people from different backgrounds in many cities of Türkiye began to commit suicide using the same method (Habertürk 2022). As is evident, giving too many details about suicidal behaviors can trigger new suicides known as the Werther effect (also known as suicide contagion or copycat suicide). It was first noticed in the novel "The Sorrows of Young Werther" by Johann Wolfgang von Goethe, which tells the story of a romantic love affair that ends in suicide, and it strikingly emphasizes the importance of attention to the management of the post-suicide process and interventions for suicide survivors (Phillips 1974). It is especially observed after news of the suicide of well-known fictional or real people who resonate with the public (Domaradzki 2021).

Considering the prevalence and adverse consequences of suicide, suicide prevention seems critical for the protection of public mental health. Hill et al. (2022) categorize it into three domains: prevention, intervention to suicide, and suicide postvention. While the first and the second types of practices are widely implemented at institutional, national, and international levels, the recognition of postvention remains limited (Andriessen et al. 2019a). In this regard, this narrative study aims to introduce suicide postvention, review best strategies and models, and offer recommendations by evaluating the status of postvention in Türkiye.

The Concept, Target Groups, and Functions of Suicide Postvention

Postvention was first defined by Schneidman (1975) as *"interventions to address the care of bereaved survivors, caregivers, and health care providers; to destigmatize the tragedy of suicide and to assist with the recovering process; and to serve as a secondary prevention effort to minimize the risk of subsequent suicides due to complicated grief, contagion, or unresolved trauma*". Andriessen (2009) later expanded this definition as "*activities developed by, with, or for suicide survivors to facilitate recovery after suicide and prevent negative outcomes, including suicidal behavior*."

As described by Schneidman (1975), the main target groups of suicide postvention include relatives, bereavers, bystanders, first responders, general and mental health providers, and even affected others in society. However, some sub-groups may be in a more critical position due to risk factors and disadvantages. For instance, adolescents and young adults are at much higher risk than the general

population (Randall et al. 2015). Similarly, emotional closeness to the decedent, a family or individual history of psychiatric problems or drug use constitute other major risk factors (Erlangsen and Pitman 2017). These factors shape how suicide postvention services function. Their main common functions are to ensure a better understanding of the etiology and risk factors of suicide, to prevent social stigmatization of people involved in suicide, to ensure that the consequences of the event are systematically examined, to emphasize the recovery processes of the victims, and to prevent new suicide attempts (Maple et al. 2017). In essence, the psychological, social, economic, and societal effects of suicide require postvention efforts to be addressed from a multidimensional perspective. Therefore, how postvention approaches are presented in theoretical and practical frameworks sheds light on future studies.

Best Postvention Strategies, Guidelines, and Models

Suicide postvention strategies and guidelines are among the critical elements that determine sensitivity to the needs of the survivors and the effectiveness of delivered services. Therefore, it is essential for all practices to have a theoretical background. Campbell et al. (2004) categorized the theoretical framework into two: traditional and active models. In the traditional model, service providers remain largely passive, meaning survivors must seek them out rather than being approached by providers. Under this model, the first responders are typically law enforcement officers or emergency medical personnel, who focus on securing the scene and preserving evidence for any criminal investigation. They generally do not address the psychological impacts on victims—such as fear, surprise, or shock—resulting from the incident.

The active model, emerging as a criticism of the traditional model, includes services that reach out to victims preemptively and, if possible, provide uninterrupted support without waiting for them to call for help (Aguirre and Slater 2010). This theoretical model aims to assess the risks of the victims and intervene earlier, thus providing more effective results. In this model, not only officers and first responders but also mental health providers and volunteers trained in suicide postvention services are involved in service delivery (Campbell et al. 2004). It is considered modern and efficient because it ensures the safety of the post-event environment and evidence, while also addressing the psychological needs of survivors.

Postvention services vary in structure, format, and target population. These differences largely arise from cultural and individual factors in survivors' needs, differences in the form or duration of grief responses, and individual or societal perceptions of the suicide event and help-seeking (Dyregrov 2011). However, these services can be delivered in diverse places such as schools, workplaces, mental health centers, religious institutions, public spaces, media, and digital platforms. Structured guidelines can ensure that these varied settings align with broader mental health initiatives and effectively meet the diverse needs of suicide survivors.

Structured guidelines or policies maintain integrity across these diverse settings, ensuring alignment with broader mental health initiatives. Postvention guidelines are typically aligned with national mental health policies and services. While the LIVE LIFE guide by WHO provides a framework at the international level (WHO 2021), the best guideline examples at the national level include the United Kingdom's Suicide Prevention Strategy (UK Government 2023) and Australia's Fifth National Mental Health and Suicide Prevention Plan (Mental Health Commission of Australia 2017). Other well-established examples include the United States National Strategy for Suicide Prevention (US Department of Health and Human Services 2024) and India's National Suicide Prevention Strategy which aims for a 10% reduction in suicide mortality by 2030 (The Government of India 2022).

Psychological Support Services

Professional interventions after suicide include multifaceted and systematic practices developed to support individuals in managing their secondary trauma and grief related to the suicide event (Andriessen et al. 2019b). These interventions can be classified as rapid interventions in the moment of crisis, long-term interventions, and community-level interventions aimed at increasing long-term social awareness (Jordan and McIntosh 2011). From the first hours after a suicide event, responding teams reach out to the survivors to observe how the incident affects people, administer psychological first aid, and assess the

needs of the survivors. They are classified into low-, medium-, high-risk, and clinical groups based on the level of impact (Andriessen et al. 2019b): Informative and awareness-raising posters or booklets are distributed to low-risk survivors. For medium-risk groups, activities such as open support groups, self-help groups, and memorial days are offered. Services such as individual and group counseling are provided for high-risk people. Finally, psychotherapy and pharmacological treatment options are offered for clinically affected ones.

The American Foundation of Suicide Prevention's Local Outreach to Suicide Survivors (LOSS) model stands out as a service that structures these efforts throughout the country, especially with efforts such as managing the chaos at the scene, supporting the grieving bereaved relatives, and assisting with the investigation into the incident (AFSP 2023). Professional teams continue to support the family and relatives by staying in contact with them for weeks following the incident (McNally et al. 2017). Similarly, Suicide Action Montréal (2025) in Canada stands out with its qualified follow-up system, maintaining contact with the survivors for up to 36 hours through 24/7 crisis helplines and emergency psychological support services.

Another service is suicide hotlines, which play a critical role in reaching individuals with suicidal thoughts and directing them to support services by providing immediate support in times of crisis. Through these hotlines, individuals can receive emotional support, share their suicidal thoughts, and be referred to appropriate support services. Hotlines are an integral part of suicide intervention efforts as they help prevent possible new attempts and facilitate people's coping with the aftermath of suicide. These hotlines have the advantage of being accessible to anyone regardless of geographic location, providing anonymity, and offering immediate support at times of crisis (Jordan and McIntosh 2011). For example, national hotlines such as the 988 Suicide and Crisis Lifeline (Vibrant Emotional Health 2005) in the United States, Samaritans (2020) of the United Kingdom, and Australia's Lifeline (2025) provide 24/7 support to people who are having suicidal thoughts or are in crisis. Among these, Samaritans stand out as a service run by volunteer experts, allowing them to operate independently of public institutions. In addition, survivors can meet, write, and access information anonymously through suicide-related websites. These platforms offer resources on suicide, grieving, post-traumatic stress disorder, secondary trauma, or access to self-help tools. There are also specialized suicide hotlines for adolescents and young people such as ChildLine in the UK, Kids Help Phone in Canada, and Kids Helpline in Australia. Through these lines, young people can get help by phone, text, or online chat.

Other professional interventions become relevant as the post-suicide period progresses from the acute phase to the processing or recovery/reorientation period (Andriessen et al. 2019b). These services particularly target moderately or highly affected survivors. The Danish Network for People Affected by Suicidal Behavior provides peer support groups across many local areas of the country, creating a safe environment where survivors can share their experiences and feel that they are not alone (NEFOS 2025). It supports individuals in their healing process by providing information about suicide, the grieving process, and coping mechanisms through psychoeducational programs. The organization expands its reach to a wider audience through collaborations and has a systematic structure that can reach survivors in any region. Additionally, online group work facilitates victims' access to service providers (Erlangsen and Fleischer 2017). The De Leo Fund Foundation in Italy offers innovative services such as animal-assisted therapy and art therapy, in addition to standard individual and group grief counseling services (Andriessen et al. 2017).

As a striking example, ProRail developed a specialized program to equip railway employees with the skills to recognize and intervene with individuals at risk, aiming to prevent further incidents following a rise in railway suicides potentially linked to the Werther effect in the Netherlands (Veer and Nijhuis 2017). The Cruse Bereavement Support (2025) in the United Kingdom also organizes specific workshops for employers and employees, particularly in cases of suicide in the workplace. Experts have also developed specialized interventions for groups at high risk of suicide: the Invisible Older Adults project in Denmark addressing suicide among the elderly (Erlangsen and Fleischer 2017); the Army Suicide Postvention Program in the USA targeting military suicides (Reed et al. 2017); and the Victim Care Unit in Belgium, designed for children and adolescents who have lost a parent to victimization (Willems and Hoebrechts 2017).

School-based Services

Due to increasing rates of youth suicides and heightened vulnerability to suicidal thoughts and behaviors among adolescents following peer suicides, experts have developed special postvention interventions for schools (Williams et al. 2022). Some countries have implemented school-based support programs, but the effectiveness of these remains debated (Cusimano and Sameem 2011). Accordingly, in a Delphi study, a group of international experts collaboratively defined the key stages of such interventions as follows (Cox et al. 2016): Developing an emergency response plan; establishing and activating an emergency response team; managing a suspected suicide incident on school grounds; contacting the family of the deceased student; informing staff; students; parents and broader community about the suicide; identifying and supporting high-risk students; providing ongoing support to students and staff; engaging with the media; engaging with the internet and social media; determining the fate of the deceased student's belongings; managing/contributing to the funeral or memorial service; ongoing monitoring of students and staff; documentation of the process; reviewing critical new events related to the incident; and planning innovative preventive efforts.

Intervention programs are generally targeted at middle and high school students due to the fact that suicide rates are relatively low at preschool and primary school levels (ages 9-11) (Ward-Goldsmith and Lomas 2016). However, these can also be adapted to high school and university students. For example, Portugal's Stronger with You (Rothes et al. 2017) and Ireland's Mind Me, Mind You (Cycle Against Suicide 2024) programs aim to protect the mental health of students aged 12-18 and other survivors of suicide.

The Hope Squad programs in the USA aim to help students recognize their peers at risk of suicide and equip them with gatekeeping skills. Special training is provided to students who qualify on recognizing the signs of suicide, sources of help, and how to support their friends, thus utilizing peer influence in crisis intervention (Robinson et al. 2013). Similarly, the Signs of Suicide program provides skills for students through a three-step intervention called— "Acknowledge, Care, Tell (ACT)" — if they or their friends exhibit signs of suicide (Carli et al. 2021). There are also specific guidelines for schools, such as AFSP's After a Suicide: A Toolkit for Schools (AFSP and SPRC 2018) and the MindMatters and Be You guide programs in Australia (Australian Government's Department of Health 2014). In addition, Headspace, a private organization in Australia, provides comprehensive support for strengthening mental health in schools with a program specifically designed for teachers and school staff (Aluri et al. 2023). This program provides teachers with tools they can use to support students' mental health, as well as resources to protect their mental health.

The Higher Education Mental Health Alliance provides a postvention guide for universities, offering detailed guidance on who will manage the post-event process, how to report the incident, and what precautions need to be taken (HEMHA 2018). In the UK, an innovative early warning app based on data analytics has been developed to prevent suicides among university students. For this purpose, various indicators—such as social media data, academic performance, class attendance, library use and frequency of access to virtual learning platforms, and notable behavioral changes—are monitored to assess the risk levels of students (McGeechan et al. 2018).

Media-related Studies

The web series 13 Reasons Why, known for its graphic depiction of suicide, was associated with a 30% increase in adolescent suicides in the USA during the months following its release, reflecting the Werther effect (Bridge et al. 2020). In contrast, another phenomenon, the Papageno Effect, suggests that the media can have a positive effect by reporting suicide responsibly (Domaradzki 2021). It was first inspired by Magic Flute, one of Mozart's operas, where the protagonist Papageno considers suicide as a way to escape the pain he feels after losing his love. Before he acts, his three friends arrive to show him that there are other ways to cope with his suffering. Regarding these examples, how the media portrays and reports suicide should be carefully monitored because of its high social impact. For this reason, the WHO (2023) published a guide called Preventing Suicide: A Resource for Media Professionals, encouraging media professionals

to cover suicide responsibly, raise public awareness, and promote support resources. At the national level, organizations such as Samaritans (2020) in the UK and Mindframe (2020) in Australia monitor media coverage of suicide and offer guidance if needed. They emphasize the importance of using responsible language while reporting the news, avoiding detailed descriptions of methods, refraining from romanticizing the act, including stories of recovery, acknowledging the emotional impact, and consistently displaying crisis hotline and support service information throughout the news coverage. Lastly, media professionals who report suicide ethically and responsibly are honored with the Werther Award each year in Denmark (Dare et al. 2011).

Although the uncontrolled nature of social media, which has emerged as an alternative to traditional media, raises concerns due to its potential for harm in the post-suicide process, it also brings with it many examples of good practice. For instance, the SuicideWatch group on Reddit (2025), the group of Survivors: Virtual Group of Suicidal Bereaved (Kreuz and Antoniassi 2020) in Brazil, and the website Alive? Alive! (Slovene Centre for Suicide Research 2013) in Slovenia bring together mental health professionals and survivors online to provide resources for public awareness about suicide prevention, bereavement, and responsible reporting. Similarly, the Seize the Awkward (2020) campaign raises awareness among young people through social media, while Facebook support groups such as the Network for Those Affected by Suicide (Netværk for Selvmordsramte) and the Organization of Last Remedy (Último Recurso) offer grieving survivors a platform to share their experiences (Erlangsen and Fleischer 2017, Peláez et al. 2017). Recently, a group of psychology researchers developed a checklist that allows the media to determine how well they comply with expert recommendations when reporting suicide (Sorensen et al. 2022). These best practices highlight that both traditional and social media can play a constructive role in postvention as a suicide prevention strategy when guided by responsible practices, fostering support, awareness, and safe dialogue despite the risks.

Volunteer Services

Expecting only public authorities and experts to bear the full burden of postvention work limits both the reach and quality of services provided. Therefore, based on Andriessen's definition (2009), the inclusion of volunteers has been a collective trend in recent years. While volunteers sometimes work through non-governmental organizations (NGOs), they also offer support as individual or informal groups. Their collaboration with public institutions expands the scope and effectiveness of professional services.

Volunteers are often active in raising awareness and disseminating information about suicide and its impact on survivors, such as the cycling events by Cycle Against Suicide (2024) in Ireland, public walks of Out of the Darkness and art-based memorial project Digital Memory Quilt (Peters et al. 2015) and Survivors of Suicide Loss commemorated by AFSP (2023) in the USA, the digital remembrance campaigns by Virtual Group for Suicide Bereaved (ABEPS 2020) in Brazil and the awareness-focused conferences hosted by Taboo Suizid (2025) in Austria.

With the rise of technology, digital commemoration ceremonies have also emerged in some societies such as the project of Befriending Service for Lighting up and Empowering Suicide Survivors by Hong Kong's Suicide Prevention Services (Law et al. 2017). Additionally, some charities such as AFSP raise funds to support suicide and postvention research (Andriessen et al. 2017), while others such as Help is at Hand in the UK focus on the education of volunteers about how to help survivors (Support After Suicide Partnership 2025).

Other beneficial examples include the Slovenian Hospice Association (2024) organizing the Lionheart Camp to strengthen the emotional resilience of young survivors who have lost their family members through therapeutic activities and sharing; and Hope Against Suicide (2025) volunteers in the UK aim to challenge the stigma of around talking about suicide by setting up a semicolon-shaped bench on certain days of the week to talk about mental health. Inspired by this initiative, a similar volunteer-led effort has been launched for veterans in the USA (WJTS 2024).

Experimental Studies

Suicide research is inherently a challenging area for conducting experimental research. This is considered one of the major limitations of postvention research (Andriessen et al. 2019a, 2019b, Pak et al. 2019). However, as Andriessen et al. (2019a) emphasize, there are few studies that meet experimental standards, conducted by using more structured protocols, control groups, or quantitative measures beyond standard practices. For instance, an experimental study by de Groot et al. (2007) examined the effectiveness of Cognitive Behavioral Therapy-based grief counseling for suicide survivors experiencing complicated grief. The study included 122 first-degree relatives and spouses, who were followed up for 13 months. The results showed no significant decrease in complicated grief, depression, or suicidal ideation scores in the intervention group. However, there was a trend toward reduced maladaptive grief reactions (Adjusted odds ratio = .39) and a decrease in self-blame for suicide (Adjusted odds ratio = .33).

Similarly, Zisook et al. (2018) evaluated the effectiveness of antidepressant medication versus complicated grief therapy (CGT) for survivors who suffered from complicated grief. The study found that medication alone had low acceptability among participants (36% completion rate), whereas CGT significantly improved treatment adherence (82%). Although response rates on the CGT scale were lower for suicide-bereaved individuals (64%) compared to those bereaved by accident/homicide (93%) or natural causes (84%), improvements in grief symptoms, suicidal ideation, and maladaptive beliefs were comparable across groups. Another study by Treml et al. (2021) investigated the efficacy of an Internet-Based Cognitive-Behavioral Grief Therapy program for suicide survivors exhibiting symptoms of prolonged grief disorder (PGD). In the trial, 58 participants were assigned to either the intervention group or the control group. The five-week intervention included skills of self-confrontation, cognitive restructuring, and social sharing. The results showed a decrease in PGD symptoms (Cohen's d = .65), and depression (Cohen's d = .49) in the intervention group compared to the control with effects maintained at follow-up. Similarly, In sum, these findings highlight the potential use of alternatives for the psychological needs of survivors.

Current Status of Türkiye in Postvention Services

Postvention services in Türkiye are generally considered as part of mental health policies. However, compared to the best-performing countries, it is still in the development phase in terms of offering proactive, collaborative, and structured services. The main reasons for this assessment may include the lack of data on the needs of the survivors in Türkiye; the gap between legal regulations and actual practice; the difficulty of implementing specific interventions due to the excessive workload on mental health professionals; the negative attitudes towards seeking and accepting help among survivors; as well as the influence of cultural and religious norms.

A study by Taktak (2023) revealed that 46.76% of 48,419 suicide cases in Türkiye between 2004 and 2019 were attributed to unknown causes. Suicides with unknown causes may lead survivors to experience feelings of guilt and helplessness and complicate the grieving process. Moreover, Dağ and Yalçınkaya-Alkar (2022), examining 24 studies published in Türkiye between 1990 and 2020, found that bereavers after a suicide do not receive adequate social support and hesitate to seek help due to stigmatization. These findings demonstrate the necessity of a proactive approach to understanding and addressing the needs of survivors.

Concerning suicide and postvention, Article 84 of the Turkish Penal Code (TCK 2004a) criminalizes as "inciting, directing, encouraging, assisting, or reinforcing someone's decision to commit suicide". Moreover, Article 20 of the Press Law (TCK 2004b), under the heading "incitement to sexual assault, murder, and suicide" mandates that media outlets adhere to ethical principles when reporting on suicide. In this context, the Radio and Television Supreme Council (RTÜK) provides broadcasting principles, regulations, training, and guidelines for media professionals to ensure that the media presents suicide news more responsibly. However, strikingly, studies examining suicide news in Turkish media outlets found that the majority shared potentially encouraging details about suicide, contrary to ethical and legal frameworks (Özel and Deniz 2016, Işıklı and Fazlıoğlu 2024). In addition, another study, examining websites

that included keywords related to suicide, found that 42% of the websites promoted suicide, only 13% took a position on suicide prevention, and the vast majority of these were not supervised or directed by mental health professionals. (Sakarya et al. 2013). These findings indicate that legal regulations are insufficiently reflected in practice, despite various efforts.

The first systematic institutional effort in terms of suicide prevention and postvention in Türkiye was undertaken at Ankara University Psychiatric Crisis Application and Research Centre, which was established in 1989 (Devrimci-Özgüven and Sayıl 1999). The center offered innovative services for its time, including psychological autopsies of suicide cases, grief counseling for survivors, and the publication of an academic journal on crisis and suicide. Currently, the primary state institution related to suicide and postvention is the Ministry of Health. The Ministry has several units and centers related to suicide prevention and postvention such as community mental health centers, emergency services, psychiatric clinics, and healthy life centers. These units and departments work under the National Mental Health Action Plan (Turkish Ministry of Health 2023), which provides a framework for local-level psychosocial service planning. However, it does not explicitly prioritize or address postvention services. Provincial Coordination Committees for Suicide Prevention also focus on the suicide-related targets of local-level action plan and monitor collaboration with other institutions. On the other hand, Özden and İpek (2024) questioned the effectiveness of these committees due to factors such as infrequent meetings (once or twice a year), weak coordination among institutions, and limited data sharing.

As another example, within the Psychosocial Support and Crisis Intervention Program for Suicide Attempts in Emergency Services, a pilot study was conducted to provide psychosocial support to those applying to emergency services in addition to medical intervention. The program also aimed to establish a suicide attempt database, develop effective crisis protocols, and raise awareness on the issue (Turkish Ministry of Health 2006). However, a study by Ata et al. (2021) concluded that the victims who applied to the emergency service with suicide attempts did not receive psychiatric care and follow-up despite repeated admissions. Survivors are known to face challenges in accessing qualified services due to barriers such as difficulty in scheduling appointments (Eskin et al. 2025), short consultation times (Demir and Yılmaz 2023), and performance-based pressure on mental health professionals (Öğütlü et al. 2021). Similarly, a study by Yiğit et al. (2013) on 212 women who attempted suicide revealed that the majority were not provided with adequate psychiatric care or follow-up. Eraslan et al. (2021) also revealed that the follow-up process was irregular in 55% of adolescents who had presented to psychiatric services after a suicide attempt. Despite these challenges, relatively newly established units of the Ministry, community mental health centers, and family health centers, offer alternative avenues for case follow-up and psychosocial support through a more community-based, non-clinical approach.

Other responsible state institutions responsible for suicide-related cases include provincial offices and social service centers of the Ministry of Family and Social Services; General Directorate of Special Education Guidance and Counseling Services; school counseling units, guidance and research centers of the Ministry of National Education; youth centers and counseling services of higher education dormitories operated by the Ministry of Youth and Sports; counseling centers of state universities (Özden and İpek 2024). The Ministry of Family and Social Services mainly provides grief counseling through social service centers. However, Erdem et al. (2023) found that although social workers in the Ministry frequently encountered suicide cases, they did not feel competent in this issue and needed training. In this context, Özden and İpek (2024) proposed an institutional model for how social workers can take an active role in addressing the psychosocial needs of those who attempted suicide and their relatives. Moreover, the Ministry's ALO183 helpline also offers anonymous help for various social issues including suicide. However, this is not a specialized line like the suicide hotline called Light of Hope, which was terminated in 2007 (Independent Turkish 2021).

In school environments, crisis intervention teams operate under the school administrators, counselors, and designated teachers in accordance with the Directive for Psychosocial Protection, Prevention, and Crisis Intervention Services. The Ministry of Education has also issued a guideline titled Psychological Resilience in the Family and School After Traumatic Life Events. Subsequently, in collaboration with UNICEF, the Suicidal Trauma Psychosocial Support Program was introduced by explicitly incorporating

postvention services (Turkish Ministry of Education 2018). Moreover, the Group Psychoeducational Program for High School Students Attempted Suicide serves as a structured intervention to strengthen the psychological resilience of students who have attempted suicide (Turkish Ministry of Education 2022).

Regarding the Ministry of Youth and Sports, youth centers and counseling services in state university dormitories generally offer individual and group counseling. Notably, provided skill training on suicide to volunteer mental health workers supporting individuals at risk through the IMDAT Project the Ministry with Mental Health Association (STGM 2020). In terms of civil society efforts, several mental health NGOs—such as the Turkish Psychiatric Association (TPA), Turkish Psychological Counselling and Guidance Association, Turkish Psychological Association, and Mental Health Association for Everyone (RUSAG)—have established task forces or interest groups conducting various professional training on postvention. However, no specialized NGO focused exclusively on suicide is listed in the official NGO database (DERBIS 2025).

In sum, Türkiye's current status regarding postvention includes promising steps but also significant shortcomings. Various services of government institutions, civil society, and academic circles indicate that there is an awareness and effort to develop post-suicide support services. However, gaps between legal regulations and practice, inadequate data sharing, and excessive workload on professionals limit the effectiveness of these services.

Discussion

In this review, the objective was to introduce suicide postvention, highlight best practices, and evaluate the status of Türkiye within this context. Although postvention practices may vary depending on the target group, setting, and timing, they essentially aim to alleviate the pain that suicide, as a tragic event, causes to those left behind, to make them feel that they are not alone (Marek and Oexle 2024), to protect their mental health and to prevent social and self-stigma (Evans and Abrahamson 2020). In this regard, postvention services are also considered as a component of suicide prevention by minimizing the risk of new suicides.

The global shift from the traditional to the active approach indicates a significant recognition of postvention. Nevertheless, there is still a need for further progress in many countries, including Türkiye. While the best postvention studies have been conducted mostly in Western countries (Andriessen et al. 2017, Abbate et al. 2024), there are also well-established studies in collectivist countries such as India (Saha et al. 2017, Arya 2024), Hong Kong (Chow 2006) or China (Cai et al. 2023). The common features of qualified postvention efforts include inclusive and detailed national policy directives, established institutional guidelines, semi-structured protocols, strong stakeholder collaboration, active volunteer engagement, and a focused approach to high-risk populations.

A significant portion of the compiled practices have not been tested or have only been tested through pilot studies (Andriessen et al. 2019a, 2019b). The primary reason for this lies in methodological and ethical constraints (Pak et al. 2019, McDonnell et al. 2020). Another point is that good practices may not have a similar impact in other societies, as they are often designed to be compatible with local culture, beliefs, and family structures (Dyregrov 2011). Especially in collectivist societies, mourning and bereavement rituals may emerge as more complex processes compared to individualistic cultures (Erlangsen and Pitman 2017).

Türkiye has a relatively well-established response toward the issue. However, the current services are largely considered reactive and lack a comprehensive strategy. As a result, the general understanding remains aligned with the traditional model although Türkiye still has a promising potential for transitioning toward a more proactive framework. As implied by other studies (Özel and Deniz 2016, Özden and İpek 2024, Eskin et al. 2025), possible contributing factors include the lack of a national strategy, the failure to disseminate pilot studies as best practices across national level, inadequate training of professionals, insufficient follow-up after suicide incidents, weak institutional cooperation, limited civil society engagement and reluctance of the media to comply with ethical principles.

Finally, this review also has certain limitations as it primarily focuses on documented field practices and published research, without systematically evaluating them. There may be other valuable postvention practices that were not included due to language barriers or access limitations. In sum, suicide postvention is an integral part of suicide prevention. Future research could focus on how the development of artificial intelligence and advanced algorithms might personalize postvention efforts, increase innovative online tools, and expand how to optimize early detection of mental health risks. Through such interdisciplinary efforts, postvention services can better align with societal needs and ultimately improve the well-being of those most at risk. Based on this study, the following recommendations are proposed:

1. Developing a Comprehensive National Action Plan: Regarding the existing National Mental Health Plan, more specific and measurable targets and indicators related to suicide prevention and postvention services should be defined. This action plan should be structured within a high-visibility framework that is evidence-based, sensitive to cultural values and the needs of survivors, adopts a proactive approach toward at-risk groups, prioritizes institutional collaboration, and ensures traceability. In this context, suicide prevention boards at the provincial level should operate more effectively by defining the roles and responsibilities of each institution and establishing a standardized system for data collection, analysis, and sharing.
2. Standardizing Postvention Processes: The functionality of postvention services should be more proactive by integrating psychosocial support teams into the work of Emergency Health Services and law enforcement teams so that a quick and comprehensive response can be established. It may include need assessments for survivors and families, trauma-focused psychological support, crisis management, and grief counseling. These teams can also guide relevant actors in school or workplace environments. Easier access to systems such as mental health services, helplines, and anonymous messaging systems can be established.
3. Providing Targeted Training for Key Professionals: Training programs should be implemented for healthcare workers, mental health professionals, social workers, teachers, law enforcement officers, and other professionals who engage with at-risk survivors. These programs should strengthen skills in risk assessment, early intervention, and referral processes.
4. Promoting Ethical Media Reporting: Media organizations should be more responsible and receive training on ethical reporting of suicide cases by cooperating with mental health professionals. Incentive programs such as "Ethical Media Awards" can be introduced to promote ethical journalism that avoids harmful portrayals of suicide. Governmental institutions should also have oversight of media content in line with the World Health Organization's ethical reporting principles and impose deterrent penalties in case of violations. Legal regulations should be expanded to remove suicide-promoting social media content. Finally, search engines should direct users to accredited mental health services, crisis hotlines, and support resources rather than clickbait ads for such sensitive issues.
5. Strengthening Volunteer Work: Financial and structural support should be provided to volunteers and NGOs. For instance, TUBITAK and local governmental funders may launch special calls for suicide research. Moreover, the workload of mental health professionals should be alleviated with the contributions of civil society with encouraging policies.
6. Raising Public Awareness and Reducing Stigma: Awareness campaigns should emphasize that suicide is a preventable public health issue. These campaigns should promote available support services, highlight the importance of post-suicide support, and challenge stigma to encourage help-seeking behaviors. Additionally, social media movements initiated with the support of celebrities and awareness campaigns conducted in collaboration with local governments should aim to spread the message that suicide is preventable, reduce stigma, and encourage people to seek psychological support.
7. Enhancing Research and Data Collection: The lack of systematic and comprehensive data on suicide in Türkiye makes it difficult to develop effective prevention strategies. Therefore, more

research on causes, risk factors, and post-suicide grieving process should be conducted through sharing anonymized data and increased funding and collaboration. A sustainable data collection system should be established to ensure reliable and comprehensive suicide-related data.

Conclusion

Suicide postvention is an important part of suicide prevention. The global shift on the subject is toward a proactive and multidisciplinary approach that provides a diverse range of field practices for survivors and first responders. In this aspect, Türkiye has the potential to further decrease its crude suicide rate by increasing postvention efforts and strengthening collaboration. Future steps in this direction will not only support the recovery of survivors but will also contribute to the prevention of potential suicidal behaviors and eventually increase community mental health resilience. With sufficient institutional capacity and resources, Türkiye can achieve this goal if stakeholders act with determination and prioritize this critical public health issue. This further emphasizes that every effort made to help individuals remain connected to life has immeasurable value.

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