

# Supporting people bereaved by suicide

A good practice guide for organisations that respond to suicide

ChooseLife

Suicide prevention in Scotland

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Alison Bird – BirdMorrison (Birdwords) – Writer

Choose Life National Working Group: Bereaved by Suicide

Shirley Barrett, NHS Borders; John Birrell, NHS Tayside; Sandra de Munoz, NHS Lothian; Trish Elrick, CRUSE Bereavement Care Scotland; June Gilfether, NHS Lothian; Niall Kearney, Scottish Government; Kirsty Keay, Scottish Association for Mental Health (SAMH); Tony McLaren, Breathing Space/NHS 24; Rosemary Mullan, Renfrewshire Council; Tracy Preece, NHS Highland; Caroline Pretty, NHS Lothian; Andrew Sim, Samaritans; Rose Stewart, West Dunbartonshire Council; Marie Sutherland, NHS Lothian; Claire Thirlwall, Dumfries and Galloway Council; Sarah Watts, North Ayrshire Council; Stewart Wilson, CRUSE Bereavement Care Scotland; Dorothy Woolley, NHS Fife; Brian Young, Inverclyde Council

Association of Chief Police Officers in Scotland (ACPOS) – Mental Health Group

Karen Williams (Chair), Director of Corporate Services, Grampian Police  
Detective Sergeant Audrey Gibbs, Grampian Police

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# Foreword

Suicide prevention remains a priority for us in Scotland.

I very much welcome NHS Health Scotland's development of this good practice guide for organisations whose staff come into close contact with people who have recently been bereaved by suicide.

The new guide reflects our ongoing commitment to suicide prevention and provides a practical, positive approach to supporting people who have been bereaved by suicide and to supporting the professionals who respond to a death by suicide.

It forms part of a suite of resources to meet the needs of those affected by suicide. The two complementary resources are CRUSE Bereavement Care Scotland's training course for responders *More questions than answers: supporting people bereaved by suicide* and the Scottish Association for Mental Health's booklet and online resource for bereaved people *After a suicide*.

The guidance builds on the activities and expertise of those across Scotland who support people bereaved by suicide. While it is widely acknowledged that no single agency has responsibility for suicide prevention, this guide highlights the specific need to help responders to do the best they can in the worst of circumstances by providing the right support at the right time.

This publication has grown from the experiences of people bereaved by suicide. We know through listening to their experiences that the way in which individuals are supported by professional responders and others immediately after a death by suicide has a significant and lasting impact on them. This guide aims to ensure that this support is as beneficial as possible.

I am grateful to NHS Health Scotland, CRUSE Bereavement Care Scotland and SAMH for the work which they have put into developing this guide and the complementary resources. I hope that, together, these resources will provide positive support to people in difficult circumstances in the short, medium and long term.

Michael Matheson  
Former Minister for Public Health

Original introduction written February 2013

# Introduction

In 2002 Choose Life was launched, a ten-year national strategy and action plan from the Scottish Executive to prevent suicide in Scotland. The target was to reduce the rate of suicide by 20% by 2013. In 2010 the Scottish Government published **Refreshing the National Strategy and Action Plan** which reflected the focus of the work over the next three years. The Scottish Government's **Suicide Prevention Strategy 2013–2016** commits to continuing with these objectives following the refresh of Choose Life in 2010.

Identifying high-risk groups and targeting them with preventative support is one of the national programme's key roles.<sup>1</sup> Research demonstrates that 'people recently bereaved' have an elevated risk of suicide; consequently they are regarded as a high-risk group. This makes postvention – the term used for the support of families and communities after a suicide<sup>2</sup> – an important part of a comprehensive suicide prevention programme.

In Scotland, around two people die by suicide every day.<sup>3</sup> The number of people affected by each suicide is significant. For each person who dies by suicide an average of four people will suffer intense grief. In Scotland this means that at least 3000 people will be significantly affected in any one year.<sup>4</sup> Those closest suffer immediate, medium- and long-term psychological distress. Their health (mental and physical) and quality of life are also affected as a consequence of their loss. Suicide, however, will have a much wider impact than that. Friends, colleagues, acquaintances, neighbours, fellow students, whole communities, as well as those responding in the front line of emergency services, will also be affected.

This publication promotes a generic and easily applied good practice approach to intervening and supporting people bereaved by suicide as part of a responder's professional portfolio of skills. It also focuses on the support needs of responders in being able to carry out their challenging role.

'The Police Service of Scotland (PSOS) formerly represented by the Association of Chief Police Officers in Scotland (ACPOS) recognises the key role of its officers and staff, along with other emergency services workers, in dealing with those affected by suicide and is committed to ensuring its staff are supported in the period after their exposure to a suicide. As such, ACPOS has worked closely with Choose Life over the years to support the delivery of its Strategy and Action Plan and has been delighted to participate in and contribute to the development of this important practical resource.'

Karen Williams, Chair of the ACPOS Mental Health Group

## Who is this publication for?

This publication is for organisations whose staff includes those who have a specific duty to respond to a death by suicide, as well as those who may be required to support people who are bereaved and/or affected by suicide. It seeks to provide a framework for intervention; to promote the training necessary to help staff become more effective in their role; and to underline the importance of encouraging responders to use internal and external support to help manage the impact of exposure to suicide.

### Key staff groups include:

**First responders:** those professionals and members of specialist teams who are involved with the family in the first 24 hours following the death. This might include: police, ambulance, fire service, accident and emergency staff, staff in the prison service and other institutional settings.

**Secondary responders:** those professionals and members of specialist teams who are involved with the family after the immediate impact. This might include: staff in procurator fiscal services, family liaison, funeral directors, registrars, social care staff, healthcare staff, members of suicide review teams, clergy and school staff.

This guide is also relevant for **'community responders'** – those involved, formally or informally, in the longer-term support of people bereaved by suicide.

The flowchart on pages 4–7 outlines the practical roles of some of the first and secondary responders to suicide, and how those roles fit together.

## Why support responders?

Responders to suicide play a significant part in helping those bereaved to take their first step towards personal survival. This is something that is not widely acknowledged but is, nevertheless, an outcome of a job well done. Consequently, they need support to do the best they can in their responding role.

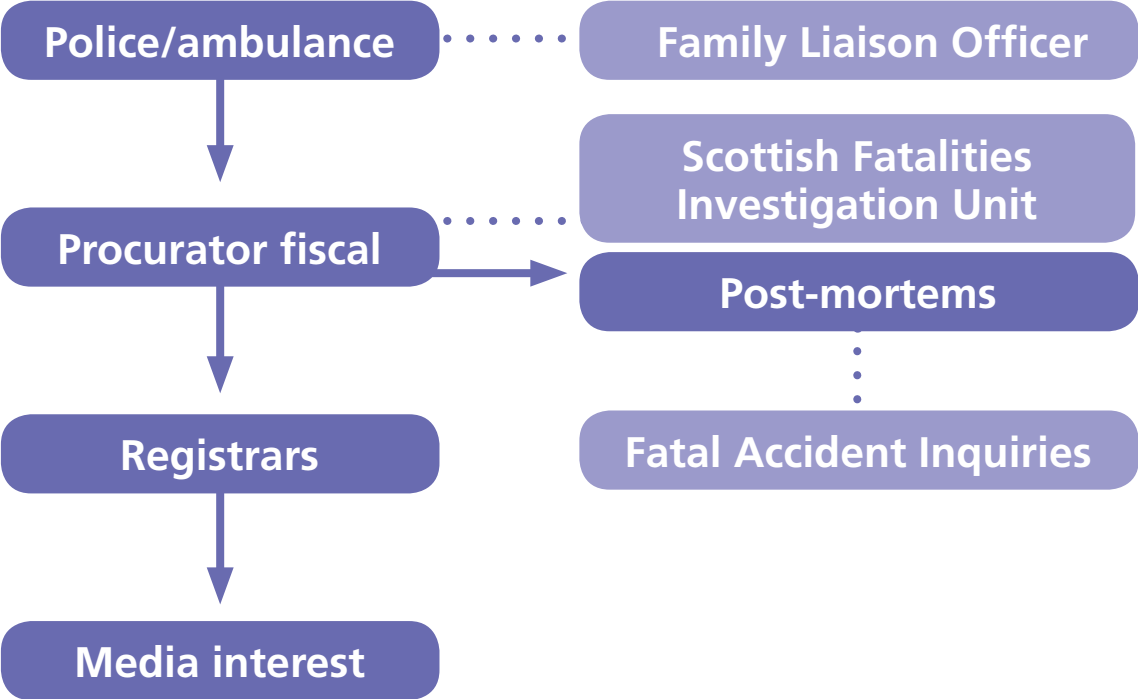
As their job is difficult and as repeated exposure to suicide, trauma and distress may affect them personally, organisations need to have policies and procedures in place to support these workers. If the impact is not acknowledged and managed, it can have a longer-term effect on their mental and physical health. Such repeated exposure may even increase the potential for suicide itself.

### In short, responders need supporting because:

- they need to continue to be effective in their crucial role
- they need to be supported in doing the best job they can
- their work helps to prevent the potential for further suicide.

# Brief outline of key first and secondary responders and their roles

[Ref: adapted from *After a Suicide*<sup>5</sup>]



**The police or ambulance are usually called first**

When a body is found under circumstances which may indicate suicide, the police will deal with the incident as a crime scene:

- secure any item that has an obvious connection with the death
- record the position and appearance of the body in writing and by taking photographs
- examine any notes or letters that the person has left which indicate a suicidal intention
- make enquiries to establish the person’s state of mind before their death.

The deceased person’s body will be taken to the local mortuary.



Police inquiries can take many different forms and often involve interviewing family, friends and colleagues as potential witnesses. Police officers often have to inform people of the death of a relative and should carry out this duty professionally and sensitively. A next of kin or someone close to the deceased person may be asked to formally identify the person. They may appoint a **Family Liaison Officer**. The Family Liaison Officer is usually appointed if there are suspicious circumstances surrounding the death. Their role is investigative as well as being an important support and single point of contact for the family, and will deal with media interest. A police report to the Procurator Fiscal should also include information about any cultural or religious issues that may be relevant to the investigation liaison with bereaved relatives.

**A Scottish Fatalities Investigation Unit (SFIU)** was officially launched in 2011 as a specialist unit set up to provide expertise and advice for procurators fiscal from the earliest stages of non-criminal deaths investigations. Deaths by suicide fall under its remit.

The SFIU has been established to ensure:

- all death reports are prepared according to the highest standards
- policy and practice in investigation of deaths is applied consistently
- appropriate and timely decisions are taken throughout the life of these cases.

Mike Bell, head of the SFIU, said, 'We recognise the importance deaths investigation work has for the bereaved relatives and friends, and that we will be involved at a difficult time for them. We are determined to deal with cases sensitively and to ensure that they are dealt with quickly and professionally.'

## The Procurator Fiscal

The Procurator Fiscal is a lawyer who works for Scotland's prosecution service (there are 11 Area Procurators Fiscal in Scotland).

The Fiscal:

- investigates all sudden, suspicious, accidental and unexplained deaths and any death occurring in circumstances which give rise to serious public concern.
- inquires into any death where the circumstances point to suicide.
- has legal responsibility for the deceased person until the death certificate is issued and the deceased person is released to the person arranging the funeral.
- will investigate and decide whether further investigation is needed. This may involve instructing a post-mortem to be carried out by a forensic pathologist.
- is responsible for directing the level and type of post-mortem examination, subject to advice from investigating police officers, medical experts and other expert advisers.

The purpose of the Fiscal's investigation is to decide whether there is a need for criminal proceedings or if a Fatal Accident Inquiry should be held. This may depend on the results of a toxicological inquiry.

Regardless of whether there is to be a Fatal Accident Inquiry, the Fiscal should:

- contact the nearest relatives at the earliest opportunity and may offer a meeting to discuss matters.
- ensure that families are updated on any developments in the investigation.
- inform them about the decision to hold, or not hold, a Fatal Accident Inquiry and whether they want to raise any issues.

The nearest relatives are entitled to be represented at a Fatal Accident Inquiry, and can lead evidence and question witnesses.

## Registrars

The General Register Office for Scotland keeps records of all births, deaths, marriages, divorces and adoptions. Any death which occurs in Scotland must be registered within eight days by the Registrar of Births, Deaths and Marriages. Deaths can be registered at any registrar's office, and can only be registered by certain people. General Register Office: [www.gro-scotland.gov.uk](http://www.gro-scotland.gov.uk)

Many registrars require people to make appointments to register deaths. Although a burial can take place before the death has been registered, a cremation can only take place afterwards.

## Media interest

The media might take an interest in a death by suicide. The funeral director or the police may be able to help deal with any media attention. The police might provide a Family Liaison Officer who can help manage this and provide information on how best to deal with the press.

For further information see National Union of Journalists' media guidelines on reporting suicide: [www.nuj.org.uk](http://www.nuj.org.uk)

The Samaritans also have media guidelines at: [www.samaritans.org](http://www.samaritans.org)

## **Post-mortems**

There are different levels of post-mortem depending on the circumstances of the death:

- an external examination by a pathologist to determine the cause of death
- a non-invasive post-mortem examination by one doctor
- an invasive post-mortem examination by one doctor
- an invasive post-mortem examination by two or more doctors.

In a suspected suicide the post-mortem will almost always include toxicology tests to identify any substances the person may have taken. The nearest relative is entitled to request a copy of the post-mortem report and this is normally issued through the family's GP. After the post-mortem, the first part of the death certificate can be given. However, toxicology reports may take up to six months and the second part of the death certificate, showing the cause of death, will not be issued until toxicology reports are complete. If there are cultural, religious or other objections to a post-mortem it is important to tell the Fiscal as soon as possible. There may be legal reasons why a post-mortem is unavoidable, but where possible the wishes of the next of kin will be respected.

## **Fatal Accident Inquiries**

A Fatal Accident Inquiry (FAI) is a public inquiry into the circumstances of a death. It will be held in the Sheriff Court. An FAI will in general only be held in cases that involve issues of public safety or public concern arising from the death. If the death happened when the person was working, or in legal custody (e.g. in prison or police custody), an FAI must be held. The purpose of an FAI is to assess the circumstances surrounding the death and to identify any issues of public concern or safety. The Court will identify whether anything might be done to help avoid similar deaths in the future. At the end of an FAI, a Sheriff makes a determination. The determination will set out:

- where and when the death occurred
- the cause of death
- any precautions by which the death might have been avoided
- any defect in systems that caused or contributed to the death.

An FAI cannot make any findings of fault or blame against individuals.

This guide is supported by two further resources, which offer either direct support to people by suicide or training for responders.

### *After a Suicide*



A publication for bereaved people, which focuses on the practical issues that need to be faced following a suicide. It covers some of the emotions experienced and suggests places where help and support can be found.

This resource is available as a printed booklet or an online resource with video interviews from the organisations people will deal with after a suicide. The online resource can be accessed here:  
**[www.samh.org.uk/media/427033/after\\_a\\_suicide\\_2014.pdf](http://www.samh.org.uk/media/427033/after_a_suicide_2014.pdf)**

Published by Scottish Association for Mental Health, funded by the national programme for suicide prevention.

### *More questions than answers*



A training programme for supporters of people bereaved by suicide. The course has been developed by Cruse Bereavement Care Scotland in partnership with NHS Health Scotland. It is a blended-learning programme consisting of two components: an e-learning module for all participants and three role-specific practice workshops aimed at first, secondary and community responders.

# 1 The impact on people bereaved by suicide

People bereaved by suicide need special support. As a first or secondary responder, it is important to be aware of the complex range of reactions you may encounter. The aim of this section is to increase awareness and sensitivity to the multi-layered impact of bereavement by suicide.

## Immediate responses

**'When the police came to tell me my son was dead I thought I would die. How can you describe the feeling of loss?'**<sup>5</sup>

Nothing can prepare someone for the news that a loved one has taken their own life. Whether someone else breaks the news, or they were involved in the trauma of discovering the body, some of the immediate responses could be shock, horror and disbelief. There may also be physiological effects such as dizziness, vomiting, fainting, dry mouth, fatigue, being unable to breathe and numbness (emotionally and cognitively – the inability to take in any information).

**'[my] brain had closed down, just trying to cope with all the competing emotions.'**<sup>6</sup>

In the first days, weeks and months following, people may experience strong and challenging feelings including fear, pining and sadness, but also guilt and anger. Their reactions may be complex: in the mix of grief may be powerful feelings of shame and stigma, giving potential for social isolation, as well as painful feelings of abandonment and rejection.

The bereaved person who may have witnessed the suicide and/or found the body may have flashbacks, nightmares, and may develop post-traumatic stress disorder over time. If they did not see the body they may imagine what the person might have looked like after they died or about the process of them dying. They may experience shock about the degree of emotional distress of the person who died, or about the violence of the act.

More details about the thoughts, feelings and behaviours which responders may encounter as part of their role are included in the complementary training course *More questions than answers: Supporting people bereaved by suicide* (see Appendix 1).

## Medium- and longer-term responses

Medium- and longer-term mental health problems may include: depression, anxiety, post-traumatic stress disorder and risky alcohol and drug use. These can manifest together with difficulties with relationships, work and daily life and, significantly, increased risk of suicide.

People bereaved by suicide are unlikely to recover a sense of normality easily. It is not something they will 'get over'; only something they will learn to live with over time. Support groups for people bereaved by suicide provide a unique opportunity to share those complex feelings with other people that have experienced them.

**'I felt rejected and isolated which made me retreat for a period of time. But online support groups and organisations made me realise that I wasn't alone and that the feelings I was having were normal.'**<sup>5</sup>

## 2 A good practice intervention approach

The ways in which individuals bereaved by suicide are treated by professional responders and others has a significant and lasting impact on them. The aim of this section is to provide responders with:

- key considerations to ensure that responders' support is as beneficial as possible
- an easily remembered and good-practice approach to intervening and helping people bereaved by suicide.

Responders and others will follow their own professional codes of conduct, protocols and guidance while undertaking their particular role in dealing with the deceased, and many of the following areas will already be covered by aspects of professional practice. However, the following has been developed from listening both to the needs of those bereaved by suicide and to the experiences of first responders in their genuine desire to be as personally effective as possible.

Although much of the following appears to be aimed at first responders, the approach is also relevant to secondary responders and community responders. The **READY** approach is referenced in the training course *More questions than answers* and the training will provide the opportunity to put the approach into practice.

### READY – Key considerations for an effective approach

The five key considerations of this approach follow the memory aid **READY** and encourage the use of generic skills that may seem to be common sense. However, including them as part of a professional approach will help to provide essential support and guidance at a time of significant need. Nobody is 'ready' to deal with suicide, but first responders have to be. **READY** reflects this.

The key considerations are:

- R** **Ready** prepare mentally and practically
- E** **Evaluate** evaluate the immediate needs of those bereaved
- A** **Attitude** adopt the right attitude/language/sensitivity
- D** **Direct** guide people through the next steps and to specialist support
- Y** **You** responders should expect and seek support following the incident

This section will:

- outline the five basic considerations of being **READY**
- introduce the key skills and tools in being **READY**
- promote confidence in approaching and talking to the bereaved
- increase confidence that responders are doing the best they can.

## **R E A D Y** – prepare mentally and practically

### Ready

To ensure that they are **mentally** ready, responders need to be aware of their own thoughts and feelings and prepare themselves for what will be a traumatic situation. The scene of the suicide will be distressing. It will evoke a response in them and this may include an unexpected emotional response. Responders may find themselves feeling fearful, overwhelmed, sad, angry, irritated or even frustrated.

As well as attending the ‘scene’ of a suicide, it will be the responsibility of some responders (especially first and secondary responders) to break the news of a death to, for example, the immediate family, school classmates or faith group. It is important that responders acknowledge both how difficult the conversation will be and the impact the news will have. Hearing the news that a loved one has died by suicide is likely to have an immediate traumatic impact. However, the manner in which this news is delivered is likely to have an additional impact, both negatively and positively (see **Attitude** below).

Being with people in distress, in whatever way their distress is manifested, may also evoke a reaction in a responder. It is important at this point for a responder to acknowledge both the situation and their potential reaction to the situation.

Responders will also need to ensure that they are **practically** ready to respond. As professionals, responders are likely to have a checklist of things they need to do to respond to the crisis and will make sure they have everything with them. A competent responder will help people feel safer in what will have come to feel like a very unsafe world. In addition to the usual practical checklist, responders should run through the **READY** model in order that they are able to respond appropriately.

Occasionally a suicide may attract media attention. Contact with the media has the possibility to increase the distress of the bereaved. Family liaison officers should be able to offer advice if the situation arises. However, in the absence of a family liaison officer, the bereaved person(s) may look to responders to provide advice and support on dealing with the media. Responders should consult the National Union of Journalists’ media guidelines on reporting suicide [www.nujscotland.org.uk](http://www.nujscotland.org.uk) or Samaritans guidelines [www.samaritans.org](http://www.samaritans.org).



## R E A D Y – evaluate the immediate needs of those bereaved

### Evaluate

While attending to the immediate crisis of a completed suicide, first responders will be focused on their tasks. However, they will be in the presence of individuals whose world has been turned upside down and if this is not recognised then it may prevent them from feeling any sense of safety. In short, people need to be respected and acknowledged, looked after and supported.

In evaluating the immediate needs of people around the deceased, responders should consider who are the other people involved and what is their relationship to the deceased. An experienced responder can, to a certain extent, assume by looking at someone what they might need. However, **asking** is important as it demonstrates two essential things: that they are important and that someone cares.

In the days following a death by suicide, secondary and community responders will also need to evaluate the needs of the people who have been affected by the death. Whether contact is via a school, faith group or football team, responders will need firstly to acknowledge that the death will have had an effect and, secondly, to establish what the needs of the group or individual are by asking them.

## R E **A** D Y – adopting the right attitude and sensitivity

‘We were vulnerable people needing kindness and compassion – the emergency services should never forget that.’<sup>7</sup>

### Attitude

It is important for a responder to be mindful of their own beliefs about suicide and how that may affect the way they respond to bereaved families. See *The Art of Conversation* for attitudes and myths about suicide:

[www.healthscotland.com/documents/2842.aspx](http://www.healthscotland.com/documents/2842.aspx)

Much of the stigma people feel when bereaved by suicide comes from feeling judged. We all automatically make judgements and assumptions about people from the moment we first see them, based on appearance, behaviour, what they say and so on. However, there is more to being non-judgemental than trying not to make automatic judgements. Beliefs and reactions need to be set aside in order to focus on the needs of the bereaved – they need to be respected, heard, understood and managed sensitively. Acceptance, genuineness and empathy are three key attitudes in being an effective support.

‘I kept saying “he didn’t mean it, he didn’t mean it” and she [the policewoman] said: “oh he quite obviously did”, and that to me wasn’t the answer she should have given.’<sup>6</sup>

As well as adopting the right attitude, it is vital that a responder is sensitive to specific cultural needs when they arise. Beliefs and customs concerning death and mourning differ among faith and cultural groups. See *A Multi-Faith Resource for Healthcare Staff*: [www.nes.scot.nhs.uk/media/3720/march07finalversions.pdf](http://www.nes.scot.nhs.uk/media/3720/march07finalversions.pdf)

This will influence an individual’s experience of bereavement. It is important to be aware of any additional source of pain that may occur if the bereaved do not feel that their faith needs are being respected. Occasionally it will not be possible to meet people’s cultural expectations, but a clear explanation of why this is the case is required.

In addition, being able to offer to put the bereaved person or family in touch with a spiritual caregiver<sup>8</sup> where appropriate cannot be underestimated in terms of helping the person feel supported in their grief. Having access to information on sources of support should form part of a responder’s preparation phase (see **Direct**).

Now is the time to take steps to keep the person safe. Responders may feel unable to offer any more personally, but they can offer direction to specialist support.

**R E A D Y** – guide people through what is happening currently, through the next steps and to specialist support

‘They took him down to the hospital for a post-mortem... nobody told us where he had gone; we could have been down to see him but nobody came and told us that. I felt there should have been a liaison person which there wasn’t.’<sup>6</sup>

**Direct**

The concept of recovery is about people staying in control of their lives. Knowing what, why and when something is happening, or how to find out, is an important part of staying in control. Responders will need to ensure that people are clear about what exactly is currently happening and why. Next steps will need to be articulated clearly to the person/people involved and key support information such as the *After a Suicide* booklet given out.

Positive procedural changes have already been made in the way people are kept informed about the deceased. Those bereaved should be kept up to date by a family liaison officer or a member of the investigating team. However, the quote above highlights the potential long-term impact on a person if not properly informed.

People bereaved by suicide need to be directed to a source of help and information that can be called on at any time to clarify what is happening. Ensure that people are signposted to appropriate bereavement support and given clear information about the professional support available. This could range from visiting the GP or bereavement counselling to calling a helpline or a specialist support group for survivors of bereavement by suicide (sources of support are detailed within *After a Suicide* and responders should familiarise themselves with them).

‘The fact that there was the *After a Suicide* booklet was a huge relief to me. It never left my side in the early days. I encouraged my friends and family to read it and it helped them too. Knowing that this booklet was at hand meant that although I didn’t know anyone else in the same situation as me, there were others out there who had gone through and were going through this experience. It made me feel less alone.’<sup>6</sup>

## R E A D **Y** – responders should expect and seek support following the incident

### You

Employers should ensure that responders are given the support they may need. In addition to any formal debrief, responders should be encouraged to make use of occupational health or employee assistance counselling whenever they need it. Also, it is important that they are encouraged to seek support from other people such as their peers, family or friends. It is only natural that responders, in performing their duties, may be affected by what they have just witnessed or by the service they have provided. It is important that all responders pay attention to their feelings and employers should ensure that responders have the opportunity to share how they feel. Much like the person bereaved, sharing how they feel can bring them great relief.

**'It's only human to get emotional even as... police officers, I always reiterate to always let your line manager know if you feel things are becoming too difficult to deal with, in terms of dealing with the deceased and the family.'**<sup>9</sup>

# 3 Impact on responders and the need for organisational support

The aim of this section is to increase organisational awareness of the impact of suicide on people who are first responders and others, including:

- the need for adequate preparation and appropriate training for responders
- understanding emotional and psychological impact
- the need to have active policies in place to address the mental wellbeing of staff
- the need to train line managers to identify needs and know how to provide short-, medium- and long-term support to their staff
- the need for responders to seek support from their organisations and to look after themselves.

## How might responders be affected?

Dealing with suicide-related incidents and with bereaved individuals can be stressful, traumatic and disturbing experiences. However, the impact of the event may not be experienced immediately, but during the following days or weeks. Over time, regular exposure to such events may carry accumulated high levels of stress as well as the possibility of burn out, desensitisation, mental distress or ill-health and even the potential for a heightened level of suicidal thoughts in the responders themselves.<sup>10</sup>

Sometimes responders do not seek the help they need and just keep 'getting on with the job'. There could be many reasons for this, including: not wanting to let peers down; a fear that disclosure of feelings may damage career prospects; pride and 'machismo'; associated fear of appearing weak; and even concerns about confidentiality.<sup>11</sup> However, recognising that it is normal to be affected by this type of work is one of the most important coping skills responders can give themselves and be given by their employers.

Longer term, lack of support may result in burnout:

**'Burnout results in the progressive loss of the employees' ability to feel emotionally involved in their work. They develop cynical attitudes... [and] evaluate their work... in a negative light, leaving them feeling dissatisfied with their work.'**<sup>12</sup>

Also, a lack of support may result in cognitive and physical impacts as well as psychological impacts over the longer term.

As a consequence of poor support, a responder's ability to carry out their professional role in a manner that is beneficial to the person bereaved may be compromised.

## How can responders be supported?

It is important to recognise that there is no single approach that is likely to meet the needs of all responders. Some may require individual support; some may prefer peer group discussion, while others will prefer to seek external support. The following are recommendations on how to support staff in the challenging role of responding to suicide.

### Organisational support

Organisational support for staff should be policy driven, as part of a culture of mental wellbeing. It should be provided through adequate training for the role and active psychological support.

The overall aim is to foster an environment in the workplace where staff are able to ask for help and openly discuss issues with managers and peers. Initial debrief opportunities are always recommended; however, there should be a range of support on offer to staff throughout their working life. This may constitute a culture change for some organisations.

#### 1 Adequate preparation

Ensuring staff are adequately trained and prepared is vitally important.

When responders know what to say to the bereaved, know how to behave appropriately, are mentally prepared, as well as professionally able, they will be able to minimise the stress of an incident of suicide. Therefore, it is recommended that preparatory training, such as undertaking *More questions than answers* training, should be standard practice for responders.

'I think we need some kind of training prior to the event, so that we are prepared in some way for it, what to say and so on, what the impact on us might be; these incidents are not happening all the time so finding a way of remembering how to respond, or look after ourselves, would be good.'<sup>13</sup>

'I've had ASIST training so now I feel more confident at helping someone who is suicidal, but dealing with the family of someone who has completed suicide is terrible, I just feel I don't know what to say to make it better, or rather less worse, this is definitely one of the most stressful parts of the job. Although I have been in this job for decades I still feel unprepared.'<sup>13</sup>

## 2 Development of active policy and strategy

It is recommended that organisations have policies in place that include a strategy for promoting mental wellbeing among staff, and an active awareness of suicide prevention.

Among the five recommendations of NICE guidance on promoting mental wellbeing at work<sup>14</sup>, two are particularly relevant. Recommendation 1 (strategic and coordinated approach to promoting employees' mental wellbeing) and Recommendation 2 (assessing opportunities for promoting employees' mental wellbeing and managing risks) highlight the necessity to promote the mental health and wellbeing of all staff.

In addition, the NICE guidelines also promote the integration of policies and procedures to support staff's health and wellbeing in their role. For example, those who respond to people bereaved by suicide will require specific preparatory guidance (training) on how to support a bereaved person and tailored support from their organisation to allow them to deal with any consequences of fulfilling their role.

### **Recommendation 1 – strategic and coordinated approach to promoting employees’ mental wellbeing**

- Adopt an organisation-wide approach to promoting the mental wellbeing of all employees, working in partnership with them. This approach should integrate the promotion of mental wellbeing into all policies and practices concerned with managing people.
- Ensure that the approach takes account of the nature of the work, the workforce and the characteristics of the organisation.
- Promote a culture of participation, equality and fairness that is based on open communication and inclusion.
- Create an awareness and understanding of mental wellbeing and reduce the potential for discrimination and stigma related to mental health problems.
- Ensure processes for job design, selection, recruitment, training, development and appraisal promote mental wellbeing and reduce the potential for stigma and discrimination. Employees should have the necessary skills and support to meet the demands of a job that is worthwhile and offers opportunities for development and progression. Employees should be fully supported throughout organisational change and situations of uncertainty.
- Ensure that groups of employees who might be exposed to stress but might be less likely to be included in the various approaches for promoting mental wellbeing have equal opportunity to participate. These groups include part-time workers, shift workers and migrant workers.

### **Recommendation 2 – assessing opportunities for promoting employees’ mental wellbeing and managing risks**

Adopt a structured approach to assessing opportunities for promoting employees’ mental wellbeing and managing risks. This approach involves:

- Ensuring systems are in place for assessing and monitoring the mental wellbeing of employees so that areas for improvement can be identified and risks caused by work and working conditions addressed. This could include using employee attitude surveys and information about absence rates, staff turnover and investment in training and development, and providing feedback and open communication. In small organisations systems may be more informal. It is important to protect employee confidentiality and address any concerns employees might have about these processes of assessment and monitoring.
- Making employees aware of their legal entitlements regarding quality of work and working conditions. Employees should be made aware of their responsibilities for looking after their own mental wellbeing. For example, employees need to identify concerns and needs relating to support or improvements in the working environment.
- Using frameworks such as Health and Safety Executive management standards for work-related stress to promote and protect employee mental wellbeing.
- Responding to the needs of employees who may be at particular risk of



stress caused by work and working conditions, or who may be experiencing mental health problems for other reasons. Well-implemented policies for managing employee absence are important for ensuring that employees who are experiencing stress can be identified early and offered support. Support could include counselling or stress management training provided through occupational health and primary care support services. Interventions for individual employees should be complemented by organisation-wide approaches that encompass all employees.

### 3 Adequate training for managers

The Royal College of Psychiatrists, in its report *Mental Health at Work*<sup>15</sup>, recommends that:

‘Training should be provided for workplace line managers in how to recognise mental distress or ill health and how to respond in ways that do not lead to unnecessary exclusion from the workplace.’

Managers of responders need training to understand the potential effect that dealing with a suicide and a bereaved family might have on staff, and to identify when support for staff may be necessary. Organisations need to ensure managers:

- are adequately trained to recognise a need for support
- are equipped to support staff
- know, and can signpost, where staff can access support.

Free Mentally Healthy Workplace training for managers can be accessed through the Scottish Centre for Healthy Working Lives. This aims to give employers and managers the understanding, knowledge and skills to address a wide variety of issues relating to employment and mental health. It can also help reduce stigma, discrimination and negativity around mental health issues in the workplace. For more information on the training visit [www.healthyworkinglives.com](http://www.healthyworkinglives.com) or call the **Adviceline** free on **0800 019 2211**.

#### 4 Access to psychological support

Emergency service responders will normally have a debrief following an incident of suicide. At this time, any issues can be brought up and responders can verbalise feelings and concerns while they are still fresh. Access to appropriate psychological support services can then be sought. However, as one responder suggested, although they are always offered help immediately following a suicide incident, it was often 'too soon for me to realise how I might use it'<sup>13</sup>. Consequently, the need for a regular assessment of how staff are coping – such as through the use of a stress and pressure at work assessment questionnaire, a Work Positive stress management tool or wellbeing surveys – should be considered (see Appendix 1).

Organisations need to ensure access to psychological support is easy at any point.

**'I was asked if I had any issues and needed support immediately following the debrief but I hadn't yet acknowledged the impact.'**<sup>13</sup>

Access to counselling should be offered via occupational health and employee assistance counselling programmes.

**'I think attitudes have changed about mental health, but people are probably still reluctant to show they are not coping well with what is, after all, an aspect of the job.'**<sup>13</sup>

#### 5 Peer support

Peer support is crucial. Talking and sharing with peers is an important part of reducing the impact of the event. This is also a coping strategy that many responders feel most comfortable with. Organisations could ensure peer support happens formally as well as informally.

#### 6 Organisational logistics

Time to recover between incidents is important. The impact on staff should be borne in mind with respect to sending the same people out again and again to the same type of incident. Consideration of the experience of the responder in informing family is important with regard to the impact on the member of staff and the bereaved.

## Self care

As stated earlier, recognising that it is 'normal' to be affected by responding to a death by suicide is the most important coping skill that responders can give themselves. Talking is an effective way of diffusing the stress and enabling responders to cope. Many responders prefer to just talk to peers and/or partners about what has happened and what they are feeling.

Responders need to find a healthy balance to cope with the effects of their work in their personal and professional lives. In short, as professionals or volunteers responding to suicide, it is important to recognise vulnerability by exposure. Responders need to become self-aware, recognising any warning signs, and be prepared to take care of their own needs. A section on sources of support for responders is included in the appendices, including **[www.stepsforstress.org](http://www.stepsforstress.org)**

## 4 Conclusion

Research shows that people bereaved by suicide are themselves regarded as a high-risk group for completing suicide. We know through listening to their stories that the way in which individuals bereaved by suicide are supported by professional responders, and others, has a significant and lasting impact on them. One of the aims of this publication is to ensure that this 'significant impact' has the potential to be as beneficial as possible.

Consequently, this publication promotes **READY** – a generic and easily applied good practice approach to intervening and supporting people bereaved by suicide as part of a responder's professional portfolio of skills.

It is recommended that responder organisations provide their staff with the necessary training to undertake the challenging work of dealing with the impact of suicide with appropriate and professional sensitivity.

Furthermore, we know that the people who deal with suicide in their work may experience traumatic, stressful and disturbing events on a regular basis and, however 'professional' their approach, on a human level they may also be deeply affected. We therefore recommend that responder organisations provide, as part of policy and practice, appropriate and ongoing support to ensure the mental wellbeing of their staff.

Adequate training, appropriate and timely debriefing, a range of ongoing support and the creation of a workplace environment where staff are able to ask for help and openly discuss issues with managers will all help to build resilience and allow the responder to be as professionally effective and personally compassionate as possible, doing the best they can to help people in the worst of circumstances.

# Appendix 1

## Key resources available for first and secondary response organisations

### Choose Life Coordinators

Each of the 32 local authorities in Scotland has a Choose Life Coordinator who oversees delivery of the work in their area and ensures a multi-disciplinary approach to suicide prevention. They often coordinate and deliver local suicide prevention training and can put organisations in touch with local bereavement support groups in their area. A contact list of Choose Life Coordinators can be found at: [www.chooselife.net/Inyourarea/coordinatorslist.aspx](http://www.chooselife.net/Inyourarea/coordinatorslist.aspx)

### More questions than answers

A training programme for supporters of people bereaved by suicide. The course has been developed by Cruse Bereavement Care Scotland in partnership with NHS Health Scotland. It is a blended-learning programme consisting of two components: an e-learning module for all participants and three role-specific practice workshops aimed at first, secondary and community responders.

### After a Suicide

A publication for bereaved people, which focuses on the practical issues that need to be faced following a suicide. It covers some of the emotions experienced and suggests places where help and support can be found.

This resource is available as a printed booklet or an online resource with video interviews from the organisations people will deal with after a suicide.

## Useful websites

### Breathing Space

**<http://breathingspace.scot>**

Breathing Space is a free and confidential phonline service for any individual who is experiencing low mood or depression, or who is unusually worried and in need of someone to talk to. Call 0800 83 85 87, free, 6 pm–2 am Monday to Thursday; and 6 pm Friday through the weekend to 6 am Monday.

### Choose Life

**[www.chooselife.net](http://www.chooselife.net)**

The national portal for suicide prevention in Scotland. Hosted by NHS Health Scotland, the Choose Life site provides information regarding national and local implementation of the suicide prevention strategy including national guidance; current research; evidence; national and local evaluation, as well as information about suicide prevention intervention and awareness training.

### Samaritans

**[www.samaritans.org](http://www.samaritans.org)**

Provides confidential, emotional support for people experiencing distress or despair. Also provides a number of courses for businesses to help tackle stress in the workplace. Call 116 123, free, 24 hours a day.

### Stress risk management

**<http://surveys.healthyworkinglives.com/workPositive/stressRiskManagement.asp>**

Every employer has a duty to identify the risks to the health of employees, and as such is required to conduct a stress risk assessment to identify any work causes of stress and take action to reduce them as far as is reasonably practicable. The HSE introduced the management standards for work-related stress in 2004 to provide a framework for this risk assessment and action planning. Each standard is accompanied by a description of the systems that need to be in place to achieve each standard.

### Well Scotland

**[www.wellscotland.info](http://www.wellscotland.info)**

The national mental health improvement website is run for the Scottish Government by NHS Health Scotland. The site provides news on mental health in Scotland, details of research, a database of support agencies and services, practical top tips for maintaining positive mental health, and a useful glossary of common terms.

### Work Positive

**<http://surveys.healthyworkinglives.com/workPositive/whatIsWorkPositive.asp>**

Developed by NHS Health Scotland and the Health and Safety Authority (HSA Ireland), this step-by-step process assists workplaces to identify and reduce potential causes of stress.

# Appendix 2

## Key resources for first responders

### More questions than answers

A training programme for supporters of people bereaved by suicide. The course has been developed by Cruse Bereavement Care Scotland in partnership with NHS Health Scotland. It is a blended-learning programme consisting of two components: an e-learning module for all participants and three role-specific practice workshops aimed at first, secondary and community responders.

### The Art of Conversation

[www.healthscotland.com/documents/2842.aspx](http://www.healthscotland.com/documents/2842.aspx)

### Steps for Stress

[www.stepsforstress.org](http://www.stepsforstress.org)

### Breathing Space

<http://breathingspace.scot>

Breathing Space is a free and confidential phoneline service for any individual who is experiencing low mood or depression, or who is unusually worried and in need of someone to talk to. Call 0800 83 85 87, free, 6 pm–2 am Monday to Thursday; and 6 pm Friday through the weekend to 6 am Monday.

### Samaritans

[www.samaritans.org](http://www.samaritans.org)

Provides confidential, emotional support for people experiencing distress or despair. Call 116 123, free, 24 hours a day.

# Appendix 3

## Key resources for bereaved people

### After a Suicide

**[www.samh.org.uk/media/427033/after\\_a\\_suicide\\_2014.pdf](http://www.samh.org.uk/media/427033/after_a_suicide_2014.pdf)**

*After a Suicide* is a publication for bereaved people. It focuses on the practical issues that need to be faced following a suicide. It covers some of the emotions experienced and suggests places where help and support can be found.

### Cruse Bereavement Care Scotland

**[www.crusescotland.org.uk](http://www.crusescotland.org.uk)**

### Breathing Space

**<http://breathingspace.scot>**

Breathing Space is a free and confidential phonenumber service for any individual who is experiencing low mood or depression, or who is unusually worried and in need of someone to talk to. Call 0800 83 85 87, free, 6 pm–2 am Monday to Thursday; and 6 pm Friday through the weekend to 6 am Monday.

### Samaritans

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*Supporting people bereaved by suicide* seeks to promote good practice among organisations that employ first and secondary responders in intervening and supporting people bereaved by suicide. It aims to:

- promote a generic and easily applied good practice approach to intervening and supporting people bereaved by suicide, as part of responders' professional practice
- raise awareness of the impact on responders themselves, outlining the type of support they may need from their organisations before and following an incident of suicide.