



Southern Health  
and Social Care Trust

# GUIDELINES FOLLOWING SUICIDE OF A COLLEAGUE



Working together



Excellence



Openness & Honesty



Compassion



# SECTION 1

## Introduction

In Northern Ireland, over 200 people every year die by suicide affecting many of us directly or indirectly in our families, communities and workplaces. A death by suicide is rarely the result of a single event but rather an accumulation of a complex set of circumstances or experiences in a person's life. The impact of a death by suicide can be significant and wide-ranging, especially in what can be the close community or team setting of a workplace.

This guidance focuses on the impact of suicide in the workplace and advice and guidelines for us all as employees, managers and an organisation on how we can best respond and look after each other. This could be following a colleague dying on site or when an employee or former employee dies by suicide off site. The impact of a suicide for any of us can be significant especially in the close setting of a workplace and elicit a wide range of responses in colleagues.

This can lead to a very specific type of bereavement characterised by guilt, anger and confusion.

This document aims to provide a helpful template to guide you as a manager or leader during such a time and also demonstrates the supports available throughout this process to support you as a manager or employee. The clear message is that at any stage advice and support can be sought.

**Please note:** This guidance does not focus on supporting employees who are bereaved through suicide in their personal lives. It also does not provide guidance on responding to those presenting as vulnerable or at risk to suicide. However, some helpful guidance on this can be found in the Further Supports section of this guidance.

## SECTION 2

# Rationale: Why we have developed this Guidance?

One of the key reasons for developing this guidance is that postvention is a huge part of prevention. The research shows that “In some setting workers exposed to suicide are 3.5 times more likely to subsequently die of suicide” (Hedstrom, et al. 2008).

Research also highlights how 53% of attempters know at least one person who attempted or died by suicide and that 86% of attempts occurred more than 12 months after the suicidal behaviour (Deleo & Heller, 2003). In summary, exposure to suicide in the workplace is a significant risk factor for suicide.

Our aim is not to alarm or increase the understandable anxiety that the suicide of a colleague will inevitably elicit. However, we also cannot ignore the increased risk of suicide for us as colleagues and the need to consider how to best respond and support each other.

We believe the approach encouraged within this guidance, represents an effective way to mitigate the increased risks described above. Put simply, the more compassionate and supportive we are as managers, colleagues and an organisation, the more we (as best we can) mitigate future risks to other colleagues.

Key responses such as acknowledging and validating the feelings of colleagues, providing comfort and support to distressed colleagues and empowering mutual support among colleagues are recognised as the best practice for postvention. These are outlined and demonstrated in greater detail in the following sections.

# How do I speak about what has happened?

## SECTION 3

Many of us struggle to find the right words to talk to others about what has happened. The following may help to guide you in understanding some of the processes involved and some more helpful language to use.

### Coroner and use of alleged/potential until investigation/inquest outcome

It is important to use factual but sensitive language when discussing the cause of death - using language such as “alleged or “potential” suicide are necessary to use at this time – until the death has been confirmed as suicide by the Coroner.

When a death is sudden, unexplained or a suicide is suspected the death will be reported to the Coroner for further investigation. The Coroners liaison officer on behalf of the Coroner will try and gain a better understanding of what happened and gather evidence and information to help them understand the circumstances leading up to a suicide.

They will speak to family, medical professionals and anyone else who may have information. Following investigation and/or Inquest by the Coroner the report will indicate if the death was by suicide and the death can be recorded – this process can take 6-8 months and in some instances longer.

## Suicide – appropriate phrases/language

Using the correct terms and phrases when discussing suicide are important. Inappropriate or careless use of language can sensationalise or stigmatise a death and cause further trauma. Careful use of appropriate language can contribute to a more mindful approach and reduce the risk of influencing imitational behaviour or causing further distress to bereaved family, friends and colleagues. Overall this offers a more sensitive approach to grieving people.

## DO USE

- ✓ A suicide
- ✓ Taken his/her/their own life
- ✓ Ended his/her/their own life
- ✓ Die by/death by suicide
- ✓ Suicide attempt
- ✓ Attempted suicide
- ✓ Person at risk of suicide

## DON'T USE

- ✗ Commit suicide
- ✗ Suicide victim
- ✗ Suicide 'epidemic', 'wave', 'iconic site', 'hot spot'
- ✗ Cry for help
- ✗ A 'successful', 'unsuccessful' or 'failed' suicide attempt
- ✗ Suicide 'tourist' or 'jumper'

## SECTION 4

# How Best To Respond

This is a model of how best to respond following the death by suicide of an employee:

1

## INITIAL RESPONSE

- remain calm
- proactively reach out to the team members/employees
- acknowledge and validate feelings of colleagues and self
- encourage respect and privacy for the deceased
- acknowledge religious and spiritual beliefs
- identify vulnerable employees/close to the deceased
- encourage support and seek support for each other/signpost

2

## ONGOING SUPPORT

- Encourage open conversations about how employees feel
- Sign post and refer employees who need further support to Occupational Health and Wellbeing Service or to Inspire
- Support returns to work
- Be aware and sensitive to individual responses to grief
- Consider the grieving impact in relation to the working environment and work duties

3

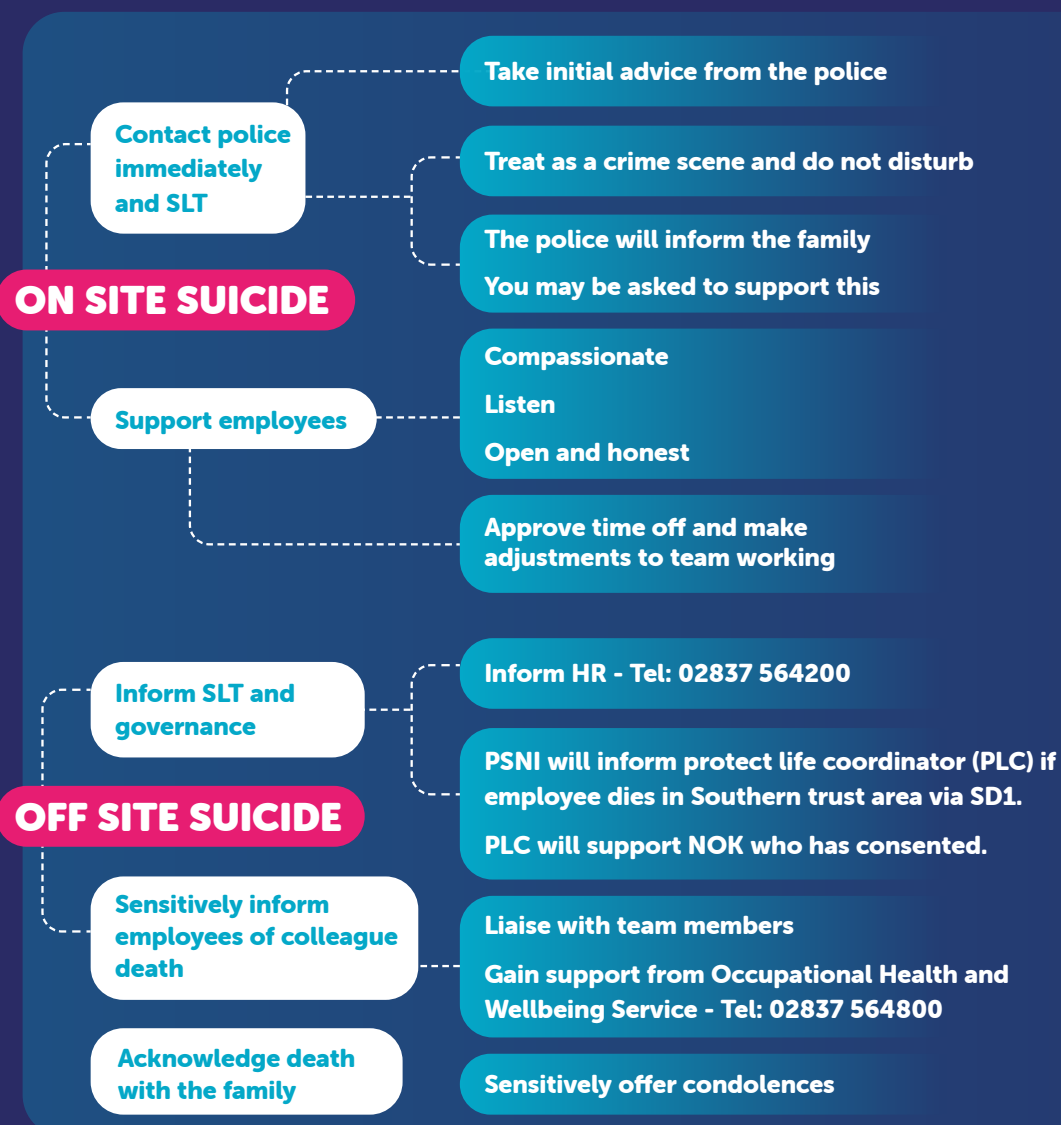
## LONG TERM FOLLOW UP

- Remembering/honouring the deceased person
- Be aware of the anniversary of the death and acknowledge it
- Check regularly how your colleagues are coping
- Remind employees about individual, manager and team supports available

# SECTION 5

## Guidance for managers when a colleague dies by suicide on/off site

- As a Manager try to remain calm and seek support from your senior leadership team (SLT).
- Every person will respond differently in a traumatic situation. It is important that you act with compassion and support each other. Do not leave anyone alone, encourage team support while you as a Manager deal with some of the initial practical matters.
- Be mindful of the individual that discovers the body and those in the team who are vulnerable or have been bereaved either by suicide or not.
- In the first instance, details about the death may be unclear and there may be a need for giving further updates in the future. Where appropriate, simply acknowledge this with employees. Always respect the dead person and be sensitive to what information is shared.



## SECTION 6

# Different Levels of Support

Individual employees and managers will require different levels of support. The illustration on the right provides a useful framework for considering the different levels of support that all or some will need.

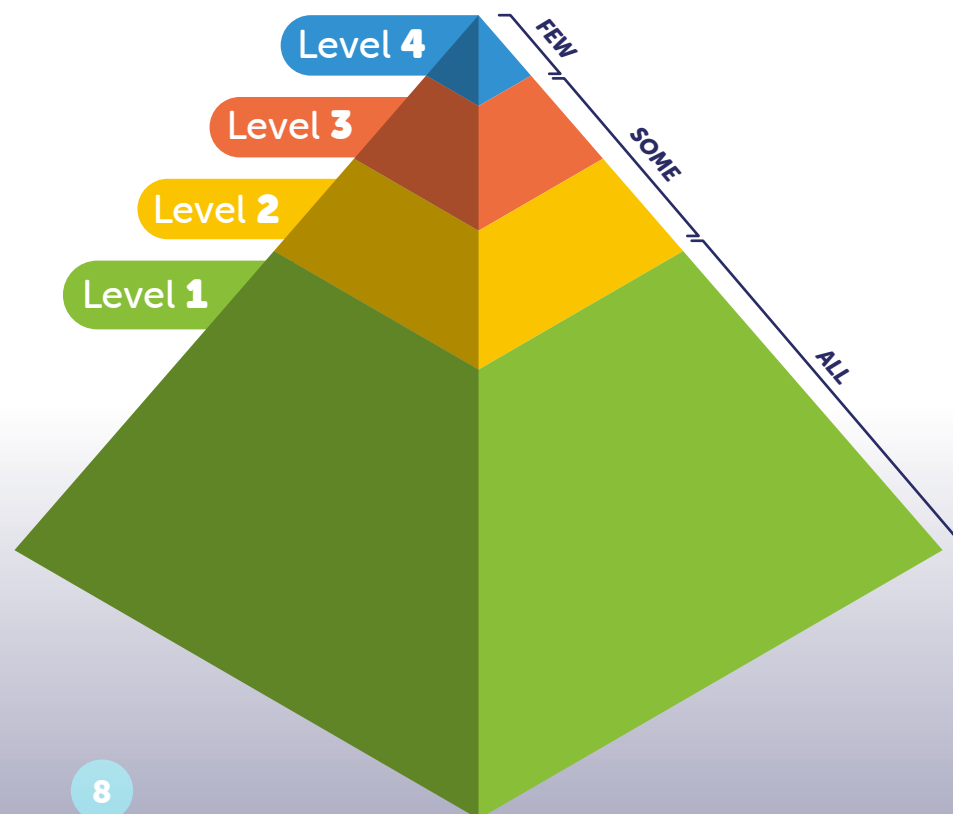
## Adult Bereavement Care Pyramid

A national framework

Developed by



*A national collaborative  
project 2020*





### Level 1:

(For Everyone)

We recommend in the initial days after the death of a colleague by suicide, that the manager and team support each other. The warm, compassionate support of a manager who is present, acknowledging and validating the feelings of everyone in the team is key. Unless the manager identifies an employee(s) who they are concerned about, this is most likely the best response.

### Level 2:

(For Some)

Individuals or a team may need additional support. The person may be finding they can not cope with the death and do not have any support outside of work and/or the team may be finding it difficult to process together what has happened.

A manager can contact Occupational Health and Wellbeing Service for advice on internal supports for both the individual and team within the Trust. CRUSE, Anam Cara and PIPs are some external organisations that may offer this support.

### Level 3:

(For some)

This level may be needed when the needs of the individual are complex and specialised bereavement support is needed. This is normally provided by accredited counsellors and therapists. Occupational Health and Wellbeing Service can provide access to this service and should be contacted directly by the manager to make arrangements. Signposting might also include to outside providers and general practitioner if specialised bereavement support is required.

### Level 4:

(For few people)

People requiring level 4 input generally can not function with daily life/work and require specialised support. Often those with pre existing mental health issues or compounded grief will need a level of support requiring psychology, psychiatry or psychotherapeutic input. Contact Occupational Health and Wellbeing service directly as they will help determine whether this can be provided internally or whether more specialised input is required. If you have immediate concerns speak to the GP and get advice.

## SECTION 7

# Further Supports

### PIPS Hope and Support

Provides a range of support services to adults and children who have been impacted by a suicide death in the Southern Trust area

50 Mill Street, Newry BT34 1AG

**Tel:** (028) 30266195

Mount Zion House Edward Street,  
Lurgan BT66 6DB

**Tel:** (028) 3831 0151

**Email:** [info@pipshopeandsupport.org](mailto:info@pipshopeandsupport.org)

**Web:** [www.pipshopeandsupport.org](http://www.pipshopeandsupport.org)



### Protect Life Coordinator SHSCT

Signposting and support for adults and children impacted by suicide. If individual/families wish to avail of an onward referral for support, the coordinator can make a direct referral to some of the support services

**Tel:** (028) 37564461

**Mobile:** 07825 627133

### The Niamh Louise Foundation

Provides a range of supports for adults and children impacted by suicide

32 Coalisland Road, Killybrackey,  
Dungannon, Co. Tyrone BT71 6LA

**Tel:** (028) 8775 3327

**Email:** [info@niamhlouisefoundation.com](mailto:info@niamhlouisefoundation.com)

**Web:** [www.niamhlouisefoundation.com](http://www.niamhlouisefoundation.com)

### Cruse Bereavement Care

Provide a range of bereavement services for children and adults

Northern Ireland Regional Office,  
10 College Green, Belfast BT7 1LN

**Tel:** (028) 9043 4600

**Email:** [northern.ireland@cruse.org.uk](mailto:northern.ireland@cruse.org.uk)

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

### Local Offices:

Armagh/Dungannon, Merrion House,  
46 The Square, Moy BT71 7SG

**Tel:** (028) 8778 4004

Newry/Mourne, Office 9, Enterprise House,  
WIN Business Park, Canal Quay,  
Newry BT35 6PH

**Tel:** (028) 3025 2322

### Family Trauma Centre

Regional service providing specialist treatment of children, young people and families following severe trauma. Referral to the service from General Practitioner, Health Visitor, School, Social Work, etc

**Tel:** (028) 9020 4700

### Links Counselling Service

Confidential counselling service provided in Armagh and Lurgan

23a Castle Lane, Lurgan BT67 9BD

**Tel:** (028) 3834 2825

**Email:** [info@linkscounselling.com](mailto:info@linkscounselling.com)

**Web:** [www.linkscounselling.com](http://www.linkscounselling.com)

\*Links clients may be invited to make a donation towards their ongoing therapy if affordable for them

### LIFELINE 0808 808 8000

Counsellors available 24 hours a day, 7 days a week who are experienced in dealing with issues such as depression, anxiety, etc to give you help and support, in confidence

**Tel:** 0808 808 8000

**Text phone:** 18001 0808 808 8000

**Web:** [www.lifelinehelpline.info](http://www.lifelinehelpline.info)

### The Samaritans

Provides confidential emotional support 24 hours per day. They are there for you if you are worried about something, feel upset or confused, or you just want to talk to someone.

**Craigavon:** **Tel:** (028) 3833 3555

**Newry:** **Tel:** (028) 3026 6366

**National Helpline Tel:** 116123

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

### Support for Children:

#### **As above but also including:**

Barnardos Child Bereavement Support Service Provides advice and support to adults, children, young people, their families and carers who have been impacted by suicide

**Advice Line:** 078 6737 2711

*Open Mon & Tues 10-1pm and  
Friday 10-12 noon.*

**Web:** [www.barnardos.org.uk/  
childbereavementservice](http://www.barnardos.org.uk/childbereavementservice)

### Somewhere for us

'Somewhere For Us' project has been created to bring young people together in NI after the death of a loved one.

**[www.hopeagain.org.uk](http://www.hopeagain.org.uk)** - website for young people

**National Cruse Helpline:** 0808 808 1677

or **Cruse Chat:** [www.cruse.org.uk](http://www.cruse.org.uk)

### Winston's Wish Winston's Wish

**Freephone Helpline:** 08088 020 021

(open 9.00am – 5.00pm, Monday-Friday)

**Email:** [ask@winstonswish.org](mailto:ask@winstonswish.org)



**WELLBEING**  
**BELONGING**  
**GROWING**



This guidance has been developed as part of the Trust's People Framework 2022-2025 and Health & Wellbeing Framework 2022-2025, in partnership with OH Psychology, Organisational Development Team, Protect Life Co-ordinator and Bereavement Co-ordinator.