



Help is at Hand

A resource for people bereaved by suicide
and other sudden, traumatic death

Acknowledgments

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* *Bereavement information pack: for those bereaved by suicide or other sudden death.* K. Hill, K. Hawton, A. Malmberg and S. Simkin (1997). London: Royal College of Psychiatrists (Gaskell Press).

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Introduction



When you first discover that someone close to you has died unexpectedly by suicide or other sudden, traumatic death, you will probably experience a range of emotions and physical sensations. Sometimes it is clear that a relative or friend's death is suicide, but often it is not. Uncertainty may arise from the death being completely unexpected or because of the way in which the person died, for example by drowning or drug overdose.

This guide is aimed at the wide range of people who are affected by suicide or other sudden, traumatic death. It aims firstly to help people who are unexpectedly bereaved in this way. It also provides information for healthcare and other professionals who come into contact with bereaved people, to assist them in providing help and to suggest how they themselves may find support if they need it.*

Bereavement after suicide can be particularly difficult to cope with, and many people who are bereaved in this way find it hard to get the help they need. Thousands of people die by suicide every year in England and Wales. Some self-inflicted deaths receive a coroner's verdict of suicide, but many are given an open verdict or some other cause of death. It has been estimated that at least six people are deeply affected by each death. These include:

- parents;
- partners;
- children;
- siblings;
- friends;
- work colleagues;
- teachers;
- healthcare professionals.

Beliefs and customs concerning death and mourning differ among faith and cultural groups, and this will influence an individual's experience of bereavement. This guide aims to explain some of the common practical and emotional issues that might affect people who are bereaved in this way.

Some parts of the guide will be useful immediately after the death, while others may be of help in the weeks and months that follow.

Healthcare and other professionals such as coroner's officers, police, funeral directors and bereavement counsellors are encouraged to advise bereaved people how to make use of this guide and where to get a copy. Professionals can help by directing people to key sections in this guide and particularly the organisations, books and other materials listed in the 'Sources of support' section.

The following issues are covered in this guide:

Practical matters

This section describes the different procedures that could take place after a death, such as the police investigation, the coroner's inquest, the funeral, media attention, wills and who to inform about the death. There are practical suggestions for dealing with these.

Experiencing bereavement

This section focuses on the experience of bereavement and describes some of the feelings and emotions that are particularly relevant to being bereaved by suicide. There are also suggestions on how to cope.

Bereaved people with particular needs

This section highlights some of the specific issues that arise for particular people such as parents, children, older people and people with a learning disability.

How friends and colleagues can help

This section offers guidance about the best way to help and support bereaved people.

The impact of suicide and bereavement on health and social care staff

The guide also looks at how healthcare and other professionals can help and support bereaved people, how they might be affected and be able to support each other and how others in their care might be affected.

Sources of support

Many people who have been bereaved find it helpful to have support at some time. This section describes what is available and where to find it and lists organisations that can provide help, useful websites, books and other sources of information.

* We want to be able to assess if this guide is helpful. There is an evaluation form attached to page 47 for you to fill in if you want to.

Practical matters



The following is an explanation of some of the official procedures that may take place after someone dies and a guide to the practical matters that have to be dealt with.

Inquests and investigations

In England and Wales, all unexpected deaths (such as possible suicides, accidents or homicides) must be investigated. The death will be reported to the local coroner, who will usually hold an inquest.

After someone dies, their body is taken to a mortuary. Someone (usually the next of kin) will be asked by the police or the coroner's officer to identify the person and sign a statement to confirm their identity. This can be a difficult thing to do, so consider asking a friend or relative to go with you.

Although this may not happen immediately, the police or the coroner's officer will take statements from people who can help with the investigation, such as family, friends, the person or people who found the body and any witnesses to the death. You can ask for a copy of the statements you make, in case you want to refer to them at the time of the inquest, although because they are legal documents this is not always possible.

It might be necessary to take photographs of the location where the body was found. If a message such as a note or tape recording was left, the police will need to take it as evidence. Some coroners will let you have a copy, although you have no legal right to keep the note. You can ask for the original to be returned after the inquest if it was addressed to you.

It might be useful to make a note of the names of the police officers or coroner's officers you come into contact with and to ask for receipts for anything they take away.

What does the coroner do?

The coroner is an independent, judicial officer appointed by the local authority to investigate sudden, unnatural and violent deaths. Most coroners are lawyers, though some are doctors; very occasionally they are both legally and medically qualified.

The coroner's job is to find out who has died and how, when and where they died. The coroner does this by holding an inquest and reaching a verdict on the cause of death. Coroners are helped by coroner's officers (who are sometimes former police officers), and in some parts of the country, the coroner is assisted by the police and clerical staff.

The post-mortem

The coroner will usually arrange for an examination of the body by a pathologist, to try to find out the exact cause of death. You can ask to have a copy of the post-mortem report; however, they are usually written in a very factual, impersonal way and may include details that you will find upsetting.

What does the coroner's officer do?

The coroner's officer will be the person with whom you have most contact. They should explain what will happen at the inquest and try to answer any questions you may have. They make sure that all the evidence is available for the coroner before the inquest takes place. They may also take statements and obtain reports for the coroner.

What is an inquest?

An inquest is a public, legal inquiry to find out the facts about the death and deliver a verdict on the cause of death. It is not a trial and is not intended to blame anyone. It is usually held in a courtroom, which some people find intimidating. You could ask the coroner's officer to arrange for you to visit the courtroom beforehand and explain what to expect.

The coroner normally opens the inquest within a few days of the death. This usually involves a short hearing and formal identification of the person. The coroner will then release the body for burial or cremation and issue an interim death certificate. The inquest is then adjourned until all the necessary information is gathered. This may take some months or, very occasionally, more than a year. If the death took place in custody or while the person was in hospital or in psychiatric care, the inquest

might be delayed while special reports are prepared or a separate investigation is held.

At the full inquest, the coroner will call witnesses such as police, other relevant people (for example the pathologist who carried out the post-mortem), doctors, family members and other witnesses, to give evidence. Statements given to the police, including what relatives have told them, may be read out. If you do not have a copy of your own statement, you can ask the coroner's officer to provide one, although not all will agree to this. The coroner may ask questions of the witnesses. It is unusual for the full content of any notes left by the dead person to be made public.

Who can attend the inquest?

Any member of the public can attend an inquest. Close relatives must be given details of the time and place of the inquest in advance. You do not have to go to the inquest unless you are summoned by the coroner to give evidence. Members of the press are likely to be in court.

Can I leave the court if I want to during the inquest?

You can leave the court at any time (except when you are giving evidence) and come back when you want. Some coroners will tell you when the post-mortem or other evidence that might be distressing is coming up, so that you can leave if you want to.

Will there be a jury?

Most inquests are held without a jury, but sometimes, for example when the death took place in prison or in police custody, a jury will be called and will decide the verdict.

Who can ask a witness questions?

Anyone who has a 'proper interest' – such as a parent, spouse, partner or child of the dead person – may question a witness. You can get a lawyer to ask questions for you, or ask them yourself. Talk to the coroner's officer in advance if you plan to do this.

The verdict

The coroner will only give a verdict of suicide if an act was self-inflicted and if (in their opinion) it was intended to cause death. If this is not proved, the coroner will usually give an open verdict, although sometimes another verdict such as 'accidental death' or 'misadventure' may also be given. While some people can accept this, for others the lack of a definite suicide verdict and the feeling that the inquest does not answer all their questions about why the person died make it more difficult for them to come to terms with the death.

Can I get a report of the inquest?

You can apply to see the coroner's notes of evidence after the inquest. Coroners must keep their records for 15 years (some keep them longer).

What happens after the inquest?

The coroner will tell the Registrar of Births, Marriages and Deaths of the verdict, so that a final death certificate can be issued. The coroner's officer will tell you how to get final death certificates. You will need more than one copy to send to banks, building societies, insurance companies and other organisations.

Will there be a report in the newspapers?

When someone has died by suicide or in another traumatic way, it may attract public interest. The inquest also draws attention to the person who has died, and the circumstances may be reported by the media. This can be very stressful, particularly when a report is insensitive or inaccurate or, for example, where it focuses only on the problems the person may have had without mentioning the good things about them.

Some bereaved people, however, have found the local media tactful and supportive, and have even had the opportunity to approve the newspaper report before it was published.

It can be helpful to prepare a written statement about the person who has died which includes a description of them, the positive aspects of their life and perhaps a photograph, to give to journalists. The police press officer or police family liaison officer are also people you could ask for advice about dealing with the media.

Deaths of people in contact with mental health services

People with mental ill-health have a higher risk of taking their own lives than others. If someone who is in touch with mental health services takes their own life then it is usual for the mental health trust that was providing their care to conduct an audit of the case. This means that they will look at the circumstances of the suicide to see if there are any lessons to be learnt. The trust may contact members of the person's family as part of this process.

Deaths in custody

Every death in prison in England and Wales is subject to a police investigation, an independent investigation by the Prisons and Probation Ombudsman and a coroner's inquest held before a jury. The prison family liaison officer usually informs the family about the death, offers support and gives practical help and advice. They are the single point of contact with the prison and liaise with other agencies, particularly the coroner's office. They will arrange a visit to the prison to meet staff and prisoners who knew the person who died. They also liaise with the chaplain about a memorial service, organise payment of reasonable funeral expenses, help with arrangements for and attend the funeral, and manage the handover of property.

Deaths in the care or custody of the police

Where there is a death in police custody or a death that is closely linked to contact with the police, it has to be referred to the Independent Police Complaints Commission (IPCC). The IPCC may independently investigate the death, or manage or supervise a police investigation into the death.

The IPCC provides a dedicated family liaison manager in the majority of independent investigations to keep the family informed and explain any aspects of the process; in managed cases, the IPCC is likely to work closely with a police family liaison officer to provide this single point of contact, to minimise bureaucracy. There will also be a commissioner in charge of the case who is completely independent from the police. They will make decisions such as whether the case should be passed to the Crown Prosecution Service to consider criminal charges.

The funeral

There are many different customs and rituals for recognising a death. Many people find a funeral beneficial because it gives them an opportunity to say a last goodbye, to celebrate the life of the person, to share thoughts and feelings about the person with friends and family and to begin to accept the reality of the loss.

Information on the practical details of arranging a funeral can be found in the leaflet *What to do after a death in England and Wales* (see 'Sources of support').

Viewing the body

When a body has been released for burial or cremation, it is possible to view the dead person at the funeral director's premises. Sometimes, a family will arrange for the body to be brought home the day before the funeral so that friends and relatives can come to the house to pay their respects and say goodbye. Viewing the body can help people begin to accept what has happened and face the reality of the person's death.

It is natural to worry about what the body will look like, but often what we imagine is worse than the reality. You could ask the mortuary staff or funeral director to tell you about the condition of the body, or you could ask a friend to go in first and tell you what to expect. If the person has been disfigured it might be that their body can be viewed partially covered. You can also ask for photos to be taken to help you in the decision. Remember that the decision to see the person for a last time is yours alone. If you decide not to see the body, you can keep the photos in case you want to look at them in the future. Whether children should view the

body is discussed in the separate section on children in 'Bereaved people with particular needs'.

The ceremony

If you need help to decide what sort of ceremony to have, talk to family, friends, your minister of religion (if you have one) or the funeral director, all of whom will be happy to help. You may find it helpful to bear the following in mind:

- Did the dead person have any preferences about the sort of funeral they wanted?
- Do you want to have a small, private funeral or a large public ceremony?
- Do you want a religious ceremony?
- Do you want the body to be buried or cremated? (The coroner's officer will need to know this as soon as possible in order to sort out the paperwork.)
- What should be said at the funeral, and who should have an active role in the ceremony?

A funeral director can help you make the arrangements, or if you decide to organise the funeral yourself you can get advice from the Natural Death Centre (see 'Sources of support').

What will the funeral director do?

The funeral director can take the body to their premises, where the viewing can take place. The funeral director can organise cremation or burial, place death announcements in the newspapers, provide a hearse to take mourners to the funeral and help you organise other aspects such as flowers, music and service

sheets. Some people may wish to send the body to their country of origin for burial, and the funeral director will help make these arrangements.

You can get more information about choosing a funeral director and the services offered from the National Association of Funeral Directors and the National Funerals College (see 'Sources of support'). Some funeral directors specialise in providing funerals for specific faith groups, and you should be able to find these in your local telephone directory or community newspaper, or through your local religious leader.

How will I pay for the funeral?

A funeral can be very expensive, and normally it is paid for from the dead person's estate (that is their money and possessions). It may be possible for money to be released from their bank or building society account, but usually the family pays for the funeral and gets the money back later. Some funeral directors are willing to be paid by installment.

If the person who died was working, there may be a death-in-service payment or a company benevolent fund. Some pension schemes provide a lump sum for funeral expenses. The person who died may have had a pre-paid funeral plan or insurance policy to cover the cost of the funeral.

If you cannot afford to pay for the funeral, your local social security office will be able to explain what the situation is regarding financial help with funeral costs (if applicable). The local council, or in some cases the health authority, may pay for a funeral, but only in cases where it has not already been arranged.

The will and the estate

Is there a will?

You will need to find out if the person who died had a will and if they did, who the executor (also called the personal representative) is. The executor is responsible for paying any debts, taxes and expenses (including funeral expenses) from the dead person's estate and for sharing out what is left according to the will.

What happens if there is no will?

There are rules about how the dead person's estate is divided between the surviving relatives. If there is no will, but the dead person had money and possessions, you should apply to the Probate Registry for legal authority to deal with the estate. You can employ a solicitor to do this for you, or to give you advice. It helps to get all the documents together and make a list of questions before you see the solicitor, to save time and money.

The probate and inheritance tax helpline is 0845 30 20 900.

Who should I tell about the person's death?

You will need to tell various people and organisations that the person has died. It might help to keep all the personal and financial records such as birth, marriage and death certificates; driver's licence; passport; insurance policies; and banking and other financial documents together in a folder. Two forms – a list of common organisations to contact (not all will be relevant and you may find others when you go through the dead person's papers) and a form you could use to send information to them – are included at the back of this guide.¹ You may want to photocopy these forms.

You can also contact the Bereavement Register (see 'Sources of support'), which will arrange for the dead person's name to be taken off mailing lists and databases in the UK, as a free service. This will not stop official mail such as bank statements and tax returns, so you will have to contact the organisations that send these yourself.

Insurance policies

Some life insurance policies have an exclusion clause, which states that a claim cannot be made if the person insured dies by suicide within a certain time period after the policy was taken out. These restrictions are usually in the small print; however, most insurance companies will handle this sensitively.

¹ Adapted from *Information and support pack for those bereaved by suicide or other sudden death*. S.J. Clark, S.D. Hillman and Ministerial Council for Suicide Prevention (2001). Perth, Australia: Ministerial Council for Suicide Prevention. Reproduced with permission from the Commonwealth of Australia.

Experiencing bereavement



The following explains the emotional experience of bereavement and ways to cope with grief.

What is grieving?

After the death of someone close to them, most people experience grief and go through a period of mourning. How people grieve is affected by a number of factors, such as their relationship with the dead person, the way the person died, personality and coping style, age, gender, religious beliefs, cultural background, previous experience of loss, other stresses and the type of support available. Although everyone grieves in their own way, it has been suggested that there are four 'tasks' of mourning.²

- **Accepting the reality of the loss** – realising that the person is dead and won't be coming back. Seeing the body and rituals like the funeral can make this easier.
- **Working through the pain of grief** – allowing time to experience the feelings and emotions. Trying to avoid or suppress feelings may make grieving harder in the long run.
- **Learning to live without the dead person** – this may involve taking on new roles or learning new skills.
- **Moving on with life** – finding a new place in your emotional life for the person who died so that you can adapt to a different future without their physical presence.

The feelings and activities associated with grieving can be divided into two main types of experience:³

- **loss:** the feelings and emotions caused by the bereavement and the need to come to terms with the person's death
- **restoration:** the things people do to rebuild their lives, such as sorting out the dead person's affairs, going back to work, getting on with social activities and learning new skills to deal with their new situation.

Both are important aspects of grieving, and people usually move between the two, including having periods of respite when grieving is 'on hold'. The way that people have been brought up may influence the individual way they grieve. For example, some men may deal with their grief by focusing on practical matters, while women may be more likely to express their loss by crying, talking and sharing their feelings. There is no right or wrong way.

The following are descriptions of the common experiences of bereavement, and you may feel some or all of them, at different times.

Early grief and mourning

Shock

The death of someone close to you can come as a tremendous shock. In shock, you may feel shaky, numb, out of touch with things around you, have difficulty breathing, dry mouth, nausea, tightness in the throat and chest, fatigue or a feeling of emptiness. Shock is common during the days and weeks immediately following a death.

Numbness

Our mind only allows us to feel our loss slowly. You may experience numbness after the death of someone close, and what has happened may seem unreal. The thought "this can't really be happening" may recur. The numbness can be distressing in itself, for example if you cannot cry at the funeral. In fact, numbness is a normal reaction which protects you from feeling too much pain all at once, and may be a help in getting through the practical arrangements.

2 *Grief counselling and grief therapy. A handbook for the mental health practitioner.* J. William Worden (2004, 3rd edition). Hove: Brunner-Routledge.

3 The dual process model of coping with bereavement: rationale and description. M. Stroebe and H. Schut (1999). *Death Studies* 23, pp.197–224.

Disbelief

It is natural to find it difficult to believe what has happened, and when a death is untimely, it is even harder to grasp the permanence of the loss. On one level you 'know' that the person has died, but on another, deeper, level it may seem impossible to accept that the person who has died is not going to be around any more. Confusion, panic and fear are common. You will need time to take in what has happened, and it may help to talk it through with other people. The funeral and other remembrance rituals will help you accept the reality of the death.

Searching

Numbness and shock sometimes give way to an overwhelming sense of loss, and many bereaved people find themselves instinctively 'searching' for the person they have lost: calling their name, talking to their photographs, dreaming the person is back or looking out for them in the street. You may 'see' the person who died, or hear them talking to you, and fear that you are going mad, but these are quite common experiences after bereavement.

Anguish and pining

As your loss begins to make itself felt, pining for the person who has died is common. Powerful and desperate longings to see, touch, talk to and be with the lost person can be frightening in their intensity. You may go over and over what has happened, replaying things in your head or talking them through repeatedly. The need to talk about a person following their death is part of the natural struggle to come to terms with their loss.

Physical and emotional stress

The death of someone close to you is a major source of stress, which can show itself physically and emotionally. Restlessness, sleeplessness and fatigue are common, as are vivid dreams and difficulty concentrating or remembering things. You may experience dizziness, palpitations, shakes or difficulty breathing. Intense emotional pain may be accompanied by physical symptoms such as headaches, loss of appetite, nausea and diarrhoea, and for women, their normal menstruation cycle may be disturbed. Sexual interest may also be affected. The physical effects of grief usually pass with time.

A common phrase from the newly bereaved is "I feel like I'm going crazy". The pain and accompanying emotions are so intense that it doesn't seem possible that a normal human being can experience them and still live. You may believe that you are going insane or are at least on the verge of it, but you are not. You are experiencing the normal physical and psychological reactions to deep loss.⁴

In the aftermath of the death, you may feel overwhelmed and think you'll never be able to cope. Don't expect too much of yourself. Try not to think too much of the future, but concentrate on getting through one day at a time. Accept help from friends or relatives and ask for extra help if you need it (for example, someone to drive you to appointments). Things are likely to improve with time.

Emotions during bereavement

Sadness

As the initial shock begins to pass, you may feel intense sadness. You may want to withdraw from contact with family and friends, and you might find it hard to stop crying. Crying is a way of releasing stress, so allow yourself to cry if you need to. Find a safe space where you can cry in private if you prefer. Not everyone wants to cry, and this too is perfectly normal. Gradually you are likely to accept your loss and cherish happy memories of the dead person, and the sadness will become more bearable.

Anger

Anger is a natural response to loss, and for some people feelings of rage can be intense. You may feel a sense of helplessness at the unfairness of life and anger at others who are carrying on as if nothing has happened. Your anger may also be quite specific, and you may want to blame other people – relatives, friends, doctors – who did not seem to help the person enough before they died, or yourself for not doing more. Feelings of anger towards the person who has died, because you feel abandoned by them and angry at being left to cope on your own, are often distressing and confusing.

⁴ The grief of the newly bereaved. Margaret Gerner (1991). *The Compassionate Friends Newsletter*, summer edition.

One woman said after her son's death that she felt great anger at him for what he had done to her, her sister, her mother and family. She had often felt overwhelmed with murderous rage at the world, at life and at her friends who she once loved and cared for.

Anger can be a useful way of relieving guilt and sadness. Some people find it helpful to cope with angry feelings through physical activity.

Guilt

It is extremely painful to accept that we were not able to prevent the death of someone close, and bereaved people often judge themselves harshly. A sudden death interrupts close relationships without warning, and since we don't usually live our lives as if every day might be our last, we assume there will always be time to sort out tensions and arguments or to say the things that have been left unsaid. Guilt may also be aroused by what one feels or does not feel during bereavement (eg anger towards a dead person, or inability to cry or show grief openly). Some people feel guilt for being alive when the other person is dead, or think that they have no right to be happy. Coping with guilt can be one of the most difficult aspects of bereavement by suicide.

Relief

If the person who died had had a long struggle with illness or other significant difficulties and there had been a lot of unhappiness and suffering for everyone beforehand, families may feel relief that at last it's all over. This feeling is perfectly natural.

Despair

Despair is draining and saps interest in others, so relationships can suffer. Life may no longer seem to make sense or have meaning. Feelings of 'not giving a damn' about anything or anyone are common, as is indifference to what happens to you and even suicidal feelings. If these feelings persist though, see your doctor.

Fear

Violent and confusing emotions can make grief a frightening experience. You may fear a similar event happening again, and feel fear for yourself and those you love. You may fear 'losing control' or 'breaking down' and dread facing the future without the person who died. You may have physical symptoms of panic, like breathlessness or a racing heart. These are normal reactions. Some people find that meditation or relaxation techniques help them feel more in control and that making a list of the things they are frightened of and ways they could overcome them is helpful, as is talking to others who have had similar experiences. The fear will lessen with time as you grow more confident.

"From a sadness which is with us frequently to a sadness that is always a part of us but no longer gets in our way we can begin to be happy and move on in our lives."

Yours, mine and our children's grief: a parents' guide.
Elva Mertick (1991). Alberta:
Alberta Funeral
Service Association.

Depression

The feelings of the newly bereaved have a lot in common with those of people who have depression. Like depression, grief can bring profound sadness and despair and can interfere with sleep, concentration and appetite. For a bereaved person, these feelings are a natural response to a terrible loss. People who have been bereaved could be more prone to sadness and depression for some time to come. Talking to a friend or bereavement counsellor may help, but if grief gives way to a longer lasting depression or to suicidal thoughts, seek help from your doctor.

Feeling that life has lost its meaning

The death may have challenged all your ideas and beliefs about the world and your place in it. You may lose faith in your own judgement and find it hard to trust other people. If you have a religious faith, you may find help from your place of worship. Some people find that as a consequence of the death they re-evaluate their lives, make decisions about what really matters to them and find new meanings for the future.

Is bereavement by suicide and other sudden traumatic death different?

The loss of someone you have been close to, whatever the cause of their death, can bring intense feelings of grief. But some of the responses and emotions experienced by people who are bereaved by suicide may differ from those felt after other types of death. The fact that a person's death appeared to involve an element of choice raises painful questions that death from natural or accidental causes does not. Bereavement by suicide may sometimes be prolonged. It may reawaken earlier losses, especially if any of them were also by suicide. Shock, social isolation and feelings of guilt can often be greater for bereavement after suicide than for other causes of death. The grieving process is characterised by questioning and a search for an explanation. Some people may feel a strong sense of abandonment and rejection.

Some of the particular aspects of bereavement by suicide are described below. Some – or perhaps even all – may be relevant to your own experience of grief.

Recurring images

A common and disturbing aspect of grief after suicide can be recurring images of the death, even if you did not actually see it happen. If you were the one who found the body of the dead person, this can be very traumatic, especially if the death was violent. You may find that you have recurring nightmares and go over and over the images of the death in your mind. By talking about what happened and re-examining the details again and again, you may find that they become less painful. If the images persist and you find them interfering with your life, ask your doctor if they can refer you to a specialist who can help.

Why?

Many newly bereaved people will ask “why?”, but bereavement through suicide can often involve a prolonged search for a reason for the death. Different members of the family may have very different ideas as to the reason why, and this can put a strain on family relationships, particularly if an element of blame is involved. Many people bereaved by suicide eventually come to accept that they will never really know the reason why the person did what they did. Although the death may have followed a specific event, suicide is rarely due to a single cause.

Could it have been prevented?

Reliving what could have been done to save someone from suicide is a common experience of people bereaved in this way. Everything can seem painfully obvious in retrospect, and the 'what ifs?' may seem endless: "What if I had picked up on that warning comment or sign?" or "What if I had not been away that weekend?"

It may help you to remember that the changes in behaviour that lead to suicide can be very gradual. It is very difficult to see when a person gets to the point where they want to take their own life, and even mental health professionals find it hard to know when a person is particularly at risk. Once a person has decided to take their life, they can go to great lengths to cover up their plans.

Feelings of guilt

When someone dies by suicide, their family and friends may suffer from intense feelings of guilt, self-blame and self-questioning.

Following her brother's death, one woman describes her terrible feelings of guilt:

"Not one day has passed that I haven't asked myself – why? – and haven't experienced the tidal waves of guilt that seem to drag me under deeper and deeper. I agonised over whether we as a family could have done something that might have made him want to stay with us. Why did we say all those terrible things to each other while we were growing up and even worse, why didn't I say all the things to him that I now wish I could?"

It may help to talk about your feelings with someone you trust to get a realistic perspective on them, but if you don't want to share your feelings, try not to blame yourself. You could make a list of the things you did do to help the dead person. Try to remember that you could not predict the future and that nobody is responsible for the actions of another person. No one is perfect, and the reasons for suicide are seldom simple. Try to forgive yourself if there are things you said or did which you now regret. If your feelings of guilt persist, you might find it helpful to discuss them in a support group or with a counsellor.

How do I tell other people about the death?

It is sometimes difficult to talk openly about suicide, but trying to keep the facts a secret will only add to your stress in the long term. If you don't want to talk about the details, you could say: "They took their own life, but I can't talk about it now." Suggestions of what to tell children is in the section on 'Bereaved people with particular needs'.

Rejection and abandonment

It is common to feel abandoned and rejected by someone who has killed themselves. One woman whose brother took his life recalled:

"I was upset that he hadn't come to talk to us. I think we all went through anger at some point. You think: 'How could you do this to us?'"

Sometimes this sense of rejection leads to feelings of inadequacy and causes the bereaved person to cut themselves off from people who could help them because they feel worthless or fear further rejection. These are common experiences. It is possible that the person who died was so concerned with their own problems that they couldn't think about other people, or may have thought that others would be better off without them.

Suicidal fears and feelings

Despair is a natural part of grieving, but after someone has died by suicide, this feeling may be combined with fear for your own safety. People bereaved by suicide sometimes worry about whether suicidal tendencies are inherited and may become more vulnerable to suicidal thoughts of their own. If you have feelings like this, it may help to discuss them with a support group or your doctor. While these thoughts usually pass with time, it is essential to seek professional help if they become very strong.

"I'm older now than my mother was when she killed herself: perhaps that means I've escaped her fate... Suicide is seductive; when it becomes an option, you toy with the idea of it... For years whenever I believed I had screwed everything up I would think I had to commit suicide... This mood can still come on me but it's rarer now".⁵

Stigma and isolation

A mother writing about her son's death pointed out that many of us have never been told what to say to someone who has had a suicide in the family.

"What I needed to hear was the same thing that might be said to anyone else who had experienced the death of someone close – 'I'm truly sorry for your pain and is there anything I can do?'

If you need to talk about it I'm a good listener. I've got a good shoulder to cry on.' And I needed to know it was really meant. Nobody wants to talk about suicide. Everyone thinks that it's best not to say anything, that if you don't talk about it, it will be forgotten and will go away. For me nothing could be further from the truth."

Although attitudes to suicide are changing, the silence of others may reinforce feelings of stigma and shame. If other people are embarrassed, uneasy and evasive, you may feel isolated and that you are lacking opportunities to talk about, remember and celebrate all aspects of the person's life.

You may feel a strong need to protect the dead person and yourself from the judgement of others. You might isolate yourself, either through a sense of shame, or simply because you want to shut yourself away for a while. Friends may not get in touch because they don't know what to say. You might be able to make it easier for others by letting them know what they could do to help (see 'How friends can help').

Joining a support group for people bereaved by suicide can help reduce the sense of stigma and isolation. There are also websites where people can share their experiences (see 'Sources of support').

Suicide notes

People who die by suicide sometimes leave a suicide note. This can be a source of comfort for family and friends if the person expresses love, asks forgiveness or tells them they are not to blame. If the death was entirely unexpected, a note can help to settle any uncertainty about whether it was a suicide.

Occasionally however, a note can be hurtful, unpleasant and blaming. It helps to remember that the note only reflects the writer's state of mind at the time when their thoughts and feelings may have been disturbed.

A note will not necessarily provide all the answers as to the reason for the suicide, but if no note of explanation is left, this can also be upsetting.

Public exposure

Other aspects of bereavement by suicide which can be particularly difficult are the police investigation, the coroner's inquest and media publicity (see 'Practical matters').

⁵ *By Her Own Hand: Memoirs of Suicide's Daughter*. Signe Hammer (1992). New York: Vintage Books, pp. 190–191.

How can I cope with my grief?

These are some suggestions of things you may find helpful.

- Set aside some time each day for grieving, so that you can cry, remember the dead person, pray or meditate.
- Keep a journal to record your feelings, thoughts and memories. Writing may help you gain some control over intense emotions. If you write down some of the obsessive thoughts that keep coming into your mind, they may lose some of their power.
- Take care of yourself. Try to get enough rest and eat well. When you are able, start to set aside time for things that you used to enjoy. This is not disloyal and will help you cope with your grief.
- Exercise will usually help you feel better emotionally and will make you physically tired so that you sleep better.
- Meditation, relaxation techniques, massage and listening to music can help reduce the emotional and physical stress of bereavement.
- Some people find it helps to express their feelings through writing poetry or painting. Other creative activities like sewing, cooking, gardening or woodwork can also be healing and restorative.
- Try to avoid making any major decisions, like moving house or getting rid of the person's possessions immediately after the death. You may not be thinking clearly and may do things you later regret.
- Birthdays, holidays and the anniversary of the death can be difficult, although sometimes the anticipation of the day can often be worse than the day itself. Talk to other family members and plan in advance how you want to spend the day. You might decide to make a change from your usual traditions or set aside part of the day to remember the dead person in a special way.
- Be aware that you may hit a low spot after the death when the tasks of planning the funeral and sorting out the affairs of the person who died are over. Ask for help if you need it. Grief may resurface years later, perhaps after another loss, or if you lost someone while you were a child.
- Try not to turn to alcohol or drugs as a way of relieving your sadness. While they may provide short-term relief from painful feelings, they hinder grieving and can cause depression and poor health. If you find yourself using alcohol or drugs in this way, seek help, usually from your doctor in the first place, or contact an organisation like Alcoholics Anonymous or Narcotics Anonymous (see 'Sources of support').
- If you are feeling depressed (which may result in prolonged sleep disturbance, poor appetite, loss of energy and interest, suicidal thoughts and other symptoms), it is important to seek help from your doctor.

“Suicide is usually the tragic end point of various possible pathways, influenced by mental ill health and psychological, socioeconomic, familial, interpersonal and genetic factors.”

A national target for reducing suicide, important for mental health strategy as well as for suicide prevention.
Keith Hawton (1998).
BMJ 317, p. 156.

Family

A bereavement may bring a family together to share their pain and give each other comfort and support, but it can be difficult if members of the family grieve in different ways or blame each other for the death.

Women are sometimes able to express their grief in a more openly emotional way – crying, talking about their feelings and the person who died, and going over what happened to try to understand it. Men may deal with their grief by problem-solving – focusing on practical activities and feeling the need to be strong for the rest of the family. Children's moods may change very quickly from being sad one minute to laughing and playing the next. Adolescents may shut themselves in their room or 'act out' their feelings through reckless behaviour. Younger members of the family may need special support (see 'Bereaved people with particular needs').

Try to be patient and understanding and talk to each other about how you feel. Everyone grieves in a different way, and if someone goes about it in a different way to you, it doesn't mean that they don't care. Try not to compare grief reactions.

Friends

Friends can be a great source of support, for example with practical things immediately after the death when you might be finding it impossible to deal with day-to-day life and for talking about the person who died. Sometimes though, friends may find it hard to know what to do or say for fear of upsetting you.

You can make it easier for them by letting them know what they can do to help, when you need to talk and when you'd rather be alone. Some friends may be so eager to help that they insist on talking about your loss even when you don't want to. If this happens you might say something like: "I don't even want to listen to anybody else talking about it just now."

Remember, you don't need to take the advice offered by friends – make your own decisions about what you want to do.

If you feel that your family and friends cannot provide all the support you need, there is other help available (see 'Sources of support').

The future

The time people take to mourn the loss of someone they have been close to is different for everybody. Some feelings, such as missing the person, may never go away completely, but the pain becomes less with time. An important part of rebuilding your life seems to be to accept that the death really has happened and the person is not coming back. Gradually the things that were good about the person when they were alive can start to be important, as well as their death.

Although life is never the same again, for most people there does come a time when they begin to enjoy living again. When things seem very bleak it is important to live from day to day but remember that things will change in the future and that help is available if needed.

*I had thought that
your death
Was a waste and a
destruction,
A pain of grief hardly to
be endured.
I am only beginning to learn
That your life was a gift
and a growing
And a loving left with me.
The desperation of death
Destroyed the existence
of love,
But the fact of death
Cannot destroy what has
been given.
I am learning to look at your
life again
Instead of your death and
your departing.*

Marjorie Pizer⁶

“For Simon to commit suicide was almost beyond my endurance. Yet nevertheless, we do endure, and we do laugh, and we do go on contributing to our family and friends, and that, I suppose, is the miracle.”

Lois in *A Special Scar: The Experiences of People Bereaved by Suicide*. Alison Wertheimer (2001). London: Routledge, p. 166.

⁶ *To You the Living, Poems of Bereavement and Loss*. Marjorie Pizer (1981). Sydney: Pinchgut Press.

Bereaved people with particular needs



Everyone who is bereaved experiences grief in their own way, but just as there are specific issues associated with bereavement by suicide and sudden traumatic death, so there are specific issues for particular people.

Parents who have lost a child

The death of a child is devastating. If your child dies by suicide, the fact that they seemingly 'chose to die' makes this even worse, and can seem like a rejection of you as a parent. You may feel that you have failed because you couldn't help them and wonder if anything you said or did contributed to their state of mind. You might feel guilty for not noticing things which, looking back, you think may have been warning signs. You may discover things that they kept hidden from you and realise that you did not know them as well as you thought. You may blame yourself for not realising that they were so unhappy. You may also feel that others are judging you as a bad parent. No one can be a perfect parent – try to remember all the good things you did for your child.

If you have other children, they will need you even more at this time. Ask other family members or friends for help until you regain your confidence. You may worry that your other children may be in danger of suicide; POPYRUS (prevention of young suicide) can provide advice and support (see 'Sources of support'). You can help your children by encouraging them to talk about their feelings and to find other ways of dealing with problems. Try not to become overprotective or to put too much pressure on them. Value them for their own qualities and prevent them from feeling that they have to take the place of your dead child.

If your only child has died, you may feel that all your hopes and plans for the future are now gone and that life is pointless. It is important to try to remember that your child will always be a part of you and that their memory will remain. If feelings of hopelessness persist, see your doctor.

If your adult child has died, you may feel unsupported compared with your child's spouse and children. You may feel an extra burden of responsibility to 'make things right' for your grandchildren but may not be able to do so. If you have any feelings of anger or blame towards your child's partner, try not to express them in front of your grandchildren.

Mothers and fathers often mourn in different ways. This can put a strain on relationships as it can be difficult to share feelings and to live with each other's pain. Some parents blame the other for the death and may question their reasons for staying together, but some may become closer through supporting each other and sharing their grief.

Grief can affect sexual feelings and responsiveness, and men and women often experience this differently. Women, especially mothers, may want to avoid sexual contact whereas men may feel a greater desire for the closeness and comfort of sex with their partner and feel hurt and angry if rejected. With patience and understanding things usually return to 'normal', but if problems persist it might help to talk to your doctor or a specialist.

For separated or divorced parents there can be extra complications. The parent who did not live with the child may feel excluded from the family mourning or may be less supported or even blamed. Step-parents may also feel left out. It is helpful to let your partner know how you are feeling.

Children

Children may deal with grief in different ways from adults. It is common for a child to switch from being very upset to wanting to go out and play as if nothing has happened. This is their way of coping and does not mean that they are not affected by the death.

Some changes in behaviour which you might notice are:⁷

- repetitive behaviour;
- crying or giggling for no obvious reason;
- acting out the loss with toys;
- anger or aggression to friends, parents or toys;
- tantrums;
- copying behaviours of the dead person;
- acting like a younger child or more like an adult;
- running away or not wanting to go to school;
- problems with school work;
- irritability, restlessness and problems concentrating;
- attention-seeking;
- clinging, being anxious and not wanting to leave your side;
- wetting the bed and thumb-sucking;
- not sleeping or having bad dreams;
- wanting to sleep with a trusted adult;
- eating problems.

How shall I tell my child about the death?

Talking to your child about the death will not be easy, but you will probably feel relieved afterwards and glad that you have been honest.

It is distressing for a child to find out about a suicide by accident, so it is important to be honest and open from the start. They may feel betrayed and unable to trust you if they think you have not told them the truth. It is easy, especially with an older child, to underestimate their depth of feeling, their ability to conceal it (often to protect their parents and loved ones) and their unexpressed need for detailed information about what has happened.

Very young children may not understand that death is irreversible and that a dead body cannot feel anything. They may think that they have caused the death in some way. Use simple words that your child understands and encourage them to talk and ask questions. Your child may ask the same questions over and over again. Listen seriously to their questions, even if they seem trivial, and try to answer them honestly and consistently. Children may not take everything in at first, so be prepared to tell the story of what happened many times, as this helps them come to terms with their loss.

One way of explaining suicide is to tell your child in five stages:⁸

1. Explain that the person has died.
2. Give simple details about how they died.
3. Say that the person chose to take their own life.
4. Provide a more detailed description of how the person died.
5. Explore possible reasons why the person chose to die.

These stages can be introduced within a short space of time or over a longer period, depending on the needs and age of the child. Use plain, direct language and avoid phrases like 'passed away' or 'gone to sleep' (as this may alarm children who take things literally and may be frightened to sleep in case they don't wake up). Make sure they understand that the person will not be coming back.

If you believe in an afterlife and want to tell your child about it, explain that they will not see the person again on earth. It is very important to make it clear that the child is not to blame or responsible in any way. Reassure them that they are loved and cared for, and that other adults in their life will probably not die until the children have grown up.

The following are suggestions as to how the above might be done:

"I want you to know that Daddy died because he killed himself.

⁷ Adapted with permission from *Supporting children after suicide. Information for parents and other care givers*. K. Noonan and A. Douglas (2002). Children Bereaved by Suicide Project, NSW Health Department; and *Information and support pack for those bereaved by suicide or other sudden death*. S.J. Clark, S.D. Hillman and Ministerial Council for Suicide Prevention (2001). Perth, Australia: Ministerial Council for Suicide Prevention. Reproduced with permission from the Commonwealth of Australia.

⁸ Reproduced with permission from *Beyond the rough rock: supporting a child who has been bereaved through suicide*. Diana Crossley and Julie Stokes (2001). Gloucester: Winston's Wish.

- He took a lot of tablets – far, far more than you are meant to take. Because there were so many tablets his body stopped working and he died.
- He put a rope around his neck and let it get so tight that he couldn't breathe any more. When he couldn't breathe he died.
- He jumped from a very high place and got very hurt so that he couldn't breathe any more and he died.
- It's important you know that Daddy loved you very much, and it wasn't anything you did that made him feel so bad. We all feel very upset and sad, but remember that you can talk about Daddy and ask questions whenever you want to."⁹

Your child may ask you why the person chose to die. You could say something like:

"Mummy had an illness which made her feel very sad and confused. She felt so bad that she decided it would be better if she wasn't alive any more."

"Your brother had a lot of worries – he had lost his job and then Mandy said she didn't want to be his girlfriend any more. He was drinking a lot of alcohol and maybe this made it difficult for him to think clearly, so he thought things would never get better. We're very sad that Sam wasn't able to ask for help. Nothing is so bad that there isn't some way out. That's why we need families and friends who look after each other – but we need to tell people when things are going wrong so they can try to help us."

Should my children see the body and go to the funeral?

It's normal to be worried about involving children in the funeral arrangements, but it can be an important step in helping them to accept the death, express their grief and say goodbye. It may not always be possible or desirable for a child to see the body, but if they do it is important to prepare them. You may want to go into the viewing room beforehand so that you can describe to the child what they are going to see, and explain that the person may look different from the way they remember them, and will feel cold if they touch them.

Some children have said they found it helpful to be included in planning and taking part in the funeral, for example by taking flowers or pictures to put on the coffin, or by singing a song or reading a poem. A funeral can be confusing for small children. You can help by explaining what will happen, and that some people might be crying. You may need to ask a friend or relative to look after your child during the ceremony and take them outside if they become restless.

Will my children be in danger of suicide themselves?

You may worry that your children will be at risk of 'copying' suicidal behaviour. Try to encourage them to talk about their feelings and explore different ways of solving problems and dealing with difficult situations.

Give them lots of praise and encouragement so they feel good about themselves. If you are worried about your child, it is important to talk these worries over with somebody who is qualified to advise you. This could be someone from your general practice or a counsellor from one of the bereavement organisations that work with children (see 'Sources of support').

What other things will help?

You may feel overwhelmed by grief and unable to take care of your children properly, but it is important to keep to their normal routine as far as possible. It might be helpful to ask a friend or relative to give your child special support by talking to them or taking them out to give you time to yourself.

Small children may worry that you may leave them too. Reassure them that you will not and tell them clearly about times when you will be away from them and when you will come back.

Don't be afraid to let your children see you grieving. This will let them know that it is natural to cry and express how they feel. Encourage them to talk about their fears and worries. If you try to hide your grief from them, they may think that you did not care about the person who has died. It is also important to let children know that they do not have to grieve all the time – playing and physical activity can be helpful.

Children may feel very angry after a suicide. Physical activities (like kicking a ball or running) can help them channel this rage.

⁹ Adapted with permission from Canterbury Bereaved by Suicide Support Group, www.supportfind.com/cbssg

You can provide physical security, comfort and reassurance with hugs and cuddles, favourite food, soft blankets and nightlights.

The loss of the person who died will change your family situation and roles within it. You may have to take on extra responsibilities and it may be difficult to make ends meet. Try not to lean on your children too much for support and comfort, though it can be good to talk to them about important changes and include them in decisions.

Plan things to look forward to and tell your children about these so they know you will still be looking after them.

Tell the school about the death, and tell your child that you have done this. Practise with them what to say to friends and teachers. You may need to remind new teachers of the situation later.

Some children find it helpful to make a 'memory box' or scrapbook containing photographs, drawings, letters, poems, stories and mementos of the dead person. They can return to this as they get older and want to know more about the person who died. Making the memory box or book can be a valuable family activity. Winston's Wish and The Child Bereavement Trust supply a variety of special boxes for this purpose (see 'Sources of support').

Reassure your child that they won't always feel so bad. It may take a long time, but they will feel better and will always be loved and cared for.

By talking about the death, encouraging questions, sharing feelings and comforting your child you can help them get through

this difficult time. If you are worried that your child is not coping, ask your doctor to arrange professional help.

For parents of older children

A death in the family is a devastating experience, and can be particularly difficult for adolescents who are also coping with the usual pressures of growing up. They may find it hard to express their emotions. You can help by listening to what they say and encouraging them to express their feelings in their own way – this may be through music, writing poetry or painting. Accept that their way of grieving may be different from yours – they may be quiet and withdrawn, or crying and screaming. Be patient if they are angry and irritable. Try to talk as a family and share your grief. Older children may want to be away from a home that is full of sadness, and may need to be alone with their thoughts or out with their friends. They may find it easier to talk to friends or someone else outside the family. Try not to be overprotective, but encourage them to go out and enjoy themselves if they want to. If one of your children has died, avoid idealising their memory, as this will make it more difficult for the brothers and sisters who are left.

If you are worried that your child might be getting depressed or feeling suicidal, ask for professional help from your doctor. PAPYRUS offers advice and support for people who are worried about young people who may be feeling suicidal (see 'Sources of support').

Young people

As a young person, you are no different to anyone else in the range and intensity of experiences you are likely to feel when someone you know has died (see 'Experiencing bereavement').

It could be the first time that someone you know has died, and the feelings you are experiencing can be frightening. You may worry about how you will cope and about what you are going to say to other people.

Try to accept your feelings rather than suppress them. Crying can help, but if you feel uncomfortable crying in front of others, try to find somewhere you can cry privately. If you feel angry, try talking to someone or doing something physical, like kicking a ball or punching a cushion.

You may find that some friends avoid you because they don't know what to say. Let them know that you'd like to see them and that it's OK to talk – or not to talk, if that's what you prefer.

Suicidal feelings

Some people who have been bereaved by suicide can have suicidal thoughts themselves. If you have thoughts like this, it's important to talk to someone about them. If there is nobody you can share your feelings with, you could contact a helpline (see 'Sources of support').

Losing a brother or sister

If your brother or sister has died by suicide, you have lost someone with whom you grew up, with whom you've probably had fights and arguments and of whom you might have felt jealous, as well as loving and caring for them. You may feel that you should have done something to stop them taking their own life. You may also feel angry towards them for what they have done. These are common feelings.

Your parents may be so overwhelmed by their grief that they can't help you with yours, and you might feel angry with them for not paying attention to you. Other people may concentrate on helping your parents and may overlook your needs. Try to understand your parents' feelings and maybe find another relative or family friend to talk to.

Sometimes people idealise the person who has died and place unrealistic expectations on the remaining child or children, and you might feel a responsibility for looking after your parents. No one should expect you to take the place of the one who has died. You are a unique person with your own qualities. It can help to talk to someone who has had a similar experience. If you would like to contact other young people who have lost a brother or sister, The Compassionate Friends has a support group called SIBBS (Support in Bereavement for Brothers and Sisters) (see 'Sources of support').

Losing a parent

If your mum or dad has died by taking their own life, you may feel frightened, abandoned, angry that they have left you to cope by yourself and hurt that they seemingly didn't love you enough to stay.

You might feel you suddenly have to 'grow up' and support your surviving parent, look after younger brothers and sisters or hide your own grief to avoid upsetting the rest of the family. It's important, however, that your own needs are recognised. You shouldn't feel bad about going out with friends and being more independent, because learning how to go on with your life is part of the healing process.

Losing a friend

If it's your friend who has died, it can be devastating. You may have felt closer to them than to your own family and regret that you didn't realise how bad they were feeling, or think that maybe there was something you could have done to help. Your other friends can be a source of support for you or there may be a school or college counsellor you could talk to. It might help to visit your dead friend's family and to share your memories with them.

The following are some suggestions to get you through this difficult time:

Going back to school

You may want time off, or to go back as soon as possible. Do whatever is right for you. You may feel you don't want anyone to know what's happened, but it's helpful if your teachers and classmates know what you are going through so they can be understanding. Someone in your family could let your form teacher or head of year know what you'd prefer – the teacher can inform the rest of the staff about the situation – but you might want to tell your friends yourself. You may find it difficult to cope with school work, especially if your concentration is affected. If so, talk to your teacher and see if they can make allowances for this.

What shall I tell other people?

It can be harder to talk about suicide than other forms of death, but you can decide how much you want to tell people. You could just say "my brother died", or "my mum died by suicide" and that you don't want to talk about the details.

"By talking about the death, encouraging questions, sharing feelings and comforting your child you can help them get through this difficult time."

What will help?

Coming to accept that the person has died does not mean that you will ever forget them, but in time you will find it easier to go on with your life. Saying goodbye helps. You may decide to see the person's body, but if you are worried about this, ask someone close to you or someone at the undertakers to let you know what to expect (for example, that the body will feel cold). If the death was violent and the body disfigured, it might be possible for part of the body, like a hand, to be visible while the rest of the body is covered. Some people are pleased that they saw the dead person looking peaceful and were able to touch them and say goodbye. The funeral can also help people accept the reality of the death and to say goodbye and share their grief with family and friends.

If you decide you don't want to see the body or go to the funeral, you could help plan a memorial service later, where people can remember the person who died and share good memories.

You could make a 'memory box' or scrapbook where you keep photos, letters and things that remind you of the person and the good times you had together. It might help to write a letter to them, telling them things you wish you'd told them when they were alive.

Birthdays, Christmas and other special occasions will be difficult times. It can help to plan in advance what you're going to do with your family, carers or friends.

Talking about your feelings can help you manage and make sense of them. You could make a list of people you could talk to, like parents, other relatives, friends, a teacher, a neighbour, a close friend's parents, a doctor, a counsellor or a helpline, so that you can contact them if you feel bad. Samaritans has an email service as well as a telephone helpline (see 'Sources of support').

You could visit some websites for young people who have been bereaved which explain about grief and give some ideas of how to cope. RD4U (the road for you) (www.rd4u.org.uk) is Cruse Bereavement Care's website designed for young people by young people. It aims to support people after the death of someone close by helping them find their own 'road' to deal with their loss. Winston's Wish (www.winstonswish.org.uk) helps bereaved children and young people rebuild their lives after a family death. The Child Bereavement Trust has a special section for young people (www.childbereavement.org.uk). You might also like to check out an Australian site, 'Reach Out!', an anonymous and confidential website which provides information and support to help young people through difficult times, including coping with loss and grief (www.reachout.com.au).

Look after yourself and do things you enjoy. It's OK to laugh and have fun. You can't be sad all the time and it doesn't mean you don't miss the person who has died. Try not to bottle things up, but find a way to express your feelings, maybe through art, writing, music or physical exercise.

What is unlikely to help?

You may find that you are doing things that are out of character for you: drinking too much, taking drugs, becoming involved in relationships that you instantly regret and getting into arguments or even fights. If you feel out of control, try to think about your behaviour and ask yourself if it is because of the pain that you are trying to deal with.

If you have no one to talk to and are finding things difficult – like falling out with your family and friends, falling behind with school work or having thoughts of suicide yourself – ask for help from a professional. Speak to a school counsellor or your doctor, who might refer you to someone who can help. Don't be embarrassed about this. Many people have been helped in this way.

These are some comments by teenagers who have been bereaved by suicide:¹⁰

What has been helpful:

- writing a journal;
- friends: who listen no matter what; who don't pretend to understand; who knew the person who died; who have been in a similar situation; who are also grieving;
- talking to someone who knows about suicide;
- people making time for me;
- rituals like memorial services;
- playing their favourite song;
- drawing a picture of the person;
- cards from friends and friends calling in;
- spending time alone in my room;
- listening to music;
- student health service;
- school counsellors.

What has been unhelpful:

- study and school work pressure;
- friends who don't understand or who are hypocritical, saying they understand when you know they don't;
- teachers thinking they understand; being nosy; putting pressure on you; being insensitive;
- people asking questions; demanding answers when you don't feel like talking; saying "snap out of it"; spreading rumours; always bringing it up; putting their foot in it;
- parents saying you shouldn't cry.

What you would have liked:

- parents to chill out;
- people not being scared to mention the person's name and talk about them.

What's been the most difficult:

- being expected to be 'back to normal' after a certain time, for example six months;
- being where the person who died used to live and them not being there;
- going past the place where they died;
- selling and removing their clothing and possessions;
- not being able to talk about it because it happened a long time ago and so people don't mention it;
- blaming myself;
- not being able to cry at home;
- having to explain why I'm crying and not wanting to talk about it – so it's better not to cry;
- everyone supporting our parents and telling us to support them – what about us?
- not being told the facts – the truth being kept back;
- the stigma associated with suicide – people say very insensitive things, especially to do with religion;
- seeing parents cry.

¹⁰ Adapted with permission from Canterbury Bereaved by Suicide Support Group, www.supportfind.com/cbssg

Older people

Suicide was a criminal offence in England until 1961 and so if you grew up before this, you may feel a greater sense of shame if someone in your family takes their own life. You may be more reluctant to talk to other people about the suicide or to seek help, because you think it reflects badly on your family.

Your physical health may be more vulnerable and you may be more at risk of developing depression. You may have less access to social support if your family live far away and friends have died, or you may be lonely, especially if the person who died was your spouse.

You should not feel that you are wasting your doctor's time by visiting them if you feel upset or have more aches and pains than usual. This is perfectly reasonable. If you feel lacking in energy, lose interest in your usual activities or go off your food, treat these symptoms seriously and ask for help.

Age Concern provides information on practical help for older bereaved people. Some local branch offices offer bereavement support; others can help callers contact local bereavement services (see 'Sources of support').

Lesbian, gay and bisexual people

Lesbians, gay men and bisexual people (LGB) are no different from any other bereaved partner in a marriage or other heterosexual relationship. However, some people with same-sex partners may experience particular difficulties after bereavement. There is also evidence that LGB and transgender young people may be at increased risk of suicidal behaviour.

The Civil Partnership Act now enables lesbian and gay couples to have the same rights and responsibilities as heterosexual married couples in terms of pension rights, property and next-of-kin status. Unless you are in a civil partnership, same-sex partners, like other non-married partners, are not legally recognised as the next of kin. This can lead to financial problems (particularly if there is no will) and issues over inheritance tax and property rights. There are organisations that can help with these matters (see 'Sources of support').

Difficulties can also arise if, for example, family or some friends do not know about the relationship. A partner or friends may be excluded from the funeral arrangements and even if the family knew of the relationship, they might not acknowledge its significance, or may even be hostile. If this is the case, it might help to ask a friend to act as an intermediary between the bereaved partner and the family.

An LGB partner may have to cope with the added distress caused by some people's ignorance or failure to understand the depth and maturity of the relationship, which might mean that their bereavement isn't acknowledged at work for example, or people may expect them to recover more quickly. The relationship could be made public at the inquest and reported in the press, which may add to the distress of the bereaved partner, relatives and friends (see 'Practical matters' on dealing with the media). Other couples may be living outside what is sometimes called the 'scene' or feel uncomfortable about accessing LGB services. It may help to talk to friends and family about how you feel and/or contact organisations that can offer support such as local LGB networks, even if you have never been involved previously.

The Lesbian and Gay Bereavement Project offers telephone support and advice, and face-to-face counselling in the London area (see 'Sources of support').

People with learning disabilities

People often underestimate the capacity of a person with a learning disability to understand the concept of death and their ability to grieve.

Sometimes people with learning disabilities have difficulties expressing themselves verbally, and may be treated as if they have no feelings. If the person who has died was the one who could best understand their individual way of communication, this may make their loss even more painful. People looking after them may fail to interpret signs of behavioural disturbance as reactions to bereavement. The person with a learning disability may need help to understand the feelings associated with loss. They should be given a truthful explanation of what has happened and be encouraged to participate in rituals like the funeral and allowed to express their grief.

While not specifically concerned with bereavement by suicide, some books that may help with this are listed in 'Sources of support'.

“You may be more reluctant to talk to other people about the suicide or to seek help because you think it reflects badly on your family.”

How friends and colleagues can help



When someone is bereaved by suicide or other sudden, traumatic death, friends, work colleagues and teachers often want to help but aren't sure of the best way to go about it.

Here some suggestions are offered as to how friends can help and what work colleagues and teachers can do when the bereaved person returns to work, school or college.

You may want to copy the section on 'How friends can help' and give it to your friends to read.

How friends can help

Bereaved people go through many intense emotions, and grief can be overwhelming. Your bereaved friend may cry, shout, be angry, anxious, irritable or bad-tempered or, alternatively, be silent and withdrawn. Be patient and understanding and allow them to express their grief in their own way. They may feel ashamed and isolated because of the social stigma that sometimes surrounds suicide. You can help by being there and letting them know that you won't abandon them. Ask your friend what you could do to help.

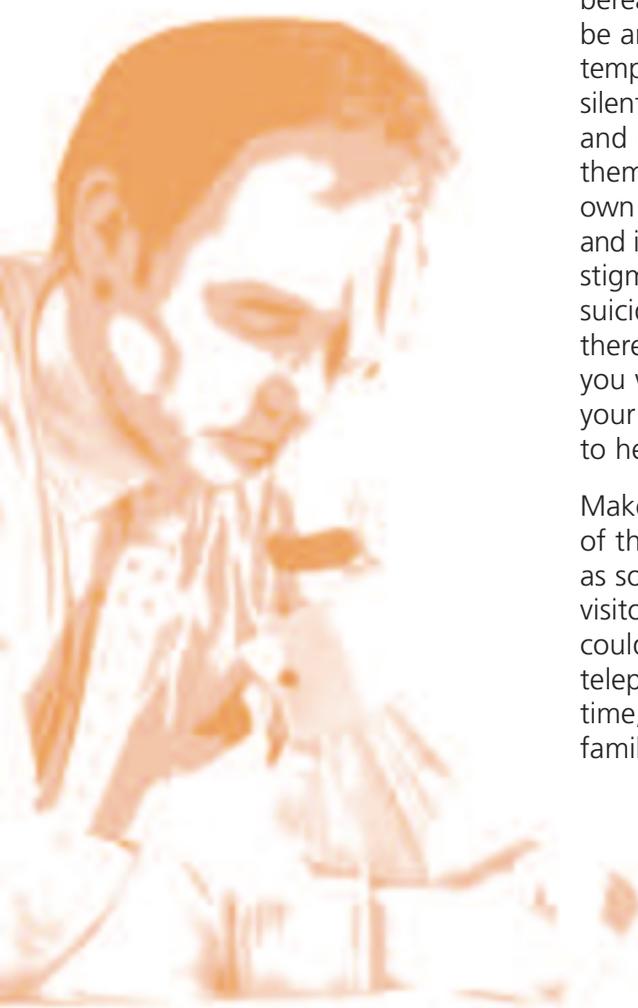
Make contact as soon as you hear of the death, but telephone first as some people might not want visitors straight away. If so, you could send a card or flowers and telephone again in a few days' time, as it's important that the family know that you care.

What should I say?

You may feel worried or embarrassed about talking about the death, but it's better to say "I don't know what to say" than to avoid the bereaved person. Say "I'm sorry" as soon as possible, as it will be more difficult if you leave it a long time. How your friend responds will give you an idea of their needs at this time – if they quickly change the subject they may not want to talk, but if they do, this will give them the opportunity. If you aren't sure, ask.

Share the things you remember about the dead person and what they meant to you. It is upsetting if people avoid talking about the person who has died, as this seems to deny their existence and their importance in your friend's life. Using the dead person's name can be a comfort.

Don't ask too much about the details of the death; let your friend give you as much information as they feel comfortable with. Sometimes there will be uncertainty about whether the death was a suicide or not (especially if the coroner gives an 'open' verdict). Avoid making assumptions. Also be careful of the language you use: for example, some people find the term 'committed suicide' particularly distressing as this term is still associated with suicide being a criminal act. Don't be judgemental, and avoid giving reasons for the death. It is not helpful to say "I know how you feel". It's better to ask how your friend is feeling and what you can do to help.



What can I do?

You can help simply by being with your friend, perhaps giving them a hug or going for a walk with them. One of the most important things is to listen. Let your friend talk when they are ready. Be patient and ready to hear the same story many times.

Avoid giving advice on how your friend should be feeling or acting. People grieve in different ways. Some may prefer to shut themselves away and grieve in private, while others will welcome company and the chance to talk. If your friend doesn't want to talk, respect this and don't assume they are not grieving just because they don't show it publicly. There is no 'set time' for grieving. Some people are able to go on with their lives relatively quickly, while others take longer.

Don't offer alcohol or drugs to help them cope with their grief. If medication is needed, this should be prescribed by your friend's doctor.

Bereaved children may need special care, especially if their parents are struggling with their own grief. It can be even harder for them if people ask how their parents are coping, or say things like "look after your mum", without recognising that they need support themselves.

What else can I do to help?

If you find dealing with emotions difficult, you may prefer to offer practical support. This could be making meals, running errands, looking after children and helping with arrangements. Your friend may want you to go with them to view the body or go to the inquest. Don't try to take over – let your friend do as much as they feel they can handle. They should be free to do the things they want to do, not what other people want them to do.

You could offer to find out more about suicide and support agencies if your friend would like this. There may be a local support group for people bereaved by suicide (see 'Sources of support'). Some people will find it helpful to be with others who have had similar experiences, but not all bereaved people feel comfortable in a group, so let your friend make their own decision.

In the longer term

Don't assume your friend will only need help in the immediate aftermath of the death. Grief can last a long time and there may be times that are particularly difficult – such as the anniversary of the death, birthdays and other special occasions – when they may value your support. Keep in touch regularly, not just in the first few weeks. Include your friend in social activities, but be sensitive to their needs: they may prefer to go to the cinema or for a meal rather than to a large social gathering.

Sometimes bereaved people are so overwhelmed by grief that they become depressed and feel that life is not worth living. If you are worried about your friend, it might be helpful to suggest that they seek professional help, for example from their doctor or a counsellor.

Look after yourself

It can be very draining supporting someone who has been bereaved by suicide, especially if you are also grieving. You might need support yourself, by talking to other friends or family and by taking time to do things you enjoy.

How employers and work colleagues can help

Returning to work can be very stressful for a bereaved person. They should return only when they feel able and they may prefer to work flexitime or part-time for a while. Employers and colleagues should be aware of and sympathetic towards the person's need for time off, which may be to attend an inquest or receive counselling.

Bereaved people may find it difficult to concentrate and harder to assess complex situations and react as quickly as they did, which can lead to a lack of confidence. By showing understanding and acknowledging their loss, you can contribute greatly to them regaining confidence in their own ability to cope.

Some bereaved people may have jobs where they work with people who are experiencing problems and trauma (for example healthcare staff, social and care workers, police) and this can be very difficult after a bereavement. They may feel vulnerable and that the problems of others weigh very heavily on them. This can emphasise their grief and affect their ability to be detached in their work. Be understanding and sensitive to these feelings.

Sometimes a bereaved person finds it easier to talk to those who are more 'distant' from the death and may talk to you or other colleagues about it. You might find this embarrassing or awkward, but you can help simply by being a good listener, by not giving advice and by mentioning the death rather than avoiding it.

If someone who works in a small, close-knit working environment takes their own life, the whole group is likely to be affected. Colleagues may have to take over the workload of the person who has died, at a time when they might be in distress and not functioning as they normally would. It is important to be sensitive to each other's needs, accepting that everyone will react in different ways.

Sometimes, professional counselling may be offered on a group or individual basis, but with no pressure to attend. Some professions have dedicated confidential helplines that can offer support to people in this situation.

The section on 'How friends can help' may also be useful for colleagues.

How teachers can help

A child or young person bereaved by a family suicide will need support from their school. The structure and routine of school may provide a safe haven away from the grieving family. Try to keep things as normal as possible, but make sure that they have an opportunity to talk to you, another teacher or school counsellor, or to take time out to be quiet if they need to. Talk to their friends about how they can help too.

Although some children or young people seem to cope at school without too much difficulty, many will show behavioural changes such as mood swings, being upset by small things, withdrawing or being disruptive in class. They may be unable to concentrate and fall behind or become completely wrapped up in their work. Special dates like birthdays, Christmas and the anniversary of a death will be particularly difficult. All of these are normal reactions and a sensitive approach should help the child or young person feel supported. Cruse Bereavement Care offers suggestions about how a school can deal with bereavement (www.crusebereavementcare.org.uk/info_schools.htm).

If a student has taken their own life, you can try to help their classmates understand that there are other ways of solving problems and that help is available. Suicidal feelings are more likely to occur among people who know someone else who has died by suicide. Be alert to warning signs and provide help if necessary. Open discussion of what has happened is more useful than avoiding any mention of the death.

The impact of suicide and bereavement on health and social care staff

A range of healthcare and other professionals are likely to be in contact with bereaved people.

This section makes suggestions for:

- ways in which professionals can support the bereaved family and friends;
- ways in which professionals can support each other or get outside support if, having known or provided care for the person who has died, they too are affected by the death. It is important to have strategies in place to deal with the impact of the suicide of someone in their care;
- ways in which professionals can support others who may be affected by the death.

Mental health service staff

Psychiatric illness is common in people who die by suicide, so they have often been under the care of mental health services.

It is important that, where possible, mental health services staff contact the family of the person who has died as soon as they can. Allow them time to ask questions and express their feelings.

Sometimes it can help family and friends if staff are open about their own feelings about the loss, as this may help them talk about their own. Sometimes staff may wish to attend the funeral or send cards of condolence, and this is often welcomed by the family. Let them know how they can reach you and ask if they would like further contact.

It is essential to tell the GP of the person who has died at the earliest opportunity. Staff may wish to discuss a plan to help and support the family. The doctor is likely to want to be involved and may have views on what will be most helpful to the relatives.

Sometimes family or friends may feel angry and critical of the care received by the person who died. If this is the case, it might be appropriate to have a meeting between the family and the clinical team, facilitated by someone not immediately involved with the care of the person who died.

The death of a patient by suicide can also affect anyone in the clinical team that was involved in a patient's care and can lead to feelings of, for example, failure, guilt or betrayal. You may even be blamed by the patient's relatives. It is important to remember that even the most competent therapist cannot always prevent suicide and that most mental illnesses bring with them a greatly increased risk of suicide. A staff meeting should be arranged to discuss the death where colleagues can support each other and express their emotions.

Many hospitals hold critical incident meetings aimed at learning from the experience – rather than blaming anyone – and identifying possible improvements to patient care which could prevent similar incidents in the future.

The local coroner will usually request a report from the clinicians involved in a patient's care and may also ask staff to attend the inquest. These experiences can be stressful for the staff involved, so having support at such times is essential.

Any staff member needing support should try talking to a trusted colleague who has had a similar experience. Most hospital trusts provide help for staff affected by patient suicide, recognising that it is traumatic, particularly for those who find the body or are subject to criticism by relatives.

Other patients, especially in an inpatient or group setting, may be more vulnerable after a suicide and should be given an opportunity to talk about their feelings with staff as soon as possible after the death. They should also be given advice on how to get further support if they need it.

General practice staff

Many of the issues noted above apply to general practice staff. They may have known the person who died for many years and may know the family and friends as well. If so they are in a good position to provide support. Bereaved people sometimes appreciate the chance to talk about the death with their doctor, preferably at home.

After a suicide, the primary care team should hold a staff meeting to discuss the death, see what can be learned and provide peer support for the team.

Police and prison staff

When a person dies in custody, it is important to be open with their family and friends, as wanting to know and understand what happened is part of grieving.

The suicide of a family member or friend who is in prison can be particularly difficult, given the greater stigma and real or perceived difficulties in getting information. Evidence shows that how the family is first approached can affect the way they subsequently respond. The role of the prison family liaison officer is especially important in this, particularly in telling the family about the death in a sensitive way, giving as much information as possible about what has happened and indicating when further information will become available. In a situation where processes and procedures have been at fault in some way, family and friends reasonably want this responsibility to be acknowledged, an apology where appropriate and lessons to be learnt.

Self-inflicted deaths in custody have an impact on staff too. They may have found the person dying or already dead, tried to resuscitate the person or assisted healthcare staff with first aid.

Following a suicide in custody, staff have emphasised the importance of peer support. They may wish to take temporary 'time out' from face-to-face contact with prisoners, in preference to taking time off work where they may feel isolated from colleagues and a burden on their families.

Staff also need to have up-to-date training in first aid and resuscitation, so that they are confident they did all that they could to save the person.

Familiarising staff with inquest procedures is also important, as some staff have felt renewed anxiety when answering questions in the presence of the dead person's family.

Prisons in England and Wales have local, voluntary care teams to provide immediate supportive contact. A national staff care and welfare service provides confidential and independent professional services.

Other prisoners may also feel shock and distress following a suicide and should be given support as soon as possible after the death. They may wish to talk to staff and should be given advice on further support if they need it.

Sources of support[†]

Not everyone bereaved by suicide will want to seek support outside their family and social network, but for others the death of someone close to them may mean there is less support around. Some people may prefer to seek support from people other than friends or family, as they find it easier to talk to a stranger. At a time when relatives and friends become absorbed in their own grief, the usual sources of comfort and support may be diminished. For some people, the stress and trauma of grief means that additional help is needed. Some people might look for this support soon after the death, but for others the need may come weeks, months or even years later. Various types of help are available and some of these are described below.

General practice staff

Your GP may be able to help you during bereavement either by listening and offering emotional support, by prescribing drugs for problems like sleeplessness or depression if needed, or by advising you about other sources of support and referring you to a counsellor, bereavement organisation or psychiatrist, for example. If there's not a health professional you normally talk to, you can call NHS Direct on 0845 46 47.*

Bereavement organisations

These offer information, advice, support and counselling for the bereaved, both nationally and locally. Bereavement organisations include Cruse Bereavement Care (for bereaved children, young people and adults) and The Compassionate Friends (for bereaved parents and their families). Organisations such as Winston's Wish, the Childhood Bereavement Network and The Child Bereavement Trust also provide information and support for bereaved children, young people and their families. There may be other bereavement services in your area.

Childhood Bereavement Network

Tel: 020 7843 6309

Email: cbn@ncb.org.uk

Website: www.childhoodbereavementnetwork.org.uk

Local and national information and support for children, their families and caregivers.

The Child Bereavement Trust

Help and support service line: 0845 357 1000

Help and support direct dial: 01494 479740

Administrative centre: 01494 446648

Email: enquiries@childbereavement.org.uk

Website: www.childbereavement.org.uk

Resources for children, families and the professionals who support them.

Cruse Bereavement Care

Helpline/to find details of local branch:

0870 167 1677

Young person's helpline: freephone 0844 477 9400

Email: helpline@cruse.org.uk

General email: info@cruse.org.uk

Website: www.crusebereavementcare.org.uk

Cruse Bereavement Care also runs:

RD4U (the road for you)

Helpline: freephone 0808 808 1677

(open Monday to Friday, 9.30 am to 5.00 pm)

Email: info@rd4u.org.uk

Website: www.rd4u.org.uk

Support, advice and a website for bereaved young people.

The Compassionate Friends – Shadow of Suicide Group (SOS)

Helpline: 08451 232304 (open daily 10.00 am to 4.00 pm and 6.30 pm to 10.30 pm)

National Office: 08451 203785

Email: info@tcf.org.uk

Website: www.tcf.org.uk

Library tel: 01634 814416

Library email: library@tcf.org.uk

Also has an extensive range of leaflets and a postal lending library for books, audio and video tapes. SOS can put parents in touch with other parents who have lost children through suicide.

[†] All sources are provided for information, however, we cannot accept responsibility for the advice provided by these sources

* Calls to NHS Direct cost a maximum of 4 pence per minute from a BT landline. Costs from mobiles and other networks may vary. Your service provider may charge a minimum cost per call. For patients' safety, calls to NHS Direct are recorded.

The Compassionate Friends also runs:
Support in Bereavement for Brothers and Sisters (SIBBS)

Helpline: 08451 232304 (opening times as above)
Jewish Bereavement Counselling Service (London based)

Tel: 020 8457 9710 (open Monday, Tuesday, Wednesday and Friday)

Email: jbcsc@jvisit.org.uk

Website: www.jvisit.org.uk/jbcsc

Lesbian and Gay Bereavement Project

Helpline: 020 7403 5969 (Tuesday and Thursday, 7.30 pm to 10.00 pm)

Support and advice include arranging funerals (including sympathetic clergy and secular officials) and on-referral to counselling services.

Winston's Wish

Helpline: 0845 20 30 40 5

General enquiries: 01242 515157

Email: info@winstonswish.org.uk

Website: www.winstonswish.org.uk

For bereaved children and young people aged up to 18 years.

Self-help groups

Self-help groups are a way of meeting and talking to other people who have suffered a similar loss and can help you recognise that you are not alone. Sharing feelings and experiences with others can provide valuable reassurance, and a group can be a safe place to discuss feelings that are too painful to talk about to other family members. Seeing other people who have coped with a similar experience can be helpful, as can being able to offer support to others. Some groups are run by bereaved people, some are led by a therapist and others are jointly led. Survivors of Bereavement by Suicide (SOBS) runs self-help groups nationwide and The Compassionate Friends has a network of support groups – Shadow of Suicide (SOS) – for people who have lost a child through suicide. Some local branches of Cruse Bereavement Care run suicide bereavement support groups.

The Compassionate Friends – Shadow of Suicide (SOS) See opposite page for details.

Cruse Bereavement Care See opposite page for details.

Support in Bereavement for Brothers and Sisters (SIBBS) See opposite page for details.

SOBS – Survivors of Bereavement by Suicide

National helpline: 0844 561 6855 (open daily 9.00 am to 9.00 pm)

Tel: 0115 944 1117 (office)

Email: sobs.admin@care4free.net

Website: www.uk-sobs.org.uk

Offers group meetings, telephone support and information to meet the needs and break the isolation of people bereaved by suicide.

Positive action groups

Some people find it helpful to join a positive action group such as POPYRUS (prevention of young suicide), which is committed to the prevention of suicide in young people and the promotion of mental health and wellbeing. POPYRUS can offer advice and support to anyone worried about a young person who might be suicidal through its confidential telephone helpline, HOPELineUK.

POPYRUS

HOPELineUK tel: 0800 068 4141

Admin telephone: 01282 432555

Fax: 01282 432777

Email: admin@papyrus-uk.org

Website: www.papyrus-uk.org

Ministers of religion and faith groups

Ministers of religion and faith communities can provide support and comfort, including to people not previously active in a religious community. For people who prefer a more generic or non-denominational form of

support, In Truth One Spirit offers telephone spiritual counselling and designs non-denominational funeral services carried out by specially trained interfaith ministers. The Interfaith Seminary will also provide names of local ministers and spiritual counsellors for face-to-face work.

Interfaith Seminary

Tel: 0844 445 7004

Email: admin@theinterfaithseminary.com

Website: www.theinterfaithseminary.com

Database of ordained ministers and qualified spiritual counsellors.

In Truth One Spirit

Tel: 01483 898969

Email: jackie@intruthonespirit.co.uk

Spiritual counselling by telephone and non-denominational funeral services.

Bereavement counselling

For people who would prefer more time to talk things through or have longer-term support, a counsellor may be of help. Counselling is an opportunity to talk in confidence to someone experienced in listening to people in distress. Some people find it a relief to talk to a stranger who can provide a safe environment in which to express and explore feelings. You could arrange counselling through your GP, a bereavement organisation or the British Association for Counselling and Psychotherapy.

Asian Family Counselling Service

Tel: 020 8571 3933

British Association for Counselling and Psychotherapy (BACP)

Tel: 0870 443 5220

General number: 01455 883300

Email: bacp@bacp.co.uk

Website: www.bacp.co.uk

Advice on choosing a therapist and list of accredited therapists.

Cruse Bereavement Care

See page 36 for details.

Further resources

Funerals

British Humanist Association

Tel: 020 7079 3580

Fax: 020 7079 3588

Email: info@humanism.org.uk

Website: www.humanism.org.uk

Information and facilitators for non-religious, non-spiritual and atheist funerals.

Cremation Society of Great Britain

Tel: 01622 688292/3

Email: info@cremation.org.uk

Website: www.cremation.org.uk

Free advice and help.

National Association of Funeral Directors (NAFD)

Tel: 0845 230 1343

Email: info@nafd.org.uk

Website: www.nafd.org.uk

Natural Death Centre

Tel: 0871 288 2098

Fax: 020 7354 3831

Website: www.naturaldeath.org.uk

Charitable project to help people arrange inexpensive, family-organised and environmentally-friendly funerals.

National Funerals College

Tel: 0117 954 5558

Produces a leaflet with guidance on rights and options, choosing and using a funeral director, costs and sources of help. Contents available on several local authority websites.

Financial issues and wills

***Bereavement Benefits*, Department for Work and Pensions**

Leaflet and form BB1, which explain how to claim bereavement benefits, are available from local Jobcentre Plus offices.

What to do after a death in England and Wales, Department for Work and Pensions

Free leaflet D49 is available from local Jobcentre Plus offices.

What to do about tax when someone dies, HM Revenue and Customs

Form IR45 is free from any tax office or by calling the HM Revenue and Customs orderline on 08459 000404.

Bereavement Register

Helpline: 01732 460000

Register by telephone: 0870 600 7222

Website: www.thebereavementregister.org.uk

Free service to remove details of people who have died from databases.

Citizens Advice

Tel: 020 7833 2181 (for local offices that can provide free information and advice)

General website: www.citizensadvice.org.uk

Advice website: www.adviceguide.org.uk

Information on all aspects of bereavement, including registering the death, arranging the funeral and bereavement benefits available.

Inquests and coroners

The leaflet *When sudden death occurs* is available to download from the Ministry of Justice website at: www.justice.gov.uk or by email: coroners@justice.gsi.gov.uk

The Ministry of Justice has a number of leaflets on the work of coroners and these are available from: The Coroners Division, Ministry of Justice, Selborne House, 54 Victoria Street, London SW1E 6QW or tel: 020 333 46409.

Inquest

Tel: 020 7263 1111

Email: inquest@inquest.org.uk

Website: www.inquest.org.uk

Independent, free legal and advice service. Offers casework service for those bereaved after a death in custody. *Inquests: An information pack for families, friends and advisors* can be downloaded from the website or direct from Inquest.

Other sources of support

Age Concern

Information line freephone: 0800 00 99 66

Tel: 020 8679 8000

Website: www.ageconcern.org.uk (see section for the bereaved)

See telephone directory for local branches. Factsheets are available to download and in large print versions:

- Factsheet 14, *Dealing with someone's estate*
- Factsheet 27, *Arranging a funeral*

For carers working with older people, the *Understanding bereavement* training pack is available from the Age Concern bookshop at www.ace.org.uk/bookshop

Alcoholics Anonymous

Tel: 01904 644026

National helpline: 0845 769 7555

Website: www.alcoholics-anonymous.org.uk

See telephone directory for details of local branches.

Narcotics Anonymous

Helpline: 0845 FREEDOM/0845 3733366

Website: www.ukna.org

ChildLine

Tel: 0800 1111

Website: www.childline.org.uk

Free, 24-hour helpline for children and young people facing any type of problem. Factsheets on *Suicide* and *When someone dies* can be downloaded from website.

Islamic Cultural Centre

Tel: 020 7725 2213/2152

Website: www.iccuk.org

Support and advice on local services.

London Lesbian and Gay Switchboard

Tel: 020 7837 7324

Website: www.llgs.org.uk

www.query.org.uk

(for services and listings in the UK)

Mind

Tel: 020 8519 2122

MindinfoLine: 0845 766 0163 (open Monday to Friday, 9.00 am to 5.00 pm)

Email: contact@mind.org.uk

Website: www.mind.org.uk

Information and booklets on bereavement and suicide available from the website or ordered direct. MindinfoLine telephone service offers confidential help on a range of mental health issues.

Muslim Women's Helpline

Tel: 020 8904 8193 or 020 8908 6715 (both open Monday to Friday, 10.00 am to 4.00 pm)

Confidential listening service, referral to Islamic consultants and practical help and information.

Samaritans

Helpline: 08457 909090

Email: jo@samaritans.org

Website: www.samaritans.org.uk

See telephone directory or website for local branches. National, 24-hour confidential telephone service for anyone feeling desperate or suicidal or going through any sort of personal crisis, including bereavement.

Winston's Wish

Helpline: 0845 203 0405

Fax: 01242 546187

Email: info@winstonswish.org.uk

Website: www.winstonswish.org.uk

Help for grieving children and their families.

The WAY Foundation

Tel: 0870 011 3450

Email: info@wayfoundation.org.uk

Website: www.wayfoundation.org.uk

Self-help social and support network for men and women widowed up to the age of 50, and their children.

Websites

Websites for bereaved people may be helpful for anyone who is geographically isolated or who prefers the privacy and anonymity of internet contact. Many sites are not regulated, so you should make up your own mind about their value. The content of these sites is the responsibility of the organisation that created them. In addition to the websites of the organisations listed previously, the following may also be helpful for bereaved people.

American Association of Suicidology (AAS)

www.suicidology.org

Includes resources for people bereaved by suicide ('survivors').

American Foundation for Suicide Prevention (AFSP)

www.afsp.org

Section for people bereaved by suicide ('survivors') with information, advice, research, articles and links to online support groups and other sites.

Centre for Suicide Research, University of Oxford

www.psychiatry.ox.ac.uk/csr

Includes links for people bereaved by suicide.

European Directory of Survivor Services

<http://lasso.uio.no/ssff/iasp>

Lists organisations that offer support to people bereaved by suicide, compiled by the International Association for Suicide Prevention (IASP).

Healthtalkonline

www.healthtalkonline.org

From November 2008 this website will include video and audio clips from interviews with people talking about their experiences of bereavement after suicide (and from 2009, other sudden or traumatic death); their feelings, the funeral, the inquest, and where they found help.

Reach Out!

www.reachout.com.au/home.asp

Australian anonymous and confidential website for young people.

SAVE Suicide Awareness Voices of Education – Coping with loss

www.save.org/coping

Aims to prevent suicide through public awareness and education, eliminate stigma and serve as a resource to those affected by suicide.

SPINZ (Suicide Prevention Information New Zealand)

www.spinz.org.nz

Service for people bereaved by suicide. Includes links to other resources.

Reading

If you want more information and facts about suicide or to read about the experiences of other people, there are a number of excellent books on the subject and a number of self-help books with guidance on how to cope. Many of the bereavement organisation websites have booklists, articles and books available to download or to buy.

Key:

- * May be bought via mail order from Cruse Bereavement Care.
- Available from The Compassionate Friends' postal lending library.

Bereavement through suicide

A special scar: The experiences of people bereaved by suicide. Alison Wertheimer (2001, second edition). London: Routledge. ISBN 0 415 220 270.*◦ Describes personal experiences and offers practical suggestions for those trying to cope.

Coping with suicide. Maggie Helen (2002). London: Sheldon Press. ISBN 0 859 698 718.◦ Written by a bereavement counsellor who was herself bereaved by suicide, the book offers insights into the feelings and experiences of bereaved people, support in grieving and guidance about help.

After suicide: Help for the bereaved. Dr Sheila Clark (1995). Melbourne: Hill of Content. ISBN 0 855 722 622.◦ Understanding grief and advice on how to cope.

For people who have lost a child

Losing a child: Explorations in grief. Linda Hurcombe (2004). London: Sheldon Press. ISBN 0859698866.◦ The author, whose daughter died by suicide, offers support, information and practical advice for the bereaved and for the family, friends and professionals helping them to cope.

Children bereaved by suicide

Beyond the rough rock – Supporting a child who has been bereaved through suicide. Diana Crossley and Julie Stokes (2001). Gloucester: Winston's Wish. ISBN 0 9539123 3 7.*◦ Advice and help for parents and carers.

Supporting children after suicide.

www.health.nsw.gov.au/policy/cmh/publications/Supporting_Children_After_Suicide.pdf
Information for parents and other caregivers.

Personal accounts of loss through suicide

A voice for those bereaved by suicide. Sarah McCarthy (2001). Dublin: Veritas. ISBN 1853905933.*◦ Sarah McCarthy describes her despair and anger after her husband's suicide left her with four children under ten and how she rebuilt her life and came to terms with her loss.

Dear Stephen. A letter diary written to Stephen by his mother. Anne Downey (1987). London: Arthur James. ISBN 0 853 052 816.◦

My son, my son. A guide to healing after death, loss or suicide. Iris Bolton (2001, first published in 1983). Atlanta: The Bolton Press. ISBN: 0961632607.◦

The scent of dried roses. Tim Lott (1997). London: Penguin Books Ltd. ISBN 0140250840. Lott explores the reasons behind his mother's suicide and his own suicidal depression.

Bereavement in general

The early days of grieving. Derek Nuttall (1991). Beaconsfield: Beaconsfield Publishers. ISBN 0 906 584 299.*◦ Simple and direct support and information.

Through grief: The bereavement journey. Elizabeth Collick (1986). London: Darton, Longman and Todd. ISBN 0 232 516 820.*◦

For parents

The bereaved parent. Harriet Sarnoff Schiff (1979). London: Souvenir Press. ISBN 0 285 648 918.*◦

A child's grief: Supporting a child when someone in their family has died. Julie Stokes and Diana Crossley (2001). Gloucester: Winston's Wish. ISBN 0 953 912 310.◦

Helping children cope with grief: Facing a death in the family. Rosemary Wells (1988). London: Sheldon Press. ISBN 0 859 695 59X0.◦

Grief in the family. Leeds Animation Workshop (2002).◦

Email: info@leedsanimation.org.uk

Website: www.leedsanimation.org.uk

Animated DVD/video and booklet which look at the ways children and young people respond to grief and what adults can do to help. Can be hired or bought from Leeds Animation Workshop: tel and fax: 0113 248 4997.

Not too young to grieve. Leeds Animation Workshop (2005).◦

DVD/video and booklet for parents and carers supporting babies and children under five who have been bereaved. Can be hired or bought from Leeds Animation Workshop (see above).

Teenage Grief. Leeds Animation Workshop (2007).◦

Website:

www.leedsanimation.org.uk/films/teengrief.html

DVD/video and booklet for parents and others supporting bereaved young people. Includes bereavement by a friend's suicide. Can be hired or bought from Leeds Animation Workshop (see above).

For children and young people

Badger's parting gifts. Susan Varley (1994).

London: Picture Lions. ISBN: 0006643175.*◦

For younger children – illustrated story about an old badger who dies and how the other animals miss him but their lives have been enriched by knowing him.

I miss you: A first look at death. Pat Thomas (2001). Hauppauge, NY: Barron's Educational Series. ISBN: 0764117645

Children's book to help them understand the concept of death and feelings they may have.

Facing grief: Bereavement and the young adult.

Susan Wallbank (1991). Cambridge: Lutterworth Press. ISBN 0 718 828 070.*◦ Written for those aged 18–28.

When parents die: Learning to live with the loss of a parent. Rebecca Abrams (1999, 2nd edition).

London: Routledge. ISBN: 0415200660.*◦ Based on personal experiences of the author and other bereaved young people.

Straight talk about death for teenagers: How to cope with losing someone you love. Earl A.

Grollman (1993). Boston: Beacon Press. ISBN: 087025003.

Healing your grieving heart for teens: 100 practical ideas – simple tips for understanding and expressing your grief. Alan Wolfelt (2001). Fort Collins, Colorado: Companion Press. ISBN: 1879651238.

General books about suicide

Night falls fast (understanding suicide). Kay

Redfield Jamison, (2000). London: Picador.

ISBN 0 330 481 789. ISBN 0 375 701 478.◦

Combines scientific research with personal stories.

The savage god: A study of suicide. Al Alvarez

(2002, first published in 1971). London: Bloomsbury.

ISBN 0747559058.◦ Historical, cultural, theoretical and literary perspectives on suicide and an account of the author's own suicide attempt.

The long sleep: Young people and suicide. Kate

Hill (1995). London: Virago. ISBN 1853815896.*◦

Now out of print, but available through Amazon.

Explores reasons for suicide in young people, using research evidence and personal accounts.

Depression

Darkness visible: A memoir of madness. William

Styron (1990). London: Vintage. ISBN 0099285576.

For people with learning disabilities

Am I allowed to cry? A study of bereavement amongst people who have learning difficulties.

Maureen Oswin (1991). London: Souvenir Press Ltd.

ISBN: 0285650963.*◦ Looks at the needs of the

bereaved and gives advice for carers.

When somebody dies. Books beyond words series: Sheila Hollins, Sandra Dowling and Noelle Blackman (2003). London: Gaskell (Royal College of Psychiatrists). ISBN: 1901242900.*

When mum died. Books beyond words series: Sheila Hollins and Lester Sireling (2004). London: Gaskell (Royal College of Psychiatrists). ISBN: 1904671039.*^o

When dad died. Books beyond words series: Sheila Hollins and Lester Sireling (2004). London: Gaskell (Royal College of Psychiatrists). ISBN: 1904671047.*^o

Leaflets and articles

Most of the following organisations have leaflets and articles that can be downloaded from their websites or sent by post.

Cruse Bereavement Care

www.crusebereavementcare.org.uk/pubs.htm

The Child Bereavement Trust

www.childbereavement.org.uk/resources/articles.php
or tel: 01494 446648.

The Compassionate Friends

www.tcf.org.uk

SOBS (Survivors of Bereavement by Suicide)

www.sobs.admin.care4free.net

After a suicide can be downloaded from the **Scottish Association for Mental Health** website: www.samh.org.uk/pdfs/AfteraSuicide.pdf or tel: 0141 568 7000 (open Monday to Friday, 2.00 pm to 4.30 pm).

For professionals

Bereavement: Studies of grief in adult life. Colin Murray Parkes (2004, 3rd edition). London: Penguin Books. ISBN 0140257543.

Death and bereavement across cultures. Colin Murray Parkes, Pittu Laungani and Bill Young (eds) (1996). Hove: Brunner-Routledge. ISBN 0415131375.

DVD/videos and booklets for professionals supporting children, parents and carers. The 'Leeds Animation Workshop' produces a range of

material for those involved in supporting children, parents and carers dealing with bereavement. For contact details, see entry titled 'Grief in the family' under Bereavement in general/For parents.

Grief in children: a handbook for adults. Atle Dyregrov (1991). London: Jessica Kingsley. ISBN 185302113X.*^o

Grief counselling and grief therapy. A handbook for the mental health practitioner. J. William Worden (2001, 3rd edition). Hove: Brunner-Routledge. ISBN 1583919414.

The coroner's investigator's handbook. Guidance for coroner's investigators to assist in the provision of a thorough and professional death scene investigation. Ali Warner (2005). Welwyn Garden City: ECRI Europe. ISBN 0954971809.

The impact of suicide on relatives and friends. S.E. Clark, R. Goldney, in *The International handbook of suicide and attempted suicide*. Keith Hawton and Kees van Heeringen (2002). Chichester: Wiley. ISBN 0470849592.

Living with suicide. A support worker's guide. Cruse Bereavement Care Scotland (2005).
Email: info@crusescotland.org.uk
Tel: 01738 444178
Videos and training manual.

Anthologies and poetry

All in the end is harvest: An anthology for those who grieve. Agnes Whitaker (ed) (1996). London: Darton, Longman and Todd. ISBN: 0232516243.*^o
Prose and poetry published in association with Cruse Bereavement Care.

Do not go gentle: Poems for funerals. Neil Astley (ed) (2003). Tarsset: Bloodaxe Books. ISBN: 1852246359.
Traditional and contemporary poems for people of all faiths, agnostics and atheists.

The long pale corridor: Contemporary poems of bereavement. Judi Benson and Agneta Falk (eds) (1996). Newcastle upon Tyne: Bloodaxe Books. ISBN 1852243171.*^o

Organisation	Contact details	Notified
Executor of will, solicitor		
Pensions schemes		
Insurance company		
Bank/building society		
Mortgage provider, housing association, council housing office		
HM Revenue and Customs tax office		
School, college, workplace, trade union		
Utility providers: gas, electricity, water board, telephone supplier, TV/internet supplier		
Post office		
Car insurance		
DVLA (return driver's licence)		
Passport office (return passport)		
Social Services, Jobcentre Plus		
Hire purchase companies		
Library		
Doctor, dentist, etc		
Any hospital the person was attending		
Charities		
Sporting, social clubs		
Others		

TO WHOM IT MAY CONCERN

I wish to notify you of the death of

Title: Mr/Mrs/Miss/Ms/Other: _____

First name(s): _____

Surname: _____

Date of birth: _____

Address: _____

Postcode: _____

Date of death: _____

I understand that the above person had dealings with your organisation.

The reference number/membership number for your organisation was: _____

Please amend your records.

If you need any more information, my name is: _____

Address: _____

Postcode: _____

Telephone number: _____

Relationship to the deceased: _____

Signature: _____ Date: _____

Help is at Hand

A resource for people bereaved by suicide and other sudden, traumatic death

Evaluation Questionnaire

This booklet and other resources have been produced to support those bereaved by suicide and the professionals or other people who are in contact with them. We would like to find out whether the information in this booklet is useful, and whether improvements could be made. You can help us with this by completing the evaluation form and returning it to us. The questionnaire is anonymous. However, by returning it to us you will be giving consent for the information you provide to be included in the evaluation, and for the results to be reported in the final document.

About you

1. Gender Male Female
2. Age group under 19 years 19–24 years 25–44 years 45–64 years 65+ years
3. Who are you?
- A person bereaved by suicide A person bereaved by other sudden, traumatic death
- A professional helping people bereaved by suicide or other sudden, traumatic death
- Other (please specify)

About your loss

4. How was the person who died related to you, e.g your child, friend, partner, parent?
5. How old were they at the time of their death?
- under 19 years 19–24 years 25–44 years 45–64 years 65+ years.
6. Their gender Male Female
7. When did they die?
- Within the last 6 months 6–12 months ago 1–2 years ago over 2 but under 5 years ago
- 5–10 years ago over 10 years ago

About *Help is at Hand*

8. How did you receive *Help is at Hand*?
- Coroner's office or officer Funeral director NHS Direct
- Hospital bereavement service The internet General practitioner
- Voluntary agency/support group (please specify name)
- By requesting a copy following the directions on the *Help is at Hand* card
- Other (please specify)
9. What do you think would have been the best way for you to receive the *Help is at Hand* booklet?
10. How long after the bereavement did you receive the *Help is at Hand* booklet or information about it?
- Within 1 month 1–6 months 6–12 months More than 1 year
- Other (please specify)
11. When would have been the best time for you to receive the booklet?
- Within 1 month 1–6 months 6–12 months More than 1 year
- Other (please specify)

***Help is at Hand* is also available online at**

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_087031

About the content

12. Overall, how helpful did you find *Help is at Hand* (please circle one number)?

Of no help	Slightly helpful	Helpful	Extremely helpful
1	2	3	4

13. Please rate how helpful you found each section (please circle one number for each item).

	Of no help	Slightly helpful	Helpful	Extremely helpful	Not relevant to me
a) Practical matters	1	2	3	4	5
b) Experiencing bereavement	1	2	3	4	5
c) Bereaved people with particular needs	1	2	3	4	5
Parents	1	2	3	4	5
Children	1	2	3	4	5
Young people	1	2	3	4	5
Older people	1	2	3	4	5
Lesbian, gay and bisexual people	1	2	3	4	5
People with learning disabilities	1	2	3	4	5
d) How friends and colleagues can help	1	2	3	4	5
e) Sources of support	1	2	3	4	5

14. Are there any changes that you would suggest for the appearance and style of *Help is at Hand*, such as size, format, colour, etc?

15. Are there any other comments or suggestions that you would like to make about *Help is at Hand*, or are there any other information resources that you think may be helpful for bereaved families?

Thank you for taking the time to complete this questionnaire.

Please return the completed questionnaire to FREEPOST RRSA-BSLS-ZSKJ, Centre for Suicide Research, University of Oxford Department of Psychiatry, Warneford Hospital, Headington, Oxford OX3 7JX. If someone else who has seen *Help is at Hand* would also like to help evaluate it, you can photocopy this form for them. The evaluation can also be completed online at www.survey.bris.ac.uk/psych-ox/eval3



This guide has been produced to help people who are unexpectedly bereaved following the suicide or sudden, traumatic death of a friend or relative. It also provides information for healthcare and other professionals who come into contact with bereaved people, to help them understand the impact of suicide and how they can provide support.

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