

FD Consultants

Psychosocial Support and Trauma Specialist Services

Supporting Someone Bereaved or Affected by Suicide

It can be hard to know how to talk to someone who has been bereaved - even if they are a close colleague or friend. We often worry about 'saying the wrong thing' or upsetting that person by reminding them of their loss. However, if they are living with their experience of bereavement every day, it is unlikely that we will be raising anything they have not already been thinking about.

When it appears that someone may have been bereaved by suicide, things can feel even harder. Suicide and mental health are still issues that can be stigmatised and misunderstood. Someone bereaved by suicide may therefore avoid talking openly about their loss for fear of judgement or exposure to insensitive comments. Yet having their loss, and its particular nature, overlooked by others can also be painful.

Suicide has a wide 'ripple effect' making it important to bear in mind that many people can be affected by a suicide - even those who did not know, or were not particularly close, to the person who died. They may have witnessed the suicide or found the person who took their own life. It may also be that the particular details of a suicide evoke a strong response in an individual for personal reasons - for example, if they, or anyone they are close to, could be seen to have something in common with the person who died.

If someone close to you has been bereaved or affected by suicide, it may be helpful to start off by considering what might make their loss or experience feel different, and then to hold certain things in mind when speaking to that person and to others. This fact sheet provides relevant information, and also details of where those bereaved or affected by suicide can access further support.

Why Bereavement by Suicide is Different

Whilst any bereavement can be painful and complex, there are several factors concerning bereavement by suicide that make it a unique and particularly challenging kind of loss.

- *Sudden and unexpected.* Some suicides come as a complete shock - particularly if the person who died was not known to have had mental health difficulties, or to have been considering taking their own life. However, even if a person was known to have been feeling low, or to have made previous attempts to take their own life, their completed suicide will often be experienced as sudden and unexpected by those around them. Friends, family and other key people in their life will be unlikely to have had the opportunity to prepare for the loss or to 'say goodbye'.
- *Violent or traumatic.* Suicides are often violent which can make it distressing for others to contemplate how the person died or what they may have gone through in the final moments of their life. Anyone who witnessed the suicide or found the person after they died may have found this disturbing or traumatic.
- *Procedures and lack of privacy.* Many official procedures have to take place after a suicide - and these include police investigations, an official inquest and sometimes reporting and coverage in the media. Those close to the person who died may experience this as intrusive and find it makes it harder to process their loss. In the months that follow new and sometimes unexpected information can emerge about the person who died, unsettling the grieving process.
- *Stigma and lack of understanding.* As mentioned, suicide and mental illness remain issues that are often rarely spoken about - and when they are it can be with insensitivity and a lack of awareness. It is unfortunately not uncommon for negative judgements to be made about those who die by suicide, and also about those they were close to. These judgements and speculations can often be made by people who feel that someone or something must be 'to blame' for the suicide - something that can initially seem so very hard to understand.

- *Unanswered questions.* Those bereaved by suicide are likely to be left with many unanswered questions about the death of the person they knew or were close to. The most common questions are, 'Why did they do it?', and 'Could I have done anything to stop them?'. Unfortunately, it tends to be impossible for these questions to be answered conclusively. It can take a long time for those affected by a person's suicide to come to accept this, or to find answers that feel 'good enough' for them.

Information About Suicide

Considering the following information may help you to reach out to someone who has been impacted by suicide with sensitivity and understanding.

- *Suicide is complex.* Whilst it may be tempting to think that one particular issue (eg. an argument or broken relationship) led to a person taking their own life, the reality is usually more complex. Depression and mental health difficulties can develop over time for an individual in a response to a wide range of factors in their life. Suicide is generally a response to immense emotional pain. It may not be that a person who ends their own life is necessarily rejecting life or those around them - but more that they are seeking to end what feels like unbearable suffering. It is therefore important not to make swift judgements about the person who has died or about their reasons for ending their life.
- *Talking about it doesn't increase risk.* Often people are afraid to talk or ask about suicide for fear it might increase the chances of others taking their own lives. This is simply untrue. Many people have points in their lives where they experience suicidal feelings or are affected by suicide in some way. Keeping such difficulties to oneself is actually far riskier than talking about them. Talking openly about suicide can help anyone who may be at risk of taking their own life to access any further support they need.

How to Help

People tend to grieve and respond to difficult life events in very different ways. Therefore, if someone you know has been affected by suicide, their thoughts, feelings and behaviours may vary or change over time as part of their own individual reaction. Here are some ways in which you may be able to help.

- *Acknowledge the loss or experience.* Acknowledging what the other person has been through can make a big difference, and saying something simple is usually better than saying nothing at all. 'I'm sorry to hear about your loss' or 'I heard about what you experienced and am really sorry about that' are examples of what you could say. Unless the person concerned wants to talk in more depth it may be best not to press them for too many details at first, though.
- *Ask what might help and what their preferences are.* Anyone who is bereaved, particularly in the early stages, may feel too shocked or bewildered to ask for help or to know what they need. Therefore offering a particular type of emotional or practical support (eg. a phone chat, talking round a home cooked meal, or collecting children from school) can be much more useful than just asking 'Is there anything I can do?'. It is also important to ask about the personal preferences of anyone who has been affected by suicide. If you are supporting someone returning to work after bereavement by suicide, for example, find out what they are comfortable with other colleagues knowing and if there are any details they'd rather weren't widely shared.
- *Listen but don't offer solutions.* Whilst acknowledging someone's loss or experience of suicide is important, be sensitive to how much they might or might not want to share and try to support them through listening openly and empathically rather than seeking to offer solutions. Probing questions regarding the nature of the suicide or their relationship with the person who died may not be appropriate or helpful - nor may assumptions about the bereaved person's circumstances or how they are feeling (eg. 'At least you have another child', 'I'm sure you'll find another partner', 'Thank goodness it wasn't you who found them'), no matter how well intentioned.
- *Be careful with language.* Words are important and the commonly used phrase 'committed suicide' dates back to the time (prior to 1961) when suicide was considered a crime in the UK. Using phrases like 'they took their own life' or 'they died by suicide' is preferable.

- *Be sensitive when discussing the death with others and challenge negative language and attitudes.* If someone in your workplace or social circle has been bereaved or affected by suicide it's important to think carefully about how to share the news and deal with questions and responses from others. Telling people in person, for example, may be preferable to doing it online or through social media, just so they can be supported more immediately in terms of how they respond. Suicide is an emotive topic and other people may be affected if they themselves have had personal experience of suicide or mental health difficulty. Therefore finding out in advance where you can signpost others for support (see details below) is a sensible preliminary step if you'll be sharing the news on behalf of someone who has been bereaved or affected by suicide. Also be prepared to firmly but politely challenge any stigmatising or ill-informed responses from others - for example, gossip about the causes of the suicide, or comments about suicide being 'selfish' or 'disruptive'.
- *Look after yourself.* Supporting a friend or colleague who has been affected by suicide can be personally challenging and can be very 'heavy'. Do remember to look after yourself by increasing self-care practices, staying connected to your own social support network, and by perhaps considering debriefing with a professional. Through doing this you'll be in the best position to continue being helpful to the person concerned and to others.

Counselling & Further Professional Support

It's very normal for anyone bereaved or affected by suicide to experience a wide range of sometimes conflicting emotions in the days and weeks that follow - also for them to perhaps notice disturbances to their sleep, appetite, energy levels and general outlook on life. In the very early stages it will usually be best for a person to make use of their existing support networks, taking care to look after themselves physically as best they can and returning to work and other activities gradually and in a way that feels manageable. However, sometimes counselling or further professional support may play an important part in their recovery and ability to move forward in life.

- *Bereavement counselling.* A series of bereavement counselling sessions can help an individual who is bereaved by suicide to explore and make sense of their experience in a confidential environment with a trained counsellor who is outside their family and immediate social circle. Many areas have local bereavement counselling services such as Cruse, and bereavement counselling can also be accessed through FDC or some EAPs (employee assistance programmes). Most bereavement counselling services will suggest that a person waits a couple of weeks after their loss (at least until the funeral of the person who died has taken place) before starting counselling, in order to allow initial feelings and responses to 'settle'.
- *Trauma counselling.* For anyone who has had a traumatic encounter with suicide (for example, witnessing a suicide or finding the body of a person who has taken their own life), trauma counselling can help with the processing of such an experience and also reduce the impact of distressing symptoms such as flashbacks, nightmares and intrusive thoughts. Trauma counselling can be accessed through FDC or other specialised providers.
- *Support groups and specialised support for 'survivors' of suicide.* Due to the unique nature of bereavement by suicide, many 'survivors' of bereavement by suicide find it helpful to connect with others who have had similar experiences, or to access specialised literature. SOBS (Survivors of Bereavement by Suicide) run support groups for survivors and also have a website with relevant resources, as do Cruse.
- *Samaritans and crisis support.* It can be common for those personally affected by suicide to feel suicidal or in crisis themselves following their experience. If this applies to you or the person you are supporting, please consider speaking to your or their GP or, in the event of an acute mental health crisis, attending the local Accident & Emergency department for an emergency mental health assessment. The Samaritans also provide a 24-hour listening service to those who are struggling to cope and need someone to listen.

Resources

- The Samaritans - emotional support for those who are struggling to cope and who need someone to listen. Tel. 116 123 (24 hour helpline). SMS. 07725909090. Web. www.samaritans.org E-mail. jo@samaritans.org
- Survivors of Bereavement by Suicide (SOBS) - specialised support for those bereaved or affected by suicide. Tel. 0300 111 5065 (helpline 9.00am - 9.00pm). Web. www.uk-sobs.org.uk E-mail. sobs.support@hotmail.com
- Cruse Bereavement Care - support for those bereaved through the death of someone close. Tel. 0844 477 9400 (helpline Monday and Friday 9.30am - 5.30pm, Tuesday to Thursday 9.30am to 8.00pm). Web. www.cruse.org.uk also www.facingthefuturegroups.org/ (details of support groups specifically for those bereaved through suicide) E-mail. helpline@cruse.org.uk
- Suicide Bereavement Support Partnership - information about support and resources for those bereaved by suicide. Web. www.supportafterasuicide.org.uk
- Console - support for both people at risk of suicide and bereaved by suicide. Tel. 020 7821 8865 (helpline Monday to Friday 9.30am - 5.00pm). Web. www.consolecounselling.co.uk E-mail. consolecounselling.co.uk
- Campaign Against Living Miserably (CALM) - awareness raising and provision of a listening ear and support with regards to men at risk of suicide. Tel. 0800 585858 (national or 0808 8028858, London, helplines 5.00pm to midnight daily). Webchat. www.thecalmzone.net/help/webchat
- Mind - mental health support and advice. Tel. 0300 123 3393 (helpline). Web. www.mind.org.uk. E-mail. info@mind.org.uk
- IASP (International Association For Suicide Prevention) www.iasp.info/index.php This website gives details of resources and crisis centres worldwide for those who are feeling suicidal or in mental distress.

About FD Consultants

FD Consultants support anyone who has been impacted by trauma through work or personal circumstances, whether directly or indirectly. We offer consultancy to organisations when implementing a trauma management programme and duty of care policies for psychosocial support. FD Consultants offer services to enable individuals to remain resilient in highly stressful environments and situations.

We support individuals suffering burnout, vicarious trauma, cumulative stress, and compassion fatigue. We believe in working and walking alongside individuals or organisations empowering them to find their own solutions and we strongly believe everyone can recover from mental health challenges with the right help and support.