

# Coping After Suicide

## A Guide for Organisations

Supporting  
voluntary, faith and  
enterprise communities  
after news of a  
suspected suicide

Welcome to this guide, designed for voluntary and faith organisations and local businesses which aims to support you and your team after someone may have died by suicide. We recommend you use the guide to inform your organisation's response alongside existing policies you may have in place for dealing with serious incidents.

This guidance has been produced in consultation with the members of the Barnet Suicide Prevention Partnership, including people with lived experience as part of the delivery of the **Barnet Suicide Prevention Strategy 2021-25**.

## Key terms used in this guide

### First Response

A first response is about the actions we take after a critical incident – in this case a suspected suicide<sup>1</sup>. It will be the first 24–48 hours after we have received the news. As first responders, we must take care in the way we communicate with others and be mindful of their needs. It is counter-productive if actions are rushed. Being purposeful and grounded is a more helpful stance. This approach will be much easier to put in place if the preparation is done by the formation of a Critical Incident Team (CIT). This guide covers more information about the formation of the CIT.

### Postvention

This includes the first response and forms a wider set of actions. Postvention includes what we do after a death by suspected suicide and also what we can do to prevent suicide in the future. Understanding this concept is important as friends and relatives of the deceased may hold different opinions or suspicions about the cause of death. Everyone can only have full closure over the death after the coroner's court has ruled their verdict. This can be very difficult for people to deal with. Autistic people may find this uncertainty particularly upsetting.

<sup>1</sup> We use the term suspected suicide throughout this guide as, in England, a death of this kind must go through a coronial process.

## Key terms used in this guide contd.

### Critical Incident Team

A group of individuals who will take responsibility for ensuring that the actions suggested by this guide are put into place, as well as considering how they might need to be adapted to support the needs of people with learning disabilities, neurodivergent people or others with specific needs.

### The concept of 'preparedness'

Being prepared for a death by suicide in your organisation/business or community setting. This will entail appointing a critical incident team (CIT) and learning the best ways to support your setting after an incident of this nature. The CIT can create a plan of who does what in the event of this happening. See the Checklist that accompanies this document and add people's initials or roles to designate who will do what.



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# Introduction

Thank you  
for taking the  
time to read  
this guide.

Thinking about what steps we take after a colleague, volunteer, service user or customer dies by suicide can be challenging and something most of us may prefer not to think about.

## Preparedness

Being prepared means you can respond swiftly and compassionately to your community and beneficiaries after a suicide.

These actions are referred to as **'postvention'**.

Postvention is a cycle because by acknowledging the tragedy of a suspected suicide and being prepared, we are safeguarding others who may be at risk of suicide.

## Exposure to suicide – what we know

We used to think that only people in the deceased person's family or close circle of friends would be psychologically impacted by their suicide.

However, research has shown this is not the case. For every person who

dies by suicide, at least 135 others are exposed to their suicide<sup>2</sup>. Suicide exposure has the potential to cause distress to people, to the point where they need psychological support from a professional after hearing about another person's suicide.

This research done in the United States was groundbreaking in terms of understanding the profound impact the news of a suicide can bring to a much bigger group of people than immediate family and friends. We do not need to have known the person who has died to be psychologically distressed by the news.

Since then, due to the increased use of social media for the spreading of news, researchers from the University of Hull estimate that the original 135 people may be far greater in today's society.<sup>3</sup>

After a suspected suicide, risk of further suicide increases. After a suicide, other people, who may already have had thoughts or plans to end their life, may be at greater risk.

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<sup>2</sup> How Many People Are Exposed to Suicide? Not Six; Cerel J et al, 2019, PubMed, National Library of Medicine, U.S.A

<sup>3</sup> Understanding the Communicative Ecology and Impact of Social Media following a Suspected Suicide; Bell, J., & Westoby, C. (2023, September)

## **Frustration and Guilt**

Many people who work in charities and health and social care are motivated by a need to help, so this frustration can become a source of profound stress and discomfort. Added to this, after a suspected suicide, workers may experience guilt. This challenging emotion is an understandable response to the situation.

We may feel ‘if only...’ or ‘what if we had taken different actions?’ or ‘why didn’t we see this coming?’ These are common responses that people have after a suspected suicide, and they are held both by individuals and by groups of people. The tragedy of suicide shakes us up and these responses need to be understood and supported.

Suicide is the action of one person. If we are aware of individuals in our team feeling ‘guilt’, we should offer non-judgemental support. They are dealing with a high level of stress and may themselves experience mental health difficulties or ‘burnout’.

Past traumatic episodes with clients can also be relived. Perhaps members of the team had been exposed to difficult situations with this client or others in the past, and the tragedy of a suspected suicide puts people in touch with these old feelings. They may feel they are re-experiencing old traumatic events again. We cannot ‘save’ people from these responses, but we can ensure that we are

compassionate and encourage a culture of getting support as well as giving support.

## **Pressing pause – taking a moment to think about what has happened and what you are going to do**

People who work in the voluntary sector are often working with limited resources. Finding time for reflection can feel like a ‘luxury’ rather than essential. However, when a tragedy like this happens, the leadership has to ‘press pause’ and think about the first response of the organisation.

It is vital that we view all our actions after a suspected suicide as part of a first response. Adopting this lens gives us the best chance to ensure that what we do is thoughtful, as well as decisive.

## **Key principles of postvention**

- The importance of a critical incident team
- Leadership – a clear chain of command for managing the situation is essential
- Breaking the news – must be guided by an understanding about the impact of exposure to suicide (Cerel et al 2019) and monitoring responses
- Clear communications and boundaries with all
- Support for the team – processing and follow-up

# Preparedness

## Critical incident team (CIT)

### Who are the team? Assigning roles

- Establish a group of people who are able to become your CIT. For charities who employ less than 10 people, you may need to bring in volunteers, such as trustee board members.
- Decide who is the leader of the team and who is their deputy.
- People in the team will need to be effective under pressure and able to maintain thinking, compassion and, where possible, empathy. Putting people in place who are confident that they will be able to be effective within the CIT is essential.

### Establish communication methods of the CIT team

- A WhatsApp group can be established
- Telephone or email contact may need to be used – ensure this contact is discussed in advance so you can be sensitive to people's preferred communication styles and needs

**Tasks to be covered – assign all tasks in advance and with agreement within the CIT. In the event of suspected suicide, some actions will happen at the same time and will be done by different people.**

It is important that we forewarn our workforces of how bad news will be broken – whatever that news is. We might establish codes for communications:

#### Code Red

High level of critical incident likely to involve death or life-threatening injury

#### Code Amber

Serious incident that has not threatened life

#### Code Green

News that needs to be shared, which is not critical but will still benefit from being released thoughtfully

# Managing the situation

## If the incident happens in your workplace or on site:

- **Call the police as soon as possible**
- **Secure the area where the incident has happened**
- **Divert others**
- **Do not move anything**
- **Take witnesses to a place of safety**
- **Inform next of kin – this can be part of the police's role**

## Family members

It is crucial to think about whether members of the person's family are on site. If so, they will need to be supported in a private room and wait for the police to arrive.

The police may take a role in informing next of kin. If your organisation is involved with this process be thoughtful about whether they are alone or with others. Try to think about their needs and how best to deliver the news. If they are local to the site, it may be more supportive for workers to inform them face to face. If they need to travel to the site arrange for transport rather than self-driving.

## Support witnesses

Let essential personnel know what has happened. If you have a large workplace that incorporates customers as well as staff, you may find a coded messaging system helpful. Staff need to be prepared in advance of this possibility and understand protocol.

## Breaking the news after a suspected suicide

Perhaps the hardest part of this situation. The way you break the news to people needs to be understood as part of the first response. Letting people know that a person has died and that it was probably by suicide is really upsetting and a lot of thought needs to go into how this is done. In certain situations, it is pretty clear it was suicide. However, choose your words carefully as this is a very sensitive area of communication. As stated earlier, every suspected suicide will go through a coroner's court before it is ruled as a suicide. Respecting the wishes of the deceased's next of kin, in terms of what is said, must be weighed up with what the workforce or service users need to know to bring a level of containment after the shocking news. Keep the information brief – see next page.



## Principles for general communications around a death by suspected suicide

- Do not use the phrase ‘commit suicide’. The word commit refers to a crime or a sin. Suicide was decriminalised in England in 1961. Before the Suicide Act, it was a crime to die by suicide and anyone who attempted and survived could be prosecuted and imprisoned. It is better to use alternative language such as died by suicide or took their own life. Be thoughtful about the cultural context you are working in and be as sensitive as possible whilst avoiding euphemisms.
- Do not raise anxieties by using emotive or scaremongering language. Avoid ideas around ‘epidemics’, ‘outbreaks’ or rises in suicide. Statistics are always highly complex and can easily be misunderstood. Indeed, reporting ‘rises’ and epidemics may stop people coming forward for support.
- Do not glamourise or mythologise the person who died. The people who knew the deceased will have their own views. Protect others in the community by giving only essential information rather than reporting at length about the person who died.
- Some people who are struggling with their own mental health may find details of a death by suicide triggering.
- Avoid giving information about the means of suicide and location of suicide.
- Although it is advisable to withhold this sort of information, as a neurodiverse society, some people may need some details to process the information. Deal with these instances in person one to one and ensure follow-up/helpline information is given.
- For more information about media communications and reporting on suicide, see Samaritans Guide [www.samaritans.org/about-samaritans/media-guidelines/media-guidelines-reporting-suicide/](http://www.samaritans.org/about-samaritans/media-guidelines/media-guidelines-reporting-suicide/)
- The CIT may also wish to consider which stakeholder groups are given the news of the suspected suicide. Some stakeholders may not need this information and where possible it may cause less distress to refer to an ‘unexpected death’.

Consider the following:

## The practicalities of breaking the news

### i) In small groups

The news of the death can spread quickly; therefore, the news needs to be delivered timely and clearly. Pre-covid it was 'normal' for the workforce to be in the office or on site. However, now with hybrid working practices we may have a more diversified set of actions to deliver the news. Wherever possible staff need to be informed face to face with consideration given to the relationship with a staff member acknowledging the stress they are going through.

We may choose technology as part of our first response. Zoom or Teams provides a way for people to be seen (if they choose) as well as to be remote. It also provides a way to establish a sense of connection. We should encourage people to have their camera on. This enables monitoring of visual cues in real time in an online environment.

If you have a large organisation, it may be more practical to gather people either in person or online. However, it is advisable to

do this in as small groups as possible. Getting bad news in large groups can be traumatic. It is easier to process information in a smaller group of people. Ongoing support and signposting, as well as all the communications detailed here, are all part of a first response.

### ii) One to one

People who are neurodivergent or have learning disabilities should be consulted as part of a preparedness plan about their preferred communication methods.

For some autistic people, being given bad news in a group is too overwhelming and highly distressing.

Many autistic people do not like the phone as a method of communication. Indeed, it can be a cause of stress and anxiety.<sup>4</sup>

Many people who are neurodivergent would prefer distressing news to be broken on a one to one basis in an environment free of distractions that they know well.

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<sup>4</sup> *Anything but the phone! Communication Mode preferences in the autism community*, Howard, P. L; Sedgewick, F; 2021; *Autism*, volume 25 (8), 2265-2278

Further information on how to support people who are, or may be, neurodivergent, is [here](#).

There is never a perfect way to break this news. All we can do is get to know our teams and their communication needs and follow the postvention principles detailed in this guide. At the end of the day, you may feel you could have done more or done better and that is a very human response to an overwhelming circumstance.

### iii) By telephone

It may be that we have a large group of people who need to know what has happened and we choose to start calling them by phone. This can have several disadvantages:

- We cannot see their reactions
- We may be tempted to do this too quickly in a sort of rota system which is not suitable for a first response
- If, after consideration, the phone is used as part of the first response, build in time for each call.

## Key Message

It may be that several people will need to break the news to others – perhaps in a multi-site organisation.

In this situation, the agreeing of a ‘script’, with the essential tone and content for sharing the news, may be helpful.

An example of what a script might include is available at the end of this guide in the Further support and resources section p.13.

## Other essential comms tasks

- Handling communications with stakeholders (a list will have been made in advance, see Checklist that accompanies this document).
- Some organisations may need to respond to press interest. A person in the CIT should be responsible for

any statements made to this audience. Keep this brief. Do not divulge any personal information or methods of death. Refer press to Samaritans Guidance for Safe Reporting.

[www.samaritans.org/about-samaritans/media-guidelines/media-guidelines-reporting-suicide/](http://www.samaritans.org/about-samaritans/media-guidelines/media-guidelines-reporting-suicide/)

## Supporting and informing staff

- Think about the needs of your staff – ask managers to consider the needs of their reports
- Ensure everyone knows who they can go to for support
- Share information about reassignment of any duties to the staff team
- Don't forget that however experienced we are in our roles, news of a death by suicide is always shocking and upsetting. Management styles need to adapt, especially in the 24-48 hours after the news has broken. Managers

need to be open to talking to their teams to offer check-ins with themselves/HR and/or refer to the Employee Assistance Programme.

- Senior management will need to liaise with managers to consider any service reductions or redeployment as a result of the impact of the death on the team.
- Senior management may consider bringing in North Central London Support After Suicide Service (see page 14) to provide support to organisation as a whole as well as for individuals.

## Taking care of the CIT

- Ensure the CIT come together and support each other/arrange for an external facilitator to come in to assist this process. You can find a

facilitator through your membership networks or with help from Amparo.

## Other actions in relation to the death

- If your organisation was the first to know about this death, it is important to let other organisations, which were working with the person, know that they have died and that it may be suicide. This is because this news and rumours will spread quickly

and, as discussed, because other people's risk can be heightened. It is important to share the news sensitively with other appropriate organisations or services, such as the NHS, social services and the person's faith group.

## Memorials

### Role of faith

Faith-based organisations may want to offer religious services to mark the person's death, such as memorial prayers and candle lighting, or organising other religious gatherings. Further support can be found at [suicideprevention.faithaction.net](http://suicideprevention.faithaction.net)

### Remembrance books

After a death, groups often start some kind of remembrance book so that staff, service users and volunteers can write a message to help them express their feelings and thoughts about the loss. Whether these are in person or online, they need monitoring.

### Consider a space for remembrance

The CIT team can consult with service users or staff/volunteers about a designated place to create a remembrance area.

There is a growing concern about arranging memorials where a suicide has happened. This might lead to suicidal behaviour<sup>5</sup>. We therefore recommend a designated space, relatively private, so that those who knew the person can make their gestures without others being unduly exposed to the area.

**Memorials should be time limited.** A remembrance book – up to 2 weeks; flowers or other markers of respect – 2-3 days.  
*Monitoring is required.*

<sup>5</sup> **National guidance on managing the risks of public memorials after a probable suicide** – National guidance on managing the risks of public memorials after a probable suicide - Publications - Public Health Scotland

## Encourage wise use of social media

Managers should explain to staff/service users that social media posts can cause distress to others after a suspected suicide and

increase people's triggers.

Encourage people to refrain from unnecessary and unwise social media usage and doom scrolling.

## Remember: Suicide affects everyone differently

Some people will react by crying or appearing upset after they hear about a suspected suicide. Others will appear to 'freeze' or they may feel numb. Some may appear not to be reacting at all. However, this may not be the situation. Some colleagues may not be able to articulate their

feelings or process the news as quickly as others. This can be due to their own lived experiences, neurodivergence, or family history.

We should be patient with colleagues, service users and volunteers and appreciate that their needs are all different.

# Further support and resources

## Resources

### Suggested script for those tasked with delivering the news

I am very sorry to tell you that one of our volunteers/service users/members of staff, *insert person's name*, has died suddenly. I'm also saddened to tell you that the

cause of death may be suicide. We have been advised that giving people details about the circumstances of the death may make some of you very distressed or triggered. However, I am aware that some of you may want and need that information to process this news. There may be some time before any of us have clarity about the situation and I know this will be distressing.

It's going to be a very difficult time for many of us who knew (*insert name*). For a while, it may be difficult to go back to our usual tasks. For those of you who need a break from client contact, please speak to your manager to make some adjustments.

It is important that we are as sensitive and as kind to each other as possible and encourage one another to get support.

Support is available from North Central London Support After Suicide service (Amparo) – a service provider specialised in supporting people following suicide. I will be making their contact details available to everyone by email.

If you are approached by anyone outside the organisation for comment, please direct them to (*insert name of person dealing with external comms*).

Look after yourselves and do what you need to do. Please have a check-in conversation with your manager either today or tomorrow.

We have created a spreadsheet so that you can book a time with them (*give details*). If you would prefer not to have one of these, please let them know.

A couple of us from the critical incident/senior team will be here during lunchtime (*insert times*) today and for the next three days for a drop in, should you wish to chat informally together to give and get support from each other.

Please also be aware that you can text SHOUT on 85258, a 24/7 text-based helpline, or if you prefer to speak on the phone, the Samaritans are also available on 116 123 (*give this information by email*).

I will also be sending this sad news to all staff by email with the subject heading – **Distressing News (Code Red)**

Please look after yourselves and take care. This is very sad news and will take us all time to process.

## Signposting to Support After a Suspected Suicide

### North Central London Support After Suicide service (Amparo)

- Suicide bereavement support service for anyone living, working, or studying in the borough.
- <https://amparo.org.uk/our-locations/north-central-london/>

### Andy's Man Club

- Meets at the Meritage Centre
- [//andysmanclub.co.uk/](https://andysmanclub.co.uk/)
- Email [info@andysmanclub.co.uk](mailto:info@andysmanclub.co.uk)

# Signposting to Support After a Suspected Suicide contd.

## Barnet Wellbeing Hub

[www.barnetwellbeing.org.uk/wellbeing-hub](http://www.barnetwellbeing.org.uk/wellbeing-hub)

- Call **03333 449088**, open Monday to Friday, 9am to 5pm
- Email [info@barnetwellbeing.org.uk](mailto:info@barnetwellbeing.org.uk)
- Closed 25 Dec - 1 Jan.

## The Sanctuary Barnet – Crisis Café

- Call **020 8343 5704**, open Monday to Friday 4.30pm to 10.00pm and weekends at 12pm to 6pm
- Email [SanctuaryBarnet@mindeb.org.uk](mailto:SanctuaryBarnet@mindeb.org.uk)

## Jami

- Access Jami's services by making a referral via [jamiuk.org/](http://jamiuk.org/) or call **020 8458 2223**

## Survivors of Bereavement by Suicide

- Call **0300 111 5065**
- Overcoming the isolation of people bereaved by suicide [uksobs.com](http://uksobs.com)

## Resources for suicide prevention

### Stay Alive app

[www.stayalive.app/](http://www.stayalive.app/)

### SHOUT

24/7 text-based support, text **85258**

### Samaritans

**116 123** 24/7 support by phone.  
Call for free any time, day or night.

### Details of local and national

support can also be found here:

[www.barnet.gov.uk/mental-health-and-wellbeing](http://www.barnet.gov.uk/mental-health-and-wellbeing)



# Further guidance and information (postvention)

## **Help is at Hand:**

Support after someone may have died by suicide. A resource created by Public Health England now called UK Health Security Agency  
[supportaftersuicide.org.uk/resource/help-is-at-hand/](https://supportaftersuicide.org.uk/resource/help-is-at-hand/)

## **First Hand:**

Making sense of lasting memories and emotions after the suicide of someone you didn't know  
[www.first-hand.org.uk](http://www.first-hand.org.uk)

## **Supporting People Bereaved by Suicide Who are Neurodivergent**

**Understood:** a guide to supporting people bereaved by suicide who are neurodivergent – SASP  
[supportaftersuicide.org.uk](https://supportaftersuicide.org.uk)

## **Supporting People from Gypsy, Roma and Traveller communities**

Understanding Gypsy, Roma and Traveller communities: A Support Guide – SASP  
[supportaftersuicide.org.uk](https://supportaftersuicide.org.uk)

## **Understanding Faith Communities and Suicide Prevention**

[suicideprevention.faithaction.net/](https://suicideprevention.faithaction.net/)