

## Supporting people within an organisation after a suicide

This section focuses on the organisational competences required to coordinate a response to a suicide that impacts on an organisation (such as a school, college, healthcare organisation or a workplace).

It identifies the competences associated with offering psychological support to affected individuals or the workplace as a whole, intended to reduce the possible negative effects of a suicide. This activity is commonly referred to as 'postvention'.

### Knowledge of postvention

An ability to draw on knowledge that postvention refers to a range of interventions intended to ameliorate the negative impact of a death by suicide

An ability to draw on knowledge that when a suicide impacts an organisation (such as a workplace or school), postvention can be offered both to individuals and at an organisational level

An ability to draw on knowledge that the stance taken by the organisation's leaders sets the tone for the ways in which people in the organisation respond

### Instituting postvention

An ability for those in a position of leadership to convey empathy for those who have been bereaved, and to recognise:

the potential impact on others and the importance of self-care

that the responses of members of the organisation will differ depending, for example, on their relationship to, and prior involvement with, the person who has died, and on their own history and experience of bereavement

that psychological reactions to the death will vary from person to person, both immediately and over time (e.g. shock, guilt, blaming others, anger, sadness)

that distress can be expressed in different ways, both explicitly and implicitly (e.g. through withdrawal, absenteeism or presenteeism)

that the level of support offered both to individuals and across the organisation will need to reflect an appraisal of the difficulties that need to be addressed

An ability for those in a position of leadership to recognise the impact of the death on themselves and their own need for support

An ability to draw on knowledge of basic principles for intervening after a suicide, namely:

that all deaths should be approached in the same way regardless of cause (to avoid stigmatising a death by suicide)

that because of the risk of suicide 'contagion', care should be taken not to glamorise or romanticise the person who has died or provide excessive detail about the method of suicide (such as the means or precise location of the death)

that the organisation should broadly indicate the likely reasons for suicide (e.g. that the person had psychological difficulties that may or may not have been apparent to others) and highlight that the causes of suicide are complex

that help should be made available for people who have similar feelings or are in distress

## Communicating information about the death

An ability to coordinate organisational communications about the death (e.g. being clear about who is responsible and the medium through which information is relayed)

An ability to draw on knowledge that it is helpful for communications about the death to be clear about the cause of death, for example:

making a full disclosure where the family or carers have consented for it to be known that the person died by suicide

where the family or carers are unwilling for this to be disclosed, managing this appropriately (e.g. indicating that the family do not wish the cause of death to be known, but also facilitating discussion if there are rumours about suicide)

## Interventions

An ability to offer organisation-based interventions that can help to:

normalise reactions to the death by discussing the grieving process, and the ways in which this might manifest over time, and the fact that there is no 'right' way of grieving

create opportunities to share stories, thoughts and memories

encourage discussion of the feelings engendered by the death (particularly expressions of guilt, anger or abandonment)

convey the need for self-care

An ability to make practical arrangements for workplace interventions, for example:

establishing debriefing meetings for groups and/or individuals, led by appropriately trained facilitators

varying working practices so as to allow time for meetings to take place

ensuring that there are follow-up meetings in place

An ability to ensure that there is long-term provision of support so as to recognise that feelings about the death can re-emerge (e.g. around the anniversary of the death or around significant events that signal the absence of the person who has died)

An ability to draw on knowledge that most people will adapt to the death without professional support (reflecting their 'natural' resilience), but that some may experience more profound emotional reactions (such as complicated grief, trauma or suicidal ideation)

an ability for the organisation to have systems in place that identify people who are having significant difficulty coping and which can direct them towards appropriate sources of support

An ability to consider whether it is appropriate for the organisation to conduct a memorial event (with the aim of helping people to acknowledge the death and share their grief)

an ability to ensure that any ceremony strikes the right balance between commemorating but not memorialising (and potentially glamorising) the person who has died

## Judging when to end postvention

An ability to balance the need for changes in usual patterns of activity to accommodate reactions to the death against the need to re-establish the usual functioning of the organisation, and to:

judge the pace of a return in relation to an assessment of the degree to which the organisation and individuals within it have had time to adjust to the death

accommodate the needs of people who are not ready to return to their usual pattern of functioning