



Crisis management in the event of a suicide:

a postvention toolkit for employers

In association with



Public Health
England

Protecting and improving the nation's health

Supported by

SAMARITANS

Introduction & forewords

Checklist of actions	3
Overview of suicide statistics	4
Introduction	5
What is postvention?	6
Death in service	6
What this toolkit will do	7
SMEs	7
Foreword by Chris Train	8
Foreword by Ruth Sutherland	9
Foreword by Tony Vickers-Byrne	10

1/ Be prepared

Manage mental health in the workplace	12
Training for line managers	12
Form a postvention committee	13
Developing your postvention protocols	14
Postvention protocol considerations	15
Communications	16
Ensuring accuracy of information is reported	16
Communication guidelines	17
Social media	18
Expert view – the legal perspective	19

2/ When suicide happens

When death by suicide occurs in the workplace	21
Speaking with the family	22
When death by suicide occurs outside of the workplace	22
Protecting the privacy of the deceased	22
Risk of contagion	23
Coroner's inquest	24
Expert view	24

3/ Grieving, post-traumatic phase

Supporting the healing and recovery process	26
Answering the unanswerable questions	27
Support and promote healthy grieving	28
Getting back to "normal"	29
Reinforce and build trust in organisational leadership	30
Group discussion and support sessions	30
Recommendations for group sessions	31
Memorials and related events	32

4/ Legacy Phase

Time to talk	35
Prepare for reactions to anniversaries, events and milestones	36
Expert views	36

5/ Reflection time

Effective crisis management	39
Postvention protocol review: key questions	40
Mental health at work: key questions	41
Call to action	42

Resources for employers

Case studies

34

38

43

46

Checklist



Actions to take in the immediate aftermath of a suspected suicide:

- ☒ Convene postvention committee/ensure that roles are understood and covered
- ☒ Log details of fatality. Update as more information becomes available
- ☒ Notify board and senior management
- ☒ Make contact with family
- ☒ Co-ordinate arrangements with emergency services (when death has taken place on site)
- ☒ Issue statement to colleagues
- ☒ Contact Employee Assistance Programme provider (when available)
- ☒ Make arrangements for counselling provision, including appropriate accommodation
- ☒ Ensure support resources are available
- ☒ Identify team members and colleagues who were closest to the deceased
- ☒ Activate death in service arrangements
- ☒ Approve time off for colleagues
- ☒ Notify clients/supply chain where appropriate
- ☒ Ensure line managers have appropriate support, both operationally and emotionally

Important note



This toolkit is designed to support employers in their response to the suicide of an employee, at work or outside the workplace. For this reason, this toolkit refers to 'suicide' rather than 'suspected suicide'.

Please note that the cause of death may not be formally established for days or weeks. Further, legal confirmation of suicide as the cause of death can only be made by a coroner following an inquest, which usually takes several months to complete. The verdict might not be one which you or employees expected so it is helpful to be conscious that this is a period of uncertainty. It might be helpful for your communications at this time to reference 'suspected suicide' to enable conversations.

This toolkit provides advice when there is strong evidence that suicide is the cause of death, and when the community – colleagues, relatives and friends – are responding to what they believe is a suicide and so experiencing the corresponding impact and emotions. The support and resources needed in this scenario are outlined here.

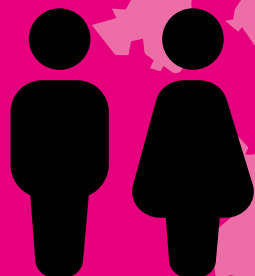
This toolkit is designed to help organisations adopt a strategy to reduce the risk of a suicide that will have an impact on the workplace. In this context, the term 'workplace suicide' is understood to be a suicide in or outside the workplace, which may involve an employee or contractor, or a family member or close friend of an employee or contractor. It may also concern a significant customer or supplier, or a person who is important to the organisation, such as a union representative.

Suicide by numbers:

In **2015** **4,820** suicides were registered in England.

This corresponds to a suicide rate of **10.1** per **100,000** people

15.4 per
100,000
for **men**



5.0 per
100,000
for **women**

75%

of all suicides in England are **men**

30%

of all suicides were by people who had contact with **mental health services** in the **past 12 months**

Suicide by age and gender:

Highest rates for men
= **22.4 deaths** per **100,000**
in **45-59** age group

Second highest rates for men
= **2.2 deaths** per **100,000**
in **30-44** age group



Highest rates for women
= **8.1 deaths** per **100,000**
in **45-59** age group

Second highest rates for women
= **6.9 deaths** per **100,000**
in **30-44** age group

Risk factors



A psychiatric illness
(e.g. depressive disorder,
substance use disorder)



Medical conditions causing chronic pain



Early negative life experiences
(including losing a parent at an early age, abuse)



Psychological characteristics
(including hopelessness,
impulsiveness)



Previous suicidal behaviour or exposure to bereavement by suicide



Alcohol and/or drug misuse

Warning signs

Direct:

- Talking/writing about wanting to die or hurt or kill oneself
- Talking/writing about feeling hopeless or having no reason to live
- Talking/writing about feeling trapped or in unbearable pain
- Talking/writing about being a burden to others
- Looking for ways to kill oneself, such as searching online for suicide methods or seeking access to firearms, pills or other means of suicide

Indirect:

- Changes in productivity
 - Deterioration in work
 - Lethargy in a previously energetic person
 - New pattern of unexplained lateness or absences
 - New inability to concentrate on work or complete work
- Changes in social functioning
 - Withdrawal from colleagues, increased isolation
- Changes in personality
 - Extreme mood swings
 - Acting anxious or agitated
 - Showing rage or uncontrolled anger
 - Behaving recklessly
- Increased alcohol or drug use
- Changes in eating/sleeping patterns

Suicide is now the leading cause of death among young people aged from 20 to 34. Men are nearly three times as likely as women to die as a result of suicide. But the female suicide rate in England is at its highest since 2005.

Suicide is an issue for everyone. For employers, it is increasingly likely that your organisation will be affected by suicide, either through the death of an employee or of someone who has a significant role in the business, such as a supplier or a contractor.

Help is at Hand

Help is at Hand is a valuable resource specifically created to support people bereaved and affected by suicide.

It is a sensitive and sympathetic publication available free of charge – physical copies can be ordered and it is also available online.



Death by suicide can have a profound effect on a business and its employees. Organisations need to be able to respond by providing support to their employees to help them come to terms with their loss while ensuring that the impact on your organisation and its day-to-day activities is contained. The role of the employer, and of the line manager, is absolutely critical.

Suicide prevention should be an integral part of a positive and proactive approach to mental health at work. But no mental health policy can ever eliminate the risk of suicide. So it is of paramount importance to incorporate a suicide postvention protocol into a company's crisis management strategy.

In the event of a death by suicide, an appropriate response helps employees to come to terms with the loss of a colleague and friend while making it possible for an organisation to learn from one of the most difficult employee situations it will face.

"This is the first comprehensive toolkit I have seen for employers which offers practical advice on suicide postvention. Many of us have to start from scratch when writing workplace guidance on this subject so this toolkit will really help organisations who have not yet done so, as well as helping others to improve their approach."

Judith Grant, Group Head of Occupational Health and Wellbeing, Royal Mail Group

"Reducing the risk of suicide is everyone's business. Employers have a major role to play by encouraging good mental health at work and a culture of inclusiveness. Suicide is rare but organisations need to be prepared to respond to the death of an employee. This suicide postvention toolkit gives employers clear advice about how to support colleagues, relatives and friends at such a difficult time, which will help them and the organisation move forward."

Poppy Jaman, CEO Mental Health First Aid England

What is postvention?

Postvention refers to the actions taken by an organisation to provide support after someone dies by suicide. Effective support can help people to grieve and recover and is a critical element in preventing further suicides from happening.

There is no single or right way to respond to suicide, but effective postvention plans can ensure that timely and appropriate care and support is provided. This can help individuals recover quicker, manage the impact on the organisation and can ultimately reduce the risk of further deaths by suicide.

An employee dying by suicide is not the only death that can have a significant impact on the workplace. The death by suicide of clients, suppliers, or a family member or friend of an employee can also have a profound impact. It may not always be immediately apparent that the cause of death was suicide, until sometime after the event.

A compassionate and supportive approach is responsible business practice and demonstrates that the organisation values its employees, helps build commitment, and shares lessons that will reduce the risk of a further suicide. It also acknowledges the duty of care that the employer owes to its employees following the death by suicide of one of their colleagues, and mitigates the impact of suicide on the business.

An organisation's senior leadership plays a critical role in setting the tone for how the rest of the workplace will respond to a suicide.

Death in service

Many organisations respond to the sudden death of employees through arrangements known as death in service. These arrangements have their roots in the financial settlement with the deceased's next of kin, paid out in the form of life insurance. In some organisations death in service has evolved into a more holistic approach, providing logistical and emotional support to relatives and colleagues as well as taking the lead on financial arrangements. This valuable experience should be harnessed to support the suicide postvention process. For example, a representative of the department with responsibility for death in service arrangements could join the suicide postvention committee.

However, death in service in itself is unlikely to be an appropriate and effective substitute for a dedicated suicide postvention process, which is rooted in emotional support across the workforce when it is needed, and takes a longer-term view of the likely impact of a workplace suicide.

What this toolkit will do

This toolkit will help your organisation to:



Consider the issues that arise from a suicide in the workplace



Put in place steps that will mitigate the impact of suicide

The toolkit will help you design a protocol that is appropriate to the size and nature of your business, while providing the flexibility needed to respond to the circumstances of an individual incident. It can be adapted by smaller organisations to make best use of the resources at their disposal.

It simplifies the steps you need to take, and helps you to pick out the best free resources to build your protocol.

“We think this is a much-needed resource that hopefully will be used by many organisations to support their employees at this most difficult time.”

Laura Hinton, Executive Board member for people, KPMG

SMEs

Small and medium-sized enterprises (SMEs) may consider that the risk of a suicide is too low to merit the considered preparation outlined in this toolkit. SMEs are often focused on efficiently and cost-effectively getting their products out the door. Many businesses view HR support as a luxury, given the urgency of many of the issues they must deal with day-to-day.

However, it is important for SMEs to consider the implications of a death in service, including suicide, as part of crisis management. Although the risk of suicide may appear remote, the impact on the business, particularly a smaller firm, will be significant.

In SMEs it is more likely that the deceased will be well known to all members of staff, who will respond to the sudden loss of a colleague in different ways. The suicide of a senior executive, in particular, can raise profound questions among a team of employees who have worked closely together. A suicide, or the death in service, of a senior member of staff may even place the future of an SME at risk.

In terms of business continuity, the suicide of a colleague will cause significant disruption, depriving the organisation of expertise and valued relationships with customers and suppliers. This will impose additional pressure on surviving colleagues, which is more difficult to mitigate than in larger organisations.

It is important for SMEs to know how they can access the support they will need in the event of a suicide, including emergency services and counselling. A member of staff should be identified who will be the principal liaison for staff and services, possibly as part of wider responsibilities around workplace mental health and wellbeing. Trade associations and chambers of commerce can be the source of valuable support.

More broadly, SMEs can begin the workplace conversation about mental health, signing the **Time to Change Pledge**. This will help to instil a culture of openness about mental health, and signpost colleagues to sources of support.



Chris Train OBE

Chief Executive, National Gas Distribution Ltd

Suicide does not discriminate. It can happen at any time, regardless of age, gender or occupation, sometimes with no warning. It can happen at home, at school, at work. Any death leaves a sense of loss, but the impact of suicide on those left behind is particularly devastating. Inevitably, loved ones, friends and colleagues have an overwhelming sense of guilt; they ask themselves what they did to cause it, or what they might have done to prevent it.

My own experience of suicide has left a profound impact. A young and popular colleague said goodbye with a joke and a laugh on a Friday evening and never made it back on Monday. His death by suicide came as a total shock, to his parents and family, to his friends and to his colleagues. Even years later we ask ourselves whether we missed something that could have made a difference. And we still don't know.

In the immediate aftermath of his death, we felt ill-equipped to respond. There were rumours flying around, and a period of vacuum was filled with misinformation. I was struck by

the impact on the wider team, and it became clear that we would need significant support. Some years later, when we gathered to mark the company's commitment to Time to Change, the impact on many lives was still evident.

When I look back I feel that much of what we did was appropriate. But our response was improvised, with no guidance or protocol to follow. At the time there was nothing to support us through what we were expected to do. It was particularly hard on the line managers, who felt the impact as profoundly as any of his colleagues but also had to keep the business going.

This toolkit has been created to assist organisations who are responding to the suicide of a colleague. We hope that it will also help organisations who want to be ready to respond in the event of a suicide. We understand that every situation is different, and that no single template can answer all of your questions. But the toolkit will help establish a set of principles that will serve you well during one the most

difficult crises your organisation is ever likely to have to address.

This is reinforced through practical advice, such as managing social media, considerations around remembrance and working with external agencies, such as the emergency services, who will also have a role to play. It also highlights the importance of knowing when to seek assistance from independent organisations when an employer lacks the expertise internally. And, finally, it reminds employers that the task is far from completed when the immediate crisis has passed. The impact of a workplace suicide can take many months or even years to manifest itself.

I would also encourage employers to reflect on their learnings and to share their experience so that other organisations may benefit. It is through working together that we will be able to deliver the best response to workplace suicide, providing the appropriate support for the mental health and wellbeing of our colleagues, and helping our organisations to confront one of the most complex challenges.



Ruth Sutherland

CEO, Samaritans

No one expects to have to deal with a suicide. Suicide is something that happens to other people, not to someone they know. But almost 5,000 people took their own lives in 2015 alone and many thousands more will have been affected.

Suicide is complex. There is never a single reason why a person feels they have no option but to take their own life and its impact stretches way beyond immediate family, friends, colleagues and acquaintances. In a community like a workplace, the trauma can have a negative impact at every level, from productivity and performance to wellbeing and relationships outside work, affecting those that did not directly know the person who died, as well as those who did.

Anyone affected by suicide can become at risk themselves, and it is impossible to predict who will react most and over what timescale. Everyone deals with it differently. Which is why it is vital that everyone can access appropriate support whenever they need it.

Samaritans offers emotional support in schools when a pupil or teacher has taken their own life. Each time we go into those workplaces we hear the same thing: “We wish we had known more. Suicide and suicidal feelings need to be discussed more, and more openly, so that people know they will be taken seriously and that they can reach out for support. And, if the worst happens, we need to be more prepared.”

And that’s the key, and why this toolkit is such a valuable resource. If a colleague, friend or family member takes their own life, the worst has already happened. You can have the knowledge and skills to minimise the harm and help everyone to deal with its devastating consequences as best they can. Suicide is not like other deaths and nor is the grieving process. The questions, the sense of powerlessness and often the sense of guilt that many people experience can be overwhelming and remain with them for years, unless they receive the right support.

Samaritans is proud to have worked in partnership with Public Health England, Business in the Community and all those who have contributed to this resource. Our collective hope is that its contents will assist organisations to take appropriate steps to prepare themselves in the event of an employee taking their own life, or if they are already dealing with the aftermath of a suicide.

Talking about what has happened can be therapeutic, and assist with the recovery process. What Samaritans do is simple – we listen. We listen without judgment and offer the support needed to allow people to explore their feelings and get through, in a safe and secure environment. We would encourage your organisation to provide similar support for your employees through whatever means is most suitable. You will find ideas and examples throughout the toolkit of what might work in your workplace.



Tony Vickers-Byrne

Director of Human Resources, Public Health England

The sudden loss of a staff member and work colleague is always difficult and often traumatic when the cause is suicide. Although not very common, the impact can be huge on a personal, team and business level. It has the capacity to destabilise the most successful teams and individuals in the short and long term.

Poor staff health and wellbeing is arguably the greatest uncontrolled business risk to employers, but it needn't be. As outlined in the PHE and Business in the Community Mental Health Toolkit for Employers, a proactive approach to mental health at work needs to be embedded in company culture to both prevent and manage mental health issues.

Suicide is an extreme event and requires careful management to help prevent consequences such as the worsening mental health

of those affected and – in the worst case scenario – the risk of another suicide. While talking to employers about their experience of dealing with suicide, it became clear that specific considerations need to be taken to ensure that staff receive adequate support at a time of distress.

Like all our toolkits, this document has been produced by businesses for businesses. We teamed up with Business in the Community and the Samaritans to ensure that it is tailored to the needs of employers and based on the best evidence. It brings together the knowledge and lessons from a host of businesses who have kindly shared their experiences – both positive and negative – and some have agreed to share those as public case studies on what many feel is a 'taboo' issue.

Protecting the health and wellbeing of your staff and, therefore, your business is critical to the health and economic wellbeing of our population. I would encourage you to read, use and discuss this toolkit with your internal and external colleagues so we can strengthen the resilience of our population and businesses.

1/ Be prepared



Be prepared

“In over 25 years of working with a number of major organisations in many different sectors, I have unfortunately seen on a number of occasions the impact and consequences of suicide. In my experience organisations rarely plan or prepare for this and the pain and disruption may be terrible and hard to repair. This clear and practical resource is something I very much wish I had had when I was first faced with trying to help an organisation recover from the first incident I met, which involved a 17 year-old in his first six months of work. It is hard to recognise that while preventative steps may reduce the likelihood of suicide, it can never be wholly eliminated. However, the measures described here are hugely valuable in enabling those impacted to take positive steps for recovery.”

Dr Steve Boorman, Director of Employee Health, Empactis

Manage mental health in the workplace

Helping your employees to maintain good mental health is an important step towards adopting an effective suicide postvention strategy. Business in the Community has a toolkit to help you break down the stigma linked to mental health and put in place effective management practices.

“Suicide is the most difficult subject to bring to a discussion at work. But it is vitally important to give the fullest consideration to the implications of a workplace suicide to be able to provide the support that colleagues will need. Suicide postvention is a crucial element of a responsible policy on mental health and wellbeing at work.”

Tony Cates, Head of International Markets and Government, KPMG

Training for line managers

Mental health training for line managers is essential to turn policies and protocols into real action, and the training should include learning the signs of poor mental health and suicide risk, as well as the likely impact of suicide on colleagues and the business. Suicide is a complex issue. Although people with a diagnosed mental health condition are shown to be at higher risk of attempting and completing suicide, many who take their own lives do not have a mental illness but are struggling to cope with a personal event, or a set of problems that appears to have no other solution.

Because the risk of suicide will always be present, organisations should include suicide as part of their risk assessment and crisis management.

Form a postvention committee

Identify individuals in your business who will act as the postvention co-ordinators. These individuals will develop guidelines for your workplace and be responsible for implementing postvention plans in the event of a suicide.

In larger organisations, this might be added as a responsibility of an existing committee, such as a business resilience or disaster recovery committee. Larger organisations may need to also consider how the committee, its co-ordinators and the protocol it develops will interact and communicate with the different departments in your business. Trades unions or staff associations could also be represented. In smaller organisations, including SMEs, this may involve just one or two people who can provide peer support.

If feasible, include someone on the committee who has had personal experience of suicide (or consider involving someone external to the organisation if appropriate).

Remember to:



Seek board level support for your postvention plans, including the postvention committee, and possibly include a board member or representative among the membership.



Identify individuals who will form your committee and will be responsible for postvention planning BEFORE a suicide occurs. This is likely to include senior members from a number of departments (human resources, accounts, communications, legal, facilities management, security, IT, union/staff association).



Appoint a chairperson, ideally someone with experience in managing sensitive issues in the workplace and who is a trusted figure.



Consider training others to be able to stand in in the event that the designated person in the department is unavailable at the time of a crisis.



Use table-top exercises to prepare and practice for effective communication and co-ordination between those with responsibility for managing the response to suicide. Suicide could be incorporated into an existing series of exercises around adverse events and incidents.



Increasingly, workplaces have a complex make-up of employees, temporary staff and contractors. Wellbeing provisions will vary, with different Occupational Health providers and Employee Assistance Programmes (EAPs). Some workers may have no support at all. The co-ordinating team should **identify the stakeholders** and the scope of support.



Foster relationships with external offices and agencies (e.g. health and mental health resources, police, local news and media). Prepare and share contact details for external offices/agencies.



Make sure that co-ordinators and team members are clearly identified, and that they understand the duties assigned to counterparts internally in other departments and in the local community.



Developing your postvention protocols There are no set rules on how to develop a postvention protocol but by considering the points listed on the following page your committee should be able to put in place measures that will help you deal with a suicide, carry out your responsibility as an employer, assist your staff, be sympathetic to the individual and be flexible enough to respond to the specific demands of the situation.

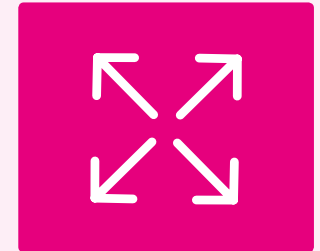
These are just some of the building blocks for an effective protocol after a suicide:



Be empathetic



Listen



Be flexible



Be helpful



Be supportive



Be sensitive

Postvention protocols



Your postvention committee should consider:

- ✓ What procedures, support and resources do you have already and where are the gaps?
- ✓ How will you quickly organise and mobilise resources?
- ✓ How to be empathetic. Set up communication channels on site and with any remote offices, and remember to approach the situation with compassion for the bereaved. Public and private communications should reflect a respectful tone. Offer people permission to take care of themselves, provide both immediate (i.e. as soon as it becomes apparent there is a suspected suicide) and long-term plans (e.g. anniversaries).
- ✓ Securing site safety.
- ✓ Being free of bias, considering the ethnic, racial, cultural and spiritual, sexual orientation/identity and other diversity aspects of your employees.
- ✓ Addressing the complex mental health issues for individuals and groups that may arise after an employee suicide.
- ✓ Listening. Employees will react in different ways. Some might be able to return to work very quickly, while others may need more time to adjust to the loss. Colleagues may need to vent anger, guilt or sadness and you will need to consider how you will provide appropriate support.
- ✓ Being flexible. Be prepared to allow for some accommodation in your usual workplace behaviour and accountability standards. Some employees may express their reactions verbally, while others might express their reactions behaviourally, through excessive absenteeism or presenteeism.
- ✓ Help with practical matters. Helping bereaved family members with practical matters will show others that it is acceptable to reach out beyond the confines of the work environment.
- ✓ Planning for practicalities within the office such as updating IT systems and payroll.
- ✓ Being aware of the line manager's unique role. They may be impacted by the tragic loss and in need of support, but they may also be the targets of anger or blame by other employees.
- ✓ In your planning remember to be sensitive to anniversaries or notable events (e.g. holiday parties, traditions that the deceased always enjoyed, achieving a milestone in a project to which the deceased contributed), and other major dates that might trigger reactions from staff and during which it might be appropriate to acknowledge again the loss of that person's presence.
- ✓ Understanding that a substantial amount of time and resources from your organisation is likely to be needed in the aftermath of an employee suicide.

Communications

Effective communication is crucial in any response to a suicide in the workplace. The death should be addressed openly and directly in any communication within the workplace and with the wider community.

After a suicide, once the basic facts are known, you should not delay informing your employees as this could encourage rumours and misinformation.

How this information is conveyed is critical. Communication is essential to enable the postvention activities to be effective and manage community anxiety.

Owing to today's immediate communication culture and the speed at which information spreads via social media, the postvention committee needs to be ready to communicate quickly to those affected by a suicide. Even before any official company announcement, there may already be a great deal of inaccurate information circulating within the workplace which can be particularly harmful.

Colleagues and friends should be asked to limit their social media communication until official death notifications are made to the surviving family and community. They should not give comments to the press, where there is press interest, and should bear in mind that comments on social media may be reproduced by reporters.

Ensuring accuracy of information is reported

Critical to effective communication about suicide is the use of safe messaging, which follows Samaritans' guidelines, and an understanding of how communicating about suicide can encourage other suicides (this is known as 'contagion').

"During my career in occupational medicine I have regrettably been asked to review communications after a suicide. It is a common mistake to fail to communicate well and bad communication can make a terrible situation even worse. These sections describe very clearly the dos and the don'ts and provide a reliable framework on a crucial element of the post suicide response."

Dr Steve Boorman, Director of Employee Health, Empactis

Communication guidelines



There is no exact protocol or process for communications after a suicide, but you should consider the following points:



Decide on levels and methods of communication. Who will write and who will be the spokesperson? How will communications be disseminated? How will next of kin be consulted or kept informed?



How will you co-ordinate communication between line managers and senior managers? In larger organisations you will also need to think about co-ordinating communications between the media and legal departments.



All communication should abide by guidelines for safe reporting on suicide.



Communication should balance employees' desire for information with the next of kin's wishes around privacy. The communications/media team and the legal affairs department should inform the postvention committee about safety and privacy concerns.



The most efficient strategy for providing details of the death is via a written statement that can be distributed by email. Statements should be written and shared with the assumption that the media may access and use the information.



Statements should generally include:

- condolences to family and friends
- plans to provide support to those affected
- any changes in work schedule during the upcoming days.



Statements about a suicide should only offer confirmation of a suicide in specific circumstances:

1. If the family approves
2. If the co-ordinators decide that it would be disingenuous to leave out this information (particularly if it was very public or if factual information about the suicide is already known in the community)
3. Where a coroner has confirmed a verdict of suicide. Although suicide may appear obvious, it is only a coroner who can state for certain that this was the case. This decision might sometimes take months or years.

Social media

Following a sudden death, social media may become a focal point for colleagues and friends to pay their respects and to share memories. This can be a positive outlet, creating a community that encourages people to be open about their feelings.

However, social media can also become a vehicle for people to express their anger, particularly towards an employer who they may blame for their colleague's death, and rumours are easily spread.

Posted comments can contain unsafe messages and sometimes include expressions of suicidal ideation by friends or family of the deceased. Exposure to suicide through social media can increase the risk of contagion.

It is important for organisations to be aware of what is being discussed on social media after a suicide, and to consider how their own internal and external communications can reflect anxieties being expressed by those affected by the death of their colleague. Expressions of suicidal intentions should be taken seriously and addressed with urgency. Those providing counselling at work should also be aware of the nature of any online discussion.

Use internal resources, including the organisation's website and noticeboards, to signpost support services such as Samaritans.

Key resources should be determined during the postvention planning phase. It is important that the resources posted online be consistent across sites and profiles.

Expert view – the legal perspective

David Young, Partner and Head of Health and Safety at Eversheds

The law has come relatively late to Occupational Health, a term that encompasses mental health. Workplace health and safety was for many years concerned with machinery, processes and physical safety of workers. It was not until 1993 that employers were fixed with a legal duty to carry out their own risk assessments. But as recently as 1999 new regulations requiring Occupational Health surveillance measures were still taken to mean protection against fumes, chemicals, hand arm vibration syndrome, hearing damage and the like.

The challenge for 21st century employers is broader and deeper. There is no explicit duty to 'prevent' at-work suicide and certainly no duty to provide a postvention strategy. But employers should consider the scenario of the suicide of a worker outside the workplace, as well as in work, or the suicide of a non-worker such as a family member or friend of a worker.

Why? Because employers should make dynamic risk assessments when it relates to people, as opposed to machines or processes. Some employers will be concerned that risk assessment and planning for a suicide

will amount to some form of admission of responsibility. Emphatically not; all health and safety management systems should evolve based upon experience and lessons learned. Employers should be sensible and not be afraid to do the right thing. Take professional advice, by all means, but do not hide behind false excuses for inaction.

Practically, in the aftermath of a suicide there may be an inquest which involves the employer or at least a member of the workforce. But more likely is the need to assess if and when a worker is fit to work, for his own health and safety and for the health and safety of those other workers affected by his actions if he proves to be unfit. That is the first imperative. The second is to assess how to keep the rest of the workforce fit and the business functioning during the period of shock and gradual recovery.

Risk assessment is not a lever arch file dusted off once every year or so; the legal duties might not be explicitly related to a suicide postvention strategy but every good employer should have one.

Useful resources



Business in the Community's Mental Health Toolkit for Employers (PDF)

Samaritans Media Guidelines for Reporting Suicide

Mental Health First Aid

Samaritans workplace training

Connecting with people



2/ When suicide happens

When suicide happens

“ The immediate aftermath of a suspected employee suicide is characterised by confusion, emotion and the potential for miscommunication. Keeping a cool head is essential if a crisis is not to be turned into a drama that can only exacerbate the situation. Protocols, agreed templates for communications and a nominated lead member of staff who can take the strain off operational managers are key elements in handling a difficult situation effectively. ”

Dr Paul Litchfield, BT Group Chief Medical Officer and Director Health, Safety & Wellbeing

When death by suicide occurs in the workplace

One of the highest priorities for managers following a workplace suicide, like any critical incident, is to support people affected and contain the crisis. The first response of any organisation often sets the tone for what is to follow.

If someone from your organisation sees a suicide note, this should be reported to the authorities immediately and the contents must be kept secure. Anyone who has seen the note will need support offered to them straightaway.

Upon discovery of the body of a suspected suicide on worksite property, the police should be contacted immediately.

In all cases of unexplained deaths, the scene is first treated by police as a crime scene. All unauthorised people should be kept away from the body and site. Do not disturb the scene until you have received permission from the appropriate law enforcement authorities.

Comply with all requests from the police as they conduct their investigation. In many cases, law enforcement personnel work with family liaison to notify next of kin in the event of a suicide. Depending on the circumstances, a representative from the workplace might consider accompanying the family liaison when contacting the family. It is likely that the police will want to interview colleagues, particularly if there were witnesses to the suicide or if the body was found at the workplace.

Support should be provided both immediately and longer-term to an employee who has found the body or witnessed the event. They are likely to be in shock and might experience ongoing issues such as post-traumatic stress disorder in the week, months or years ahead.

Speaking with the family

When speaking with the family of the deceased, dignity and professionalism are essential, but this does not mean you need to restrain yourself from expressing appropriate emotions. Use the person's name and work with the victim advocate to answer questions for the family while avoiding unnecessary traumatising details if possible.

When death by suicide occurs outside of the workplace

If the death by suicide of an employee occurs outside of the workplace setting, management may be notified by a relative, friend, or police officer. The relative or friend might not have all the facts about the death, might not know for sure the cause of death, or might ask that it not be revealed that it was a death by suicide.

Do not make any official statements until the death has been formally confirmed and carefully co-ordinate your employee communication in consultation with your postvention committee, the family and HR management if in a large organisation.

Protecting the privacy of the deceased

Next of kin may request that the death not be disclosed as a suicide. However, an employer may not be able to maintain confidentiality. If information has already spread through informal communications, senior managers are at risk of appearing disingenuous, out-of-touch and untrustworthy if there is no acknowledgement of the manner of death. Managers can promise they will do what they can to maintain confidentiality, understanding that some elements are not in their control. Additional guidance from HR, if available, will help line managers handle this sensitive topic with the family.

"She always said she had no sympathy for people who killed themselves. She would say that there was always somewhere to turn, someone who could help. She was quite private, though. I don't think any of us knew how bad her marriage was. You never know, do you? You make assumptions about people without realising what their world is really like."

Voice of an employee affected by colleague's suicide

Risk of contagion

The death by suicide of a colleague may trigger suicidal thoughts and feelings in some already vulnerable individuals, and may increase their risk for imitative behaviour. This is also known as a contagion effect.

There are many reasons for contagion. The death of an executive or perceived leader, may instil a loss of hope. Alternatively, attention on the death may offer just what the vulnerable person lacks and desires. Given how prevalent suicidal thoughts are, a larger workplace might find that at the time of a suicide death several other people might simultaneously experience suicidal distress and may be at risk of an attempt.

Using an appropriately respectful tone when acknowledging and communicating about the employee death will reduce the risk of contagion.

Useful resources



Identifying and responding to suicide clusters and contagion – a practical resource published by Public Health England (PDF)

All communication should be guided by the **Samaritans' Media Guidelines for Reporting Suicide**. These guidelines can be referenced in external communications, including press releases, to encourage media outlets to abide by them.

Guide to Coroner Services (PDF)

Coroner's inquest

If a death is unexplained there will be a coroner's inquest to establish who, where, when and how the person died. Although the inquest will be opened soon after the death, it is likely to be adjourned until after other investigations have been completed. This can take many weeks (the average time estimated for an inquest is 18 weeks).

Inquests are held in public, with evidence by witnesses. So, the process may prove distressing for those affected by the suspected suicide, particularly for those who are called to give evidence or who are named during the proceedings.

Inquests do not seek to establish whether anyone was responsible for a person's death. However, the Coroner's conclusion could cause relatives, colleagues and friends to once again ask themselves whether anything could have been done to prevent the suicide.

Be prepared that some employees might seemingly take a step backwards in their grief.

Samaritans also provides support to people involved with a coroner's inquest following a suicide.

Expert view

"Most organisations have a strong commitment to good mental health and wellbeing at work. There are moments when it makes sense to seek external support, to complement in-house expertise with additional resources at a difficult time. An Employee Assistance Programme can make a significant difference, bringing specialist expertise to support colleagues who are trying to come to terms with their loss."

Darren Sherratt, Senior Product Manager, Bupa

3/ Grieving, post-traumatic phase

Grieving, post-traumatic phase

“ One of the mistakes people make about grief and loss is that there is a ‘right’ way to experience it. The journey is different for everyone even though there are some common features. People have a variety of reactions to suicide and sudden death and it is impossible to predict how individuals will respond. Humans have an amazing capacity to cope with new situations, to adapt to them and to come to terms with them. So it is with sudden painful events. Each of us goes through the psychological process that is necessary to allow us to move forward, and we do it in our own way. ”

Kevin Friery, EAP Clinical Lead, Rehab Works

Supporting the healing and recovery process

Experience and research tell us that the great majority of employees will recover from the suicide death fairly quickly, especially when they stay connected to support systems, reach out to trusted others, take care of their physical health with good nutrition, proper rest, moderate exercise, and hydration, and mentally coach themselves to be patient and compassionate with themselves while they recover and heal.

Having the opportunity to speak to a counsellor, individually or in a group session, can also help some employees. Immediate support systems are likely to include friends and family, and some employees might reach out to a broader support network such as their G.P.

While family members and co-workers who were closest to the deceased are usually profoundly affected, the impact of suicide spreads to many other areas of an organisation and may include

clients, vendors, previous co-workers, mentors, and so on. Colleagues wishing to support the bereaved are often looking for ways to help. Others need practical assistance to help them get through the day.

However, some employees might be especially vulnerable to complications in their healing and recovery process. This could be because they are already going through stressful situations in their lives, their support system is dysfunctional, they have ongoing emotional or behavioural health vulnerabilities, or they have some history of family suicide, or a previous bereavement by suicide. These individuals could benefit from support from a behavioural health professional to help guide their recovery. In addition, it can be helpful to provide bereavement support training to line managers who are responsible for colleagues significantly impacted by the suicide.

Answering the unanswerable questions

Another important consideration in a death by suicide is the ever-present but unanswerable “Why did this happen?” and “What could I have done differently?” questions that can linger on in some minds. Line managers and even crisis support counsellors are unlikely to be able to answer these questions satisfactorily, nor should they try. Some suicidal people are able to hide their feelings and often describe not wanting to burden people they know with their feelings.

It is best to acknowledge that these are normal questions and encourage the person to talk it through with supportive family/friends or a mental health professional.

Typically, a behavioural health professional who is part of the postvention committee or a crisis response team in the workplace will be watchful for more affected or vulnerable employees and will then encourage them to follow through with their EAP services. In some cases, the behavioural health professional can support the employee in making that initial call for help, which for some individuals can be very difficult.

“This is the worst thing I have ever experienced. I went round to his house after work, just to see how he was, and there were police and an ambulance outside. I knew immediately that something awful had happened. Why didn’t he say? Why didn’t he just ask any of us to help? I feel so angry with him.”

Voice of an employee affected by colleague’s suicide

In the recovery phase the postvention committee should consider:



There is no “one-size-fits-all” approach, and every response needs to be tailored to the specifics of each work group situation and culture, as well as to each individual affected.



Create a culture that allows employees to disclose their needs and seek services confidentially



When considering your response make sure that you think about:

- circles of impact (work teammates, close work friends, direct reports),
- nature of the work
- demographics of impacted employees (e.g. younger and/or new employees versus senior and/or tenured employees; differences in faith /spiritual practices)
- workplace schedules, productivity demands, and proximity to other critical incidents.



If your business has an Employee Assistance Programme (EAP) make sure that access to it is readily available

Support and promote healthy grieving
Grief is a highly complex but normal and natural human response to the death of a loved one. When the death is sudden, unexpected, and potentially traumatic, as in a death by suicide, the grief process can become complicated by blame, guilt, shame, and anger.

Sometimes line managers may feel uncertain about how best to support their team in the aftermath of suicide, and either over- or underreact. The best strategy is to consider what are the common practices and policies for dealing with other forms of bereavement or trauma. Any deviation from these practices could be seen as stigmatising by staff (e.g. “Why is this death being treated differently than any other?”).

Line managers are not expected to be experts on grief, but it is important to know that grieving is a process that varies from person to person. People will experience different feelings from their colleagues.

Senior management and line managers can help support this natural grieving and healing process by:



Being aware of what types of workplace concessions might be made in the first few days and weeks (time off, lightened duties, funeral attendance, etc.)



Managing by walking and being available at all times. Be visible and talk to employees. Remember to include your remote workers in any communications



Helping find the right balance between commemorating the deceased, but not memorialising the death in a dramatic or glorified fashion



Being a role model for healthy grieving. It is okay for managers to acknowledge their own feelings regarding the loss of a colleague, and possibly even speak about their own coping strategies

Getting back to “normal”

During the initial acute phase, it might be very difficult for some people to maintain focus and be productive. However, after the first week or so, some people will want things to start getting “back to normal” and will find a way to continue grieving while simultaneously taking care of their other responsibilities.

This process may be different if the deceased was an immediate family member, as moving through the initial acute phase may be more painful and complicated, and may require some lifestyle changes as well.

If the family chooses to have a private funeral, or if the funeral takes place many miles away, colleagues are often left to grieve without the start of the healing process that a funeral or memorial can provide. Under these circumstances, it might benefit the workplace to gather to honour the deceased on or off-site to let colleagues express their grief, share memories to celebrate the life that was lived, and begin the healing and recovery process. When the death is by suicide, often the emotional responses are amplified and the remembrance service can become very instrumental in promoting healing.

It is important for senior management and line managers not to lose sight of the fact that it is part of their responsibility to stabilise the workplace. Managers have the very challenging task of balancing the need to care for and support affected employees, making sure that important work gets done and customers are served.

Furthermore, line managers need to hold to a critical balance of feeling the impact of the trauma themselves and taking care of their own healing and recovery needs – a challenging, if not daunting, task. Managers must not be isolated or be the “lone ranger” at these times. Rather, they need to work with HR and their own supervisor to clarify the policies and boundaries of flexibility regarding accommodating employee needs and any changes in workloads or deadlines.

“He was the person everyone went to with their problems. He had worked here for ages, so he knew where everything was, how to get things sorted. You could talk to him about your relationship or about a plumbing problem – whatever it was he tried to help. I can’t believe he took his own life. I wish we knew what he was thinking, what drove him to it.”

Voice of an employee affected by colleague’s suicide

Reinforce and build trust in organisational leadership
Leadership in times of crisis gives an opportunity to reinforce and build trust, confidence and workplace cohesiveness. When done well, employees will be reassured that leadership is both compassionate and competent.

Feeling cared about and supported in the immediate aftermath of a traumatic event is hugely important in the healing and recovery process. The positive outcomes of this response can contribute to an overall stronger, more engaged and productive workplace culture.

The opposite is also true: if leadership fails to respond appropriately and sensitively to a suicide, there will inevitably be at least some loss of trust and confidence. The overall impact of the traumatic event may be magnified if employees feel that management did not care or did not know what to do and therefore did nothing.

One way to establish trust is for leaders to acknowledge how they have been personally affected by the loss.

Group discussion and support sessions

Conducting conversations in small groups gives responders a chance to gauge individual and group reactions and to facilitate mutual support.

These group discussion and support session activities are distinct from a large group communication meeting intended to inform colleagues/employees about a suicide. When there is a suicide and there is a clearly defined group of close friends connected to the deceased it could be appropriate to organise a meeting that includes those employees, HR and a clinician. Seek advice and support from Occupational Health or an external provider.

This provides an opportunity to both discuss and gauge how employees are coping with the bereavement, and also creates a comfortable means to assess whether additional support is needed. Have a follow-up meeting with the group a week or so after the initial discussion.



Some recommendations for group sessions:

It is essential, if at all possible, to engage experienced external facilitators who have worked with traumatic grief. The following points are elements that should be adhered to:

- Group facilitators should introduce themselves, explain the purpose of the meeting, and provide structure, rules and a plan for the session. Attendees must be reassured that they can leave the session at any point.
- Acknowledge that the employee died by suicide if the family agrees and/or this is already publicly understood in the organisation. This helps to control rumours and allows attendees to be on the same page. Groups should not discuss the specific details of the death unless it was very public and is well known to those in the group.
- When the family does not want to disclose the suicide, group facilitators may want to generally discuss the topic of suicide, as this may already be the subject of speculation.
- Group attendees can share stories, thoughts and memories about the deceased. Be mindful of group participants who may have witnessed the death or found the deceased and discourage from sharing graphic details with other participants in the group.
- Pay particular attention to expressions of guilt, anger, abandonment and the questions of “why?” and “what if?”. Discuss the grieving process or how post-crisis responses might manifest themselves for individuals. Emphasise the need for self-care and that there is no “right” way of grieving or reacting.
- Actively discourage comments such as, “things happen for a reason,” “God works in mysterious ways,” “at least it was a quick death.”
- Be vigilant regarding attendees who may be under the influence of alcohol or drugs as this may reflect a problem in this individual’s coping and also hinder the group’s progress. Messages to the group should discourage alcohol and other drug use as a method of coping and provide healthy alternatives for coping.
- Reinforce the concept of a community of caring, how colleagues can support one another, and what additional support is available within the organisation.
- Groups can also talk about options for memorial activities; journals, community service activities and/or fundraising.
- Be cautious about the benefits of single sessions and encourage employees to participate in follow-up sessions.

Under most circumstances, employees will intuitively recognise how much they need to be involved in group support sessions. In some cases, it might make sense to form small groups around similar levels of impact that the death has on employees.

See [page 33](#) for useful resources which can help when organising group sessions.

Memorials and related events

Decisions around workplace memorials are likely to depend on the nature of your organisation and the circumstances of the death by suicide. There might be support among employees for a memorial service, particularly if the deceased was a popular and well-regarded colleague.

Any memorial should balance the need to honour the deceased (and to take action of some kind) and the risks of others imitating or modelling the suicidal behaviour.

Ideally, and if possible, the lead is taken by employees and/or their representatives. Managers should offer support and be prepared to take part if there is enthusiasm among colleagues, while remaining mindful of any feelings of hostility or blame towards the senior leadership.

Some important considerations:



Input from the family of the deceased continues to be of great importance after a suicide. The family might have specific cultural or religious concerns or constraints about memorial events. It is important to keep memorial events, if they take place, as low-key as possible while also maintaining sensitivity for the wishes of close friends and family. Bear in mind potential media coverage or photographs, if the death has or is likely to attract media attention.



A suicide death ought not to be handled differently than other deaths, but the framing of content needs to be carefully managed.



Consultation should be sought from professional groups with expertise on how to effectively and safely hold a memorial event.



Emphasise other means to honour the deceased, including fundraising or community service activities, which can provide a positive outlet for the need to “do something” in order to make meaning of the loss. Employees can also be encouraged to collect and send brief notes to the deceased’s family.



Postvention representatives in attendance at the memorial service should be vigilant towards employees in distress.



When the workplace does not hold a memorial, be aware of the potential impact of funeral events held by the deceased’s family.

Useful resources



Support after Suicide Partnership
(online hub of support services)

Survivors of Bereavement by Suicide

Facing the Future (support groups
for people bereaved by suicide)

Help is at Hand – support after someone
may have died by suicide (PDF)

ACAS guide to managing bereavement
in the workplace (PDF)

“Suicide will have a significant impact on the lives of everyone affected. Every life lost represents someone’s partner, child, friend or colleague, and their death will profoundly affect people in their family, workplace and wider community. This will impact their ability to work effectively, if at all; to continue with caring responsibilities and to have satisfying relationships. This will, in turn, significantly raise their own risk of future mental ill-health and suicide. This resource is so important to help business support those affected and help them to come to terms with their loss and begin the journey of healing and recovery. It is also vital to help business recover from the impact and learn lessons for the future.

I would urge you to develop a postvention plan that protects your people and your business from the impact of suicide and update it regularly.”

Hamish Elvidge BEM, Chair, The Matthew Elvidge Trust
and Finance Director, Sainsbury’s Supermarkets (Retired)

“As part of our annual mental health campaign, we ran two seminars on the topic of suicide. There was a high level of interest in the sessions and we found that many people’s lives had been touched by suicide in some way. This has highlighted just how important this issue is for our people, and we are exploring how we can do more to provide support. We welcome this postvention toolkit.”

Nick Syson, Partner, Linklaters

4/ Legacy phase



Legacy phase

“ Suicide postvention does not end after the initial crisis has passed. Colleagues may be affected for many weeks or months and it is important to ensure that appropriate support remains in place, and that line managers continue to be sensitive about the feelings and concerns of their employees. ”

Mandy Rutter, Head of Resilience and Trauma Management Services, Validium

A suicide in the workplace affects everyone, from senior executives to those on the shop floor, although the impact might be different and each employee will respond in a personal way.

Even when business appears to have returned to ‘normal’, many will still feel the loss deeply. The challenge, particularly for line managers, is to help employees move on while being respectful of their feelings. It is particularly important to manage periods of heavy workload with care. Appropriate staff resourcing is critical at this time.

Managers can help employees translate grief into action by encouraging them to support a national initiative, such as World Suicide Prevention Day, which takes place in September. This is an opportunity to do something positive, such as fundraising, which will strengthen the bond that exists between colleagues after their shared experience, as well as providing focus for quiet reflection.

Time to talk

Guide conversations about the deceased towards a broader conversation about mental health in the workplace. The aim is to normalise discussion about mental health, stressing the benefits of being able to talk without fear.

If your organisation has already signed the Time to Change employers’ pledge, ensure that you are already making full use of the resources that are available to you. Encourage employee mental health networks and first aiders to be active. This might be a good time to organise additional sessions for discussions around mental health. Make sure that these are properly signposted and take steps to ensure that staff are able to attend if they want to. It is helpful if senior leadership is supportive and taking part in these events.

Prepare for reactions to anniversaries, events and milestones For those most deeply affected by the suicide, anniversary or milestone reactions might emerge. Employees should be reassured that this is a normal response.

Due to the complicated nature of suicide, some employees might be still struggling with the experience months after many others have come to terms with their loss and are coping better. The anniversary of the death, or the completion of a significant work project may bring up sad or traumatic memories. The annual work picnic or Christmas party might remind people of the “empty chair”.

In preparation for this, the postvention committee and line managers could consider working with those who are directly affected to discuss how to honour the loss and celebrate the life that was lived while following safe memorialisation practices e.g:

- not glamourising or romanticising the death
- not erecting a permanent structure
- giving people safe space to remember but not re-live.

This may be done privately for those who wish to participate and should only be considered for the full workforce if this would be a common practice for other forms of loss.

Expert view

“We can’t go around pretending that suicide is something that is never going to affect us. We must do all we can to prevent it, but know how to respond as an organisation if a suicide does take place. Employers have a moral responsibility to ensure the wellbeing of employees, and a suicide presents unique challenges that must be addressed.”

Martin Coyd OBE, Head of Health & Safety – Construction, Mace Group

Expert view

“Some people will have almost no reaction, and that is also one of the normal ways we react. For this group, it is important to be aware of subtle signs that they are affected, and to be careful not to react to other situations with some of the displaced feelings from the circumstances of their colleague’s sickness. Others have a very complex reaction, which may include self-blame or guilt. It is very important to talk about this to others, to get a sense of perspective. For people who are away from work at the time, it can be even more stressful dealing with bad news so please do keep an eye out for each other. It is important to talk. Sometimes people find it difficult to express their feelings to each other, particularly around suicide, yet one of the comments most frequently made by people is “I wish people had spoken to me more.” Do try and make a point of talking to at least one other person about the situation.”

Kevin Friery, EAP Clinical Lead, Rehab Works

Useful resources

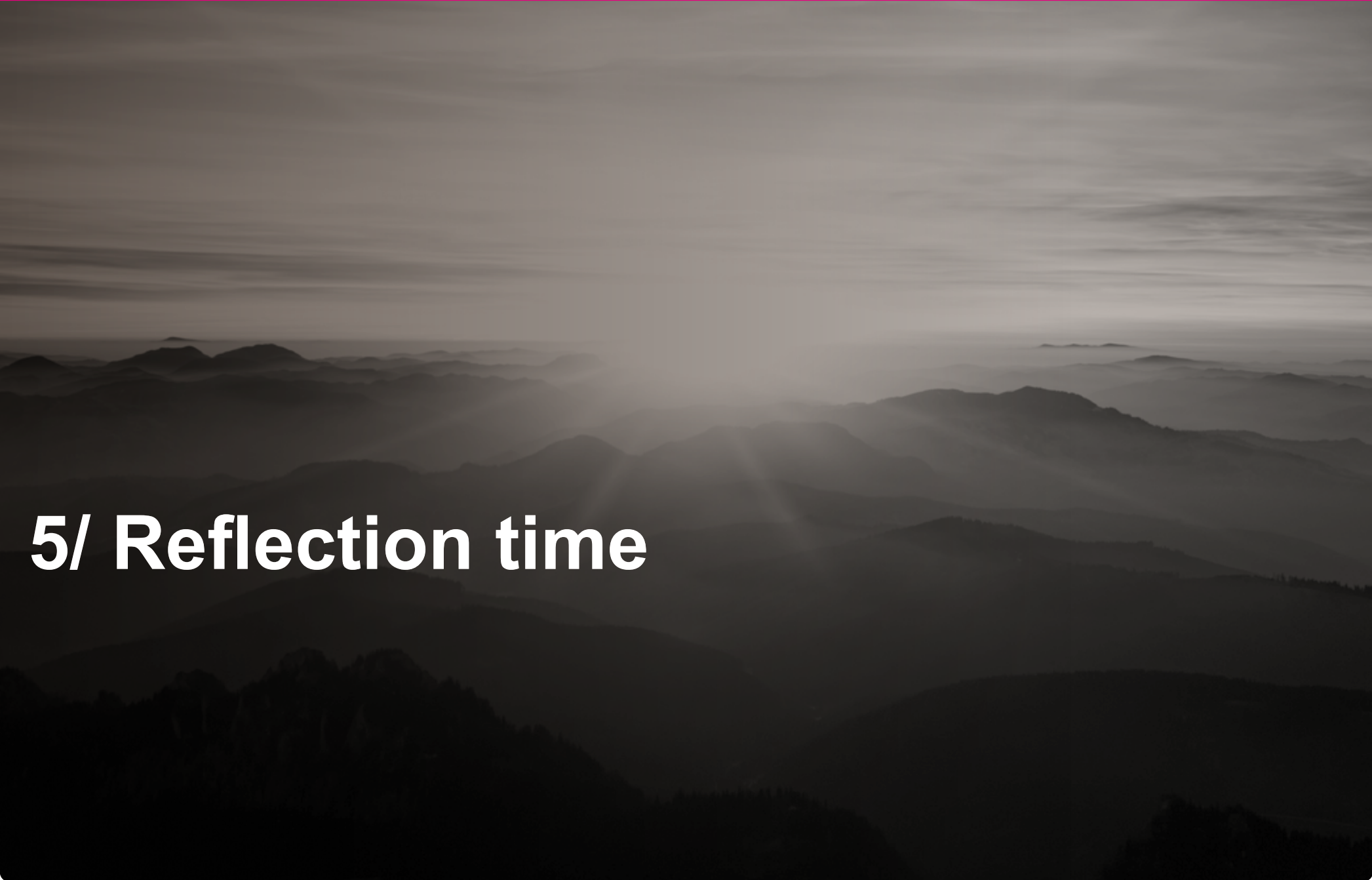


Support after Suicide Partnership
(online hub of support services)

Mental Health First Aid

City Mental Health Alliance

5/ Reflection time



Reflection time

“ Whenever a major incident has taken place, it is important for an organisation to take the opportunity, at the appropriate moment, to consider what lessons can be learned and how these learnings can be shared across the organisation. There is also an opportunity to share with other organisations to ensure that best practice is adopted by all employers. ”

Dr Shaun Davis, Global Director of Safety, Health, Wellbeing & Sustainability
Royal Mail Group

Effective crisis management

Effective crisis management is the result of constant evaluation and appraisal. The same applies to suicide postvention. It is important for the senior management, at the appropriate time, to reflect on how the organisation responded following a suicide and what lessons can be learned and shared with others.

All organisations are different and the appropriate time is also likely to be influenced by the circumstances of the suicide. The timing should also be sensitive to any external investigations that may be ongoing.

This reflection should have two main aims:

- 1.** To consider whether the protocol was appropriate and effective in supporting affected colleagues.
- 2.** To ensure that your business puts in place suitable measures to effectively manage workplace mental health to minimise the possibility of future suicides in your workplace.

It is important that this reflection takes place in an atmosphere of constructive engagement, in which it is clear that its purpose is to ensure that employees receive the support they need, and not to attribute blame at any level.

The views and experiences of employees must be central to this reflection.

It might be appropriate to invite an external facilitator to oversee this process, particularly if there is agreement that members of the postvention protocol committee and those who worked closest with them are still affected by the suicide.

Keep in mind that policy decisions/ changes made in the near aftermath of a suicide at work should be considered carefully because it continues to be a sensitive time period that may impact pragmatic judgment.

Postvention protocol review: key questions



- ☒ Were support resources adequate/appropriate? Were staff supported?
- ☒ Was there a unified response across the organisation?
- ☒ Was the communications process effective and coherent?
- ☒ Were external partnerships effective in their response?
- ☒ How quickly were activities 'normalised'? Could/should this be improved?
- ☒ How can the protocol be strengthened?
- ☒ Were there any system-wide issues that affected efficient implementation of the protocol?
- ☒ What practical issues need to be addressed?
- ☒ Have concerns about access to the means of suicide been fully addressed?
- ☒ Who is responsible for implementing any recommendations following the review?
- ☒ How can learnings be shared across the organisation, and with other organisations and external agencies?

The circumstances that led up to the suicide may never be fully established, and it is likely that no single event precipitated the death. It might not be possible to determine the extent to which work contributed to the suicide.

Despite these uncertainties, it is of paramount importance for the organisation to review the effectiveness of its policy on mental health at work.

Business in the Community's **Mental Health at Work Report** showed how senior leaders do not take full responsibility for workplace mental health and wellbeing. Consideration must be given to how written policies are actually implemented, so any disconnect between aspiration and reality can be addressed as a priority.

Mental health at work: key questions



- ☒ Have you signed the Time to Change employer's pledge?
- ☒ Do you have a problem with staff recruitment and retention?
- ☒ Do senior leaders talk openly to staff about their own mental health?
- ☒ Do you provide mental health and wellbeing training for line managers?
- ☒ Are line managers required to attend mental health and wellbeing training?
- ☒ How do line managers identify and support vulnerable/at risk employees?
- ☒ What is the procedure for supporting employees with mental health issues?
- ☒ Do employees have access to an Employee Assistance Programme (EAP)?
- ☒ Is there appropriate support for staff exposed to particularly stressful/traumatic situations and incidents?
- ☒ Do staff feel able to take time off to compensate for long working hours/time working away from home?

Useful resources



Business in the Community's
Mental Health at Work report (PDF)

Business in the Community's Mental
Health Toolkit for Employers (PDF)

Call to action

Thousands of men and women die of suicide every year. Each loss of life represents a human tragedy, causing deep and enduring distress to family and friends, and to the wider community. It is an unacceptable toll, and we all share a responsibility to reduce the risk of suicide, including employers.

It is time for organisations to understand and accept the duty of care they owe to those who work for them, and who spend more than one-third of their lives in the workplace.

A responsible employer supports the health and wellbeing of employees. It is the right thing to do, and makes strong business sense. But we are calling on employers to go further in engaging staff in an open conversation about mental health, including the risk of suicide.

Suicide is one of the most difficult subjects to address, and requires great sensitivity and understanding. But an open conversation is essential if we are to tackle the stigma of mental health and reduce the number of people of working age who end their own lives.

An employer may not be able to prevent a suicide in the workplace. But by acting decisively following a suicide, and providing the appropriate support and guidance, employers can mitigate impact on colleagues and friends and possibly avert any further loss of life.

Working together, employers and employees can make a profound difference.

We ask employers to:

- ✓ Mark a board level commitment to understanding the risk of workplace suicide
- ✓ Encourage all employees to engage in an open conversation about their mental health
- ✓ Train line managers to understand and manage the risk of suicide
- ✓ Include suicide postvention as part of their crisis management
- ✓ Have a detailed plan of support for employees in the event of a suicide at work
- ✓ Share learnings from their own experience of suicide for the benefit of other organisations

Resources for employers



Resources for employers

Bereavement support services:

Support after Suicide Partnership
(online hub of support services)

<http://supportaftersuicide.org.uk>

Survivors of Bereavement by Suicide

<http://uk-sobs.org.uk>

Facing the Future (support groups
for people bereaved by suicide)

www.facingthefuturegroups.org/Home

Online support resources following a suspected suicide or sudden death:

**Help is at Hand – support after someone
may have died by suicide (PDF)**

<http://supportaftersuicide.org.uk/help-is-at-hand>

**ACAS guide to managing bereavement
in the workplace (PDF)**

www.acas.org.uk/media/pdf/0/m/Managing-bereavement-in-the-workplace-a-good-practice-guide.pdf

Further information and resources about suicide prevention, postvention and mental health:

Samaritans

www.samaritans.org

**Identifying and responding to suicide
clusters and contagion – a practical
resource published by Public Health
England (PDF)**

www.gov.uk/government/uploads/system/uploads/attachment_data/file/459303/Identifying_and_responding_to_suicide_clusters_and_contagion.pdf

**International Association for Suicide
Prevention (IASP)**

www.iasp.info/suicide_and_the_workplace.php

**National Suicide Prevention Alliance
(NSPA)**

www.nspa.org.uk

**Step by Step – Samaritans Postvention
service for educational and youth settings**

www.samaritans.org/stepbystep

**Help When We Needed It Most –
Postvention Guide for educational
and youth settings**

www.samaritans.org/education/step-by-step/resources/respond-to-suspected-suicide-schools

**Euregenas toolkit for suicide prevention,
intervention and postvention in schools
(PDF)**

www.cumbria.gov.uk/eLibrary/Content/Internet/537/6381/42179103528.pdf

**Business in the Community's Mental
Health Toolkit for Employers (PDF)**

http://wellbeing.bitc.org.uk/sites/default/files/mental_health_toolkit_for_employers_-_small.pdf

**Mind resources to support workplace
mental health**

www.mind.org.uk/workplace/mental-health-at-work/taking-care-of-your-staff/useful-resources

**NHS Five-Year Forward View for Mental
Health (PDF)**

www.england.nhs.uk/wp-content/uploads/2016/02/Mental-Health-Taskforce-FYFV-final.pdf

Resources for employers *continued*

Communications:

Samaritans Media Guidelines for Reporting Suicide

www.samaritans.org/media-centre/media-guidelines-reporting-suicide

Other support services:

Gamblers Anonymous

www.gamblersanonymous.org.uk

Step Change (debt charity)

www.stepchange.org

Other relevant organisations or information:

City Mental Health Alliance

<http://citymha.org.uk>

Employee Assistance Professionals Association

www.eapa.org.uk

COHPA (association of occupational health and wellbeing providers)

<http://cohpa.co.uk/>

Guide to Coroner Services

www.gov.uk/government/uploads/system/uploads/attachment_data/file/363879/guide-to-coroner-service.pdf

Case studies



Anglian Water Group

Peter Simpson, Chief Executive

My experience relates to a much-loved employee who was well known in our business. I always thought he'd be around, and then one day he took his own life.

The impact was felt by his immediate team but went far wider and included employees of other companies who work closely with us.

Like everyone at the time it made me ask myself 'should I have seen this coming and what else could I have done?' There was a palpable feeling of guilt.

Much can be done in terms of prevention. However, when the worst happens, we all have an obligation to manage things properly as the impact goes deeper and wider than you might assume.

We're lucky to have great Human Resources and Occupational Health teams who helped in the immediate aftermath. We also have an Employee Assistance Programme as well as all employees having access to private health care. However, some of the simpler actions are sometimes as important. Quickly letting the affected team share their feelings with each other, with appropriate support, makes a tangible difference. Equally I've seen colleagues holding memorial events to remember the person in a way relevant for them helping.

The line manager's role is an important one. Establishing some normality and stability after such events matters. Managers trained in mental health are better equipped to prevent and mitigate the impact after such events.

The key thing I took away from our experience was the importance of having the courage to ask "are you OK?" I wish I'd asked that question. I'd strongly recommend training for all line managers to engage them with mental health and equip them to talk about it with the people they manage, whatever the size of your business. There's also the power of groups to help themselves – in our situation that was very powerful in the immediate aftermath.

Our prime objective is to avoid getting into this situation again. This was a tragedy. But if you don't do anything in response, there could be a much bigger crisis, and avoiding that is essential.

Bupa

Patrick Watt, Corporate Director

One of my team took his own life earlier this year. It had, and still does have a huge impact on us and I feel I have a responsibility to address the stigma about talking about suicide.

We knew that he had a known history of mental illness. He'd been open about that, and at the time we thought he was getting back on track. Then, tragically, one day he wasn't at work. We later found out that the day before he'd been acting as if he were going on holiday, tying up loose ends and being diligent. But there's no stereotype to this – he didn't talk about taking his own life and wasn't visibly unwell to the people around him.

The team was hit hard. His immediate team and manager felt immense guilt and we all asked ourselves if we should have seen this coming, done more, anything. They were a close team and close teams act as a family at work. You feel personally responsible. We all questioned things – was there something we should have noticed or was out of the ordinary? It caused a huge period of personal reflection, and then mourning.

In the immediate aftermath, we provided crisis management support straightaway. We had onsite counsellors who were fantastic. They could talk to people one on one, and also held some group sessions where the team could talk about it together, it gave them an essential outlet to express their feelings.

We made some practical changes such as moving the team in the office, because they didn't want to go in and see his empty desk. As a leader, I had to think about other things, including speaking to the family, his personal belongings, his life assurance. There was a workload impact, of course, but we had to be careful: everyone worked together and was incredibly collaborative but they also needed time to grieve and deal with issues themselves. And in the weeks and months afterwards unexpected things crop up and jar emotionally – e.g. you'd send something to a distribution list and get his auto-response back.

Longer-term, we haven't had to make significant organisational changes because we are fortunate that we already have access to the resources we need, such as having counsellors onsite. To other businesses I'd say that having plans in place is essential.

Having access to counsellors was crucial for us – access to these through an EAP is an on-demand service so you don't pay in advance, but having it there in the worst-case scenario will be invaluable. You need to think about the practical aftermath of someone taking their life through suicide. Who speaks to the family? How do you support the team? How do you process things like system updates, payroll, pensions? How do you notify their clients? You don't think about the detail until it happens.

We are a very inclusive workplace. We knew he had underlying issues and still none of us recognised that they were that serious - as an organisation that advocates openness and tackling stigma around mental health problems, we still missed this. Don't underestimate the emotional toll it will take on you and your team, both immediately and ongoing. People genuinely need time to grieve.

UK university

Assistant Director of HR

As an academic organisation with 7,000 staff and 30,000 students, we face the realities of staff and student deaths on a fairly regular basis. However, a recent staff suicide forced us to review our response and processes.

An employee at one of our retail outlets died of suicide outside the university grounds. My HR colleagues and I were alerted that morning, and our immediate response was to be on the ground in that outlet, which we closed straightaway, offering support to the person's colleagues and friends. In the first instance this was provided through our on-site student counselling professionals. We then mobilised a longer-term accredited counselling service, which was available to staff for as long as necessary.

The outlet remained closed for a few days and only re-opened once the staff felt comfortable. While this closure did not have a significant impact on the day-to-day running of the university, the suicide made us consider the potential impact on business continuity in the event of the suicide of an academic or office-based member of staff.

The impact on individual staff was exacerbated by the fact that the person in question had contacted them the previous evening on social media. Understandably they were traumatised and needed ongoing support. The echoes of it go on and on – you need to be aware of the knock-on effects on your organisation at every level.

In the longer-term my team looked at what we could learn from the experience: could we do something different next time? The student counselling service was not obliged to help us that day, so what would we have done if it was not available? As a result, we now have a formal agreement with them to provide support. We are also developing a comprehensive mental health, stress and resilience programme, which includes suicide postvention. As a responsible employer we need to be able to positively engage around mental health conversations. Our model is to recognise the connection between staff engagement with work and wellbeing.

Should this happen again we would want to respond appropriately and with a plan, and the best approach is for people to react sensitively and directly to the situation in front of them. It is about reacting with compassion, protecting people from the demands of work and deflecting pressures whenever you can.

Line manager (anonymous)

As the line manager, when a colleague dies suddenly you have a responsibility to all team members to assist them in coming to terms with the sudden death, whilst dealing with your own emotions. This death took place outside the workplace and the police were involved as they would be for any sudden death. It was important not to predict the cause of death, which is a matter for the coroner, so sticking to the term 'sudden death' in the interim was appropriate. Here the inquest took place seven months later, when the cause of death was officially recorded as suicide. That term could then be used.

For this suicide there were additionally some particularly unusual circumstances, which meant that our staff had to spend considerable time answering questions and finding documents for the police as they assembled the evidence for the inquest. This work has to be done alongside maintaining normal work commitments and covering for the unexpectedly absent colleague so managerial prioritisation and delegation where appropriate and possible, is important.

The organisational response included Occupational Health and Human Resources from the outset. Correctly, the responsibility for managing the team through the aftermath fell to me, the head of department. It was immediately necessary to find a balance between calming everyone down, dealing with speculation and not underplaying the seriousness of the situation. This was done on an individual basis because everyone's reaction is different. Presentation of necessary facts without exaggeration, speculation or breach of confidentiality was essential. We advised directly affected staff that they could take time off if they felt they needed it and support was available from the department head and by managerial or self-referral to our counselling service.

Liaising with Human Resources was critically important. Human Resources need to be informed immediately so that the death in service can be recorded and also ensure the salary stopped. While this may seem rather insensitive, it was helpful in the long run; otherwise overpayments on salary would have to be collected from the next of kin. The local trade union representatives were also very helpful, advising about benefits that the family were entitled to after a sudden death.

There were understandable questions about how the person had been managed in the period before death occurred. It helped that the process we had followed had been carefully recorded.

Dealing with personal belongings was one of the most difficult issues. We cleared the desk on a Friday after work, when most people had left. This had to be done sensitively and we replaced some of the furniture that had been in the room with other items from stock.

Dealing with personal information left on the computer at work was more difficult and distressing. IT can grant access to computers and iPhones, given director-level approval. They arranged access to the disc space used and the department head found a number of personal files and images. As far as possible, these were not viewed in detail but some verification was necessary. Where appropriate material was written to a disc, and returned to the next of kin. Because of the inquest, material had to be preserved and files were secured until the inquest and completely deleted afterwards.

Continued overleaf

Line manager *continued*

Complete deletion of IT material requires looking for copies in the 'trash-can' and other places such as picture folders and making sure they are all removed. Files are often automatically copied by computers; complete deletion is more than just pressing 'delete' so professional IT help may be required. Line manager access to computational space may not always be appropriate and must be judged on a case-by-case basis, with respect for the right to confidentiality.

In this case, the department head met the family, which was helpful to all – however that may not be appropriate in all circumstances. It did allow some easier communication between us and the family, allay some speculation and enabled us to have a copy of the interim death certificate. This death certificate assisted both with administration in Human Resources and organising the death in service and pension benefit.

Organisations and particularly managers need to be prepared dealing with a sudden death for the amount of time and resources that will be needed, and also for the delay between the incident and the completion of the coroner's inquest, which can be several months.

It is also necessary to watch yourself. Dealing rapidly with the practicalities surrounding an unexpected death can mean that one's own emotions and feelings are suppressed. These can then surface rapidly – and in one go – when the urgency of the initial response is over. It is wise to be aware of this from the outset. I still maintain a watch on myself as well as others in my team, and will not hesitate to contact Occupational Health for support if needed.

Armed Forces

Trauma Risk incident Management (TRiM)

Trauma Risk incident Management (TRiM) is a peer-support system that originated within the Royal Marines. It is now in place across the Armed Forces, and was used extensively in Iraq and Afghanistan. It has also been adopted by a number of non-military organisations, including the Foreign and Commonwealth Office and the London Ambulance Service and more recently Border Force.

TRiM aims to safeguard the wellbeing of employees after traumatic events, including suicide, to provide immediate support to those who need it and to identify those who require more specialist input. It is not a treatment in itself but a system to signpost those who need support to prevent escalation of mental health issues. The initial risk assessment takes place three days after the suicide with follow-up assessments at the one month and three months point, and can continue for longer if necessary.

Practitioners are non-medical personnel, trained to ensure that the psychological needs of personnel involved in an event are assessed and managed.

Training covers a wide subject matter including psychological aspects of incident site management, how to plan for personnel's psychological needs after an event, how to conduct a semi structured risk assessment interview and how to conduct basic psycho educational briefings. Personnel are also taught how and when to liaise with managers, medical and welfare staff, and the chaplaincy.

The three-day TRiM course is a combination of didactic teaching and role play. Those who complete the TRiM courses are eligible for a BTEC professional qualification with a limited amount of extra work; this provides some degree of external validation.

TRiM has encouraged units to avoid adopting a medical model as the preferred route of intervention after a traumatic event such as a suicide, delivered by a mental health professional who probably was previously unknown to those involved.

Kevin Green, Navy Command HQ, OSM/TRiM SO2, said: "Exposure to traumatic events can lead to the development of psychological distress, lowered morale and organisational difficulty both in an operational and none operational environment. TRiM is a proactive, peer group delivered, management initiative for supporting individuals following exposure to traumatic events which includes suicide and unsuccessful suicide attempts.

"The provision of Trauma Risk Management is not merely a reflection of good business practice but demonstrates a high level of management and support by the chain of command. It provides the individual with immediate access to support and resources to enable them to maintain their position within the workplace; it also assists in the development of personal coping skills."

East Midlands Trains

Tanya Stacey, Occupational Health Manager

As a train operating company where the prevalence of suicide on the railways is high, we take supporting our staff who might witness these events as a very high priority. However, many of the steps we take to support our staff are extremely relevant to any business which experiences the death of an employee through suicide.

Following a change in approach in 2015 our people are now very carefully supported through the shock and grief that follows a suicide, and we ensure that pastoral care and emotional as well as psychological support is provided. As a result we have found that our people are able to process and understand their responses to the suicide more healthily and quickly, and they tell us that the support they receive from us actively helps them come to terms with their experience and to return to work more swiftly.

After a fatality our staff are supported immediately, both from the company and from their manager. They are given a pack of information to cover the details that they

won't be able to take in straightaway, which includes points about the symptoms they are likely to experience, guidance about what might happen next (such as the Coroner's Court), told that there is a chaplain available to them to talk to if they want to, and given information about the bespoke post trauma service from our employee assistance provider.

We reassure people that to experience certain symptoms – such as guilt, flashbacks or insomnia – is a normal reaction to an abnormal event. We have had informal feedback from people that information about symptoms is really helpful – knowing in advance that these things might occur means they are less panicked when they happen.

Following the experience, the line manager actively supports them for a year with regular reviews where they have the opportunity for conversation about how they are and how they are coping. The manager has a format to follow which includes guidance on avoiding the reviews on key anniversaries of the event.

We also have a group of buddies in the driver function who support our people following a suicide – they can help people to talk and encourage discussion about feelings, to avoid people focusing in on specific details and internalising distress.

Previously, everyone affected by a suicide was automatically referred to Occupational Health. OH is still there, but people are only referred if they want to be, or if they are experiencing problems that their line manager can't help them with. For those who experience requires further intervention they can be referred directly to a psychologist.

It is a part of our overall strategy of looking after the health and wellbeing of our employees – if you look after them, then they will look after your business.

PwC

Sarah Churchman, Head of Diversity, Inclusion and Wellbeing

PwC suffered the loss of a colleague through suicide in 2015. The young accountant was relatively new to PwC but the impact of his death was felt across the organisation, says Sarah Churchman, Head of Diversity, Inclusion and Wellbeing.

The suicide occurred at one of PwC's main offices and was witnessed by colleagues and members of the public. Emergency services were called and arrived quickly at the scene, putting a tent over the body, but the distress was widespread. "We were dealing with a lot of people who were in shock," Sarah says. "From the very beginning, everyone was feeling guilty, asking why it had happened and what they could have done, if only they had known.

Police were unable to inform the next of kin until the following morning. This complicated PwC's desire to make an announcement to colleagues as swiftly as possible to avoid speculation about what had happened, given that the suicide had taken place so publicly. Many staff were asked to remain in their offices while the emergency services attended the scene, and there was a surge in calls as colleagues reacted to the suicide.

His closest colleagues were meeting for a drinks reception that evening, so it was possible to offer support to them in the immediate aftermath. Across the organisation, counselling was available the next day, either in person or via the Employee Assistance Programme, with extra counselling support in place through the following week. Colleagues reacted to the suicide in many different ways; they were encouraged to take as much time off as they felt was necessary. Staff were invited to sign a book of remembrance which was left in place for one week. The parents of the deceased were invited to the workplace.

PwC's response to the suicide reflected the importance of an effective business continuity protocol, says Sarah. But important lessons have been learned. "In the immediate aftermath, it did feel chaotic, because there was a presumption that there was no plan and that nobody was in charge when, in fact, a lot of work was going on behind the scenes. So, we need to make it more widely known that there is a process, with a central point of contact, so colleagues do not feel the need to take responsibility."

PwC's policy on mental health and wellbeing has been reviewed, and now includes greater emphasis on mental illness and more openness about the risk of suicide.

"Our response will always be respectful of the wishes of the family and their right to privacy."

Thank you to the following organisations for contributing to the development of this toolkit:

[Anglian Water](#)

[BT](#)

[Bupa](#)

[Centre for Self-Harm and Suicide Prevention, Derbyshire Healthcare NHS Foundation Trust](#)

[Deutsche Bank](#)

[East Midlands Trains](#)

[Empactis](#)

[Eversheds](#)

[HSE](#)

[KPMG](#)

[Mace Group](#)

[Mental Health First Aid](#)

[Mind](#)

[Ministry of Defence](#)

[National Grid](#)

[National Suicide Prevention Alliance](#)

[PwC](#)

[Rehab Works](#)

[Royal Mail Group](#)

[Support after Suicide Partnership](#)

[The Matthew Elvidge Trust](#)

[Unilever](#)

[Validium](#)

Business in the Community

137 Shepherdess Walk
London N1 7RQ

T +44 (0)20 7566 8650
E info@bitc.org.uk

March 2017

Take care of yourself

This suicide postvention toolkit is designed to support those who will take a leading role in an organisation's response to a workplace suicide. But it raises challenging emotional issues that may cause distress. We recommend that responsibility for using this toolkit be shared by more than one person. If you are affected, share your concerns with colleagues and managers and ask for support. Take a break from the toolkit when you feel it is necessary. The first rule of caring is to look after yourself.

Resources for employers

Business in the Community and Public Health England have developed a range of toolkits to support employers with employee health and wellbeing:



Crisis management in the event of a suicide: a postvention toolkit for employers

This report was written, designed and produced by Forster Communications.

**BUSINESS
IN THE
COMMUNITY**



**THE PRINCE'S
RESPONSIBLE
BUSINESS NETWORK**