

Having trouble sleeping?

Disruptions in your usual sleep patterns are very common in the first weeks and months of grieving. When you experience grief and its accompanying stress, your brain is flooded with neurochemicals that keep you awake, such as epinephrine and adrenaline. These neurochemicals remain present in your brain for anywhere between a half an hour to a couple of days and can interrupt your normal sleep cycle through:

- Troubling thoughts and images
- A perceived need to be on alert
- Nightmares that cause you to wake up in the middle of the night and make it difficult to go back to sleep

Even once the neurochemicals in your brain have returned to their usual levels, sleeplessness can continue.

The following tips may help you to sleep a little better:

Avoid napping during the day. It can disturb the normal pattern of sleep and wakefulness.

Avoid stimulants such as caffeine, nicotine, and alcohol too close to bedtime.

Exercise can promote good sleep. A relaxing exercise, like yoga, can be done before bed to help lead into a restful night's sleep.

Food can be disruptive right before sleep. Stay away from large meals close to bedtime.

Ensure you get sufficient natural light by spending time outside. Light exposure helps maintain a healthy sleep-wake cycle.

Get into a regular relaxing bedtime routine. Try to avoid emotionally upsetting conversations and activities before trying to go to sleep.

Write out your thoughts/dreams/nightmares. This could be a helpful way to express what is keeping you awake.

Call Lifeline on 13 11 14 to talk it out. Often talking through what is happening for you can put concerns to rest – and then you can rest.

You may like to try a relaxation breathing exercise like this which, with practice, can help you to go to sleep within a couple of minutes (prevention.com):

It is important to remember that it is also normal to sleep a lot – this is your body's way of assisting you to cope better with strong emotions.



Suggested books and information

People often find it helpful to read about how grief may affect them, and how others have coped in similar situations. There are lots of books and information available in hard copy and on the internet. These are a few that past clients of StandBy found useful.

Grief and loss

- **Coping with grief** – *McKissock, Mal & Dianne*
- **Surviving the pain** – *Appleby, M*
- **I will remember these things forever** – *Edwards, J & Rotaru, N*
- **Balloons for Trevor** – *Good Cave, Anne*
- **How to cope with losing someone you love** – *Grollman, Earl A*
- **No time for goodbyes** – *Harris Lord, Janice*
- **Eternity and me** – *Kellehear, Allan (PhD)*
- **When bad things happen to good people** – *Kushner, Harold*
- **Will I survive this pain?** – *Manning, Doug*
- **Nothing prepared me for this** – *Jesuit Social Services Australia*

Aboriginal

- **Aboriginal loss, grief and mental health** – *Wanganeen, R*
- **Aboriginal suicide is different** – *Tatz, C*

Men

- **When a man faces grief; A man you know is grieving** – *Miller, J & Golden, T*
- **The cost of silence** – *Jesuit Social Services Australia*

Children

- **The grief of our children** – *McKissock, Dianne*
- **The colours of grief** – *DiCiaccio, Janis*
- **Siblings grieve too** – *McGrath, Eileen*

MindFrame	www.mindframe-media.info
SANE Australia	www.sane.org
Suicide Call Back Service	www.suicidecallbackservice.org.au
Men's Line	www.mensline.org.au
Qlife	www.qlife.org.au
GriefLink	www.grieflink.asn.au
Reach Out	www.reachout.com.au
Kids Help Line	www.kidshelpline.com.au
Carers Australia	www.carersaustralia.com.au



Grief after suicide – Possible experiences

Grief is something everyone experiences. It is a normal human response to the loss of someone we love and value. It can be said that grief is an act of love.

Grief is a unique process to each person, and experienced and expressed differently by each individual. There is no specific time limit for grief – it takes as long as it takes.

Some common responses to grief can include the following – though it is important to note that not all of these will be experienced by everyone:

Behavioural	Isolation and social withdrawal, engaging in grieving rituals, sleeping (more or less than usual), crying, talking with friends/family about the person who died.
Cognitive	Confusion, forgetfulness, racing mind, poor concentration, difficulty in making decisions, a sense of unreality, repeated disturbing imagery, asking 'why?'
Emotional	Shock, disbelief, sadness, tearfulness, distress, numbness, anxiety, guilt, fear, anger, irritability, intolerance of others, loss of interest in others, feeling helpless.
Physical	Change in appetite, change in sleeping, tiredness, headaches, restlessness, colds.
Spiritual	Loss of meaning, loss of direction, questioning faith/beliefs, searching for understanding.
Relationship	It is not uncommon to experience conflict in relationships after a death – take time to ensure that you support each other in your own unique ways of grieving.

Bereavement by suicide is traumatic and is different to other sudden deaths. For example the bereaved may feel ashamed, guilty, rejected by the person who died. They may also be worried about how others will treat them or questions they may ask about why it happened.

Trauma is caused by witnessing disturbing and horrific scenes but can also occur for those not present, when they are told about what happened. Trauma is different to grief, but both trauma and grief may be experienced at the same time, and some trauma reactions can be similar to grief responses.

Some reactions to trauma can include:

Behavioural	Being easily startled by noises, social withdrawal, seeking control over tasks/events, engaging in distraction activities, alcohol and/or drug use, change in sleep/eating.
Cognitive	Flashbacks or re-experiencing the disturbing event while awake or in dreams, pre-occupation with what happened, repetitive thoughts, asking 'why?', confused or slowed thinking, difficulty concentrating or making decisions, forgetfulness.
Emotional	Lack of motivation, increased irritability, increased anxiety, panic attacks, troubled or distressed when exposed to disturbing events, fear, feelings of abandonment, isolation, powerlessness, feeling out of control or that life/the world are out of control, numbness and/or mood swings, sadness, guilt, blame, anger, frustration.
Physical	Palpitations, trembling or sweating, breathing difficulties, headaches or muscle aches, tiredness, fatigue, restlessness, sleep problems, digestive problems.
Spiritual	Loss of meaning, loss of direction, questioning beliefs, searching for understanding.
Relationship	Social withdrawal, loss of interest in social activities, avoidance of certain people, places or situations that are reminders of the experience.

Suicide bereavement isn't something to 'get over' or find 'closure' to. However, what does happen is that you will grow your life to accommodate the death. In this way you can keep your loved one in your heart and in your life without feeling guilty or pressured to give them up. And you can take time to grieve for them, to experience your loss and find your way to a new normal.

Grief and depression – How are they different?

The loss of a loved one brings a period of grief and mourning that is filled with feelings of sadness, anxiety, guilt and reliving of the past shared with the person who died. People in the midst of mourning have described experiences such as: crying, not being hungry, nausea, tearfulness and restless sleep. Also guilt about not being able to prevent the death from having occurred and deep feelings of sadness. Many have described the feelings of grief sweeping over them and then subsiding until the process starts again. Many of these symptoms are shared by people with depression; however grief and depression are different.

While we all feel sad, moody or low from time to time, some people experience these feelings intensely, for long periods of time, and sometimes without any apparent reason. Depression is more than just a low mood – it's a serious condition that affects your physical and mental health.

To others, grief may be perceived as depression, but there are distinct differences between grief and depression. **Grief is an expression of love after a loss**, whereas depression usually results from a combination of recent events and other longer-term factors, rather than immediate issues or events.

The following are some of the differences and similarities of grieving after a loss compared to depression. This list is not exhaustive, and not everyone experiences all of these:

Grief & Depression

- Sadness, despair.
- Tears.
- Loss of appetite (or increase – comfort eating).
- Powerlessness & helplessness.
- Poor concentration.
- Poor sleep, nightmares, waking through the night – or sleeping a lot (comfort sleeping).

Grief

- Mourning.
- Anger – with self, others, the deceased.
- Fatigue or low energy.
- Temporary loss of interest in pleasurable activities.
- Suicidal thoughts – yearning to be with your loved one.
- Feelings of guilt about the death.
- Happy and sad memories – fluctuation in feeling.

Gradually, and after an undetermined amount of time, these feelings stop as the person regains their balance and their life grows around their loss.

Grieving is not easy, but it's normal.

Depression

- Worthlessness.
- Exaggerated fatigue.
- Loss of interest in pleasurable activities.
- Suicidal thoughts.
- Persistent globalised guilt.
- Low self-esteem.
- Overall negative outlook (lack of hope).

In major depression, these feelings are continual. For instance, daily functioning at work and home are impaired and the individual feels as if they will never climb out of these feelings.

Often medical/psychological assistance is helpful.

Grief reminders and what to do with them

Grief does not just come to an end at a certain point after a loved one's death.

Reminders often bring back the pain of their loss. After the death of your loved one, you might meet with your grief again and again – sometimes even years later. Feelings of grief might return on the anniversary of your loved one's death, or other special days throughout the year, or for no apparent reason at all. These feelings, are sometimes called a STUG (Sudden Temporary Upsurge of Grief) or reawakened grief. They are a reflection that your loved one's life was important to you. It is important to remember that these are temporary.

Reminders can be anywhere.

Certain reminders of your loved one might be inevitable, such as a visit to their grave or the anniversary of their death. Also, birthdays, Christmas, holidays or other events you know he or she would have enjoyed. Even memorial celebrations for others can trigger the pain of your own loss.

Reminders also can be connected to sights, sounds and smells – and they can be unexpected. You might suddenly be flooded with emotions when you drive by the restaurant your loved one enjoyed or when you hear their favorite song or smell the perfume they wore.

What to expect when grief reawakens

It can last for a few minutes to a few days at a time. This is a normal experience and is temporary. During this time, you may experience emotions and reactions similar to those that you first experienced when you lost your loved one, including:

- Anger.
- Anxiety.
- Crying spells.
- Fatigue.
- Lack of energy.
- Guilt.
- Loneliness.
- Pain.
- Sadness.
- Trouble sleeping.

Powerful memories may come up of the feelings and events surrounding your loved one's death. For example, you might remember in great detail where you were and what you were doing when your loved one died.

Living with reawakened grief. Even years after the loss, you might continue to feel sadness when you are confronted with reminders of your loved one's death. Some things that you can do to live with this include:

Be prepared. Knowing that you're likely to experience grief reactions again can help you understand them and even turn them into opportunities for growing your life around your loss. Remember that they are temporary.

Plan a distraction. Schedule a gathering or a visit with friends or loved ones during times when you're likely to feel alone or be reminded of your loved one's death.

Reminisce about your relationship. Focus on the good things about your relationship with your loved one and the time you had together, rather than the loss. Look at photos of memorable events that included your loved one, draw a picture of the event if you don't have a photo. Write a letter to your loved one or journal about some of your memories. You can add to this journal at any time.

Connect with others. Call or visit people who were special to your loved one. Find someone who will encourage you to talk about your loss. Stay connected to your usual supports, such as friends, family members and spiritual leaders. Consider joining a bereavement support group.

Allow yourself to feel a range of emotions. It's OK to be sad, to be angry, to feel lost, alone and to miss the presence of your loved one. But also allow yourself to experience joy and happiness.



Honouring anniversaries and other special occasions

The anniversary of your loved one's death, along with other special occasions such as Christmas and birthdays can be a difficult time as memories of the event can be strong and the loss of your loved one may be heightened. Often, a period of time leading up to these significant dates can prove to be emotionally taxing as you wonder about how you might cope. It is normal to become a little anxious during these periods. Planning ahead may help to alleviate your strong emotions and choose how to honour your loved one and your memories. Some people prefer not to mark the occasion – there is no right or wrong – only you will know what is best for you.

If you do wish to express your feelings and acknowledge your loved one, you may like to use one of the ideas provided below. Some people will want to fully feel the sadness and emotion of the day as they reflect on their loved one. Whereas others will want to spend time focused on the deceased – from a few minutes, to hours to the whole day. Whatever you do, we recommend that you think ahead, anticipate what might be hard and make a plan.

Your plan should reflect the person you are and what has real meaning to you

- Take flowers to the grave site, memorial site, or other place you go to remember your loved one.
- Look at old photos and home videos – this can be alone, or with family and friends.
- Turn digital photos into a photo album on your phone, computer or other media platform.
- Donate a few of your loved one's belongings, or make a charitable donation in their name.
- Volunteer with a charity or cause close to your loved one's heart.
- Plan a memorial service or candle light vigil.
- Reach out to someone else grieving the loss via letter, card, phone call, or email.
- Host a dinner party and invite those who knew your loved one best.
- Cook your loved one's favourite dish, use one of their recipes to prepare a meal, or host a pot luck and ask people to bring a dish your loved one liked.
- Light a candle in honour of your loved one.
- Visit or spend time in a place where you feel close to your loved one.
- Take the trip you had been planning or dreaming about.
- Read old notes, letters, or emails from your loved one.
- Treat yourself to a massage.
- Distract yourself by getting together with friends, going to the movies, or taking a short trip.
- Watch your loved one's favourite movie.
- Make a mix CD of music that reminds you of your loved one.
- Create a new ritual to celebrate the life of your loved one – something that can be repeated.
- Do something your loved one would have enjoyed.
- Build a memorial with portraits, personal items, and objects that remind you of your loved one.
- Spend time journaling about your loved one.
- Make a toast or say a prayer or blessing in their honour.
- Plant a tree in your loved one's name.
- Celebrate the strengths you have developed because of your loved one's death.
- Make a keepsake box of things that remind you of your loved one.
- Finish a project your loved one was working on.
- Continue to work towards a cause your loved one was involved with.

Living with grief

Losing someone you love or care deeply about is very painful. You may experience all kinds of uncomfortable emotions and it may feel like the pain and sadness you are experiencing will never end. These are normal reactions to losing someone you loved or valued a lot. There are some healthy ways to cope with the pain that may help your grief journey to be a little less difficult.

Remember that everyone grieves differently. How you grieve depends on many things, including your personality and coping style, your life experience and your beliefs. Grieving takes time. Growing your life around your loss happens gradually; it can't be forced or hurried—and **there is no "normal" timetable for grieving.**

It's important to be patient with yourself and allow the process to naturally unfold. Look after yourself and don't be afraid to ask for help. Mourning the loss of a close friend or relative takes time, but research tells us that it can also lead to a renewed sense of meaning that offers purpose and direction to your life.

What you can do to help yourself

When you are grieving, it's more important than ever to take care of yourself. Looking after your physical and emotional needs will help you get through this difficult time.

Take care of your physical health. Grieving can be exhausting, so it's important to eat healthy food – frequent small amounts of easily digested food. Also exercise and sleep. Try massage, spa baths, early nights, get some fresh air by going for short walks. Exercise to use excess adrenaline. Do things you usually enjoy, even if you don't really feel like doing them.

Manage stress – ask friends, family members or work mates to help you with practical tasks. Often people want to help but don't know how, so tell them what you need. Such as help with funeral arrangements, cooking or cleaning, child-minding or just sitting with you.

Don't let anyone tell you how to feel, and don't tell yourself how to feel. Your grief is your own, and no one else can tell you when it's time to "move on" or "get over it." Let yourself feel whatever you feel without embarrassment or judgement. It's okay to be angry, to cry, not cry, or even laugh.

Turn to friends and family members. Talk to those closest to you, or consider joining a support group.

Draw comfort from your faith. Spiritual activities that are meaningful to you – such as praying, meditating, or going to church can offer solace.

Talk about the death of your loved one with friends and work mates. This helps you to understand what happened and remember your friend or family member. Review pictures and mementos.

Remember and celebrate the lives of your loved one. Possibilities include donating to a favourite charity of the deceased, framing photos of fun times, passing on a family name to a baby or planting a garden in their memory. What you choose is up to you, as long as it allows you to honour that unique relationship in a way that feels right to you.

An exercise for when difficult or uncomfortable feelings arise

When uncomfortable emotions arise, take a moment to pause and consider your feelings. Notice physical sensations too: Is your throat tight? Is your heart beating fast? Is your stomach in knots? Just recognising these sensations is an important step. Can you name the feeling?

Breathe. Focus on the ebb and flow of your breath. This can be calming giving you a sense of control.

Reflect. Don't resist the way you're feeling. Instead, recognise that these are natural emotions.

Express your feelings. Write about your loss in a journal; write a letter saying the things you never got to say; make a memory box, scrapbook, photo album, CD, DVD, art work, poetry or music.



American Psychological Association. 2016. Coping with the loss of your loved one. <https://www.apa.org/helpcenter/grief.aspx>
Beyond Blue. 2016. Grief and Loss. <https://www.beyondblue.org.au/the-facts/grief-and-loss>
HelpGuide.org. 2016. Coping with Grief and Loss <http://www.helpguide.org/articles/grief-loss/coping-with-grief-and-loss.htm>
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Managing social stigma after suicide

Stigma attached to suicide is rooted in centuries of history and misplaced associations of weakness, blame, shame, and even sin or crime. Stigma can prevent people from seeking help when they need it, and can prevent others from offering support when they want to. It can colour our perceptions, thoughts and actions. It is reflected in our language and behaviour towards ourselves and others.

The impact of stigma

Stigma can impact on bereaved people in many ways. For instance, family relationships and friendships can become strained through hurtful comments, misunderstandings and actions in relation to the type of death. Research suggests that if people experience stigma it can lead them having complicated grief and suicidal thinking. Often people feel isolated, that their friends are avoiding them, or excluding them from social events. At times a person bereaved by suicide may feel that their grief is not legitimate in the eyes of others, or immense pressure to “get over it” quickly. They may perceive other people’s attitude is stigmatising. This may not be the case. The person may care about them and want to help but not know what to say or do.

How can we challenge stigma?

We can all help to reduce stigma within our communities and support better understanding for people bereaved by suicide. Here are some ideas:

- Learn and share the facts about suicide.
- Be aware of your attitudes and behaviour. See people (including yourself) as unique human beings, not as labels or stereotypes.
- Support suicide prevention programs as a way to create meaning for your loved one’s death.
- If you feel comfortable, speak up in protest when friends, family, colleagues or the media display false beliefs and negative stereotypes. Things like “that was so selfish”, “he couldn’t cope with life”, “he didn’t consider what this would do to you” are all examples of negative stereotyping.

You may choose to respond with respectful conversation about these beliefs including explaining, for instance:

- “The majority of people who are suicidal do not want to die. They are in pain, and they want to stop the pain”.
- “Anyone may be vulnerable when confronting difficult circumstances or when experiencing feelings of depression or hopelessness”.
- “What the suicidal person is thinking at the time is actually quite different from selfishness. They may be thinking “others will be better off without me”.

Choose your words carefully

The way we speak can affect the way other people think and speak about suicide.

Stigmatising terminology

- Committed suicide.
- Successful suicide.
- Completed suicide.
- Failed attempt at suicide.

Respectful terminology

- Died by suicide.
- Suicided.
- Ended his/her life or took his/her own life.
- Non-fatal attempt at suicide.



Government of Western Australia Mental Health Commission. 2016. What is Stigma? http://www.mentalhealth.wa.gov.au/mental_illness_and_health/mh_stigma.aspx
Suicide Prevention Australia 2010 Position Statement – Overcoming the Stigma of Suicide <https://www.suicidepreventionaustralia.org/sites/default/files/resources/2016/SPA-Overcoming-the-Stigma-Of-Suicide-Position-Statement%5B1%5D.pdf>
Mend the Mind. 2016. Shatter the Stigma, Mend the Mind. <http://www.mendthemind.ca/stigma/seven-important-things-we-can-do-reduce-stigma-and-discrimination>
Mental Health Foundation of Australia (Victoria) 2016 <http://www.mentalhealthvic.org.au/index.php?id=112>
SANE. 2106. The SANE Guide to reducing stigma. <https://www.sane.org/images/PDFs/SANE-Guide-to-Reducing-Stigma.pdf>
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Preparing children for the funeral

Tips for talking with children about death

1. Use simple and age appropriate language.
2. Listen to the question and respond to what they ask.
3. Be honest. Admit when you don't know the answer to a question about death, funerals or your feelings.
4. Reassure children that it is okay to feel a range of emotions when someone dies.
5. Encourage your children to use various forms of expression, such as drawing, signing or playing.

Making the decision whether to include a child at the funeral can be difficult. Children sometimes want to be involved and this can be good for them if they are listened to and supported through the experience. **You may like to consider the following:**

Funerals serve a purpose – they help the family and community to reflect on the person's life:

Attending a funeral can help children understand the physical reality of death: that the person who died cannot come back. Being at a funeral with grieving family and friends may help them express their grief. While being at the service can be distressing, it may be harder on children to be left out of something so important to the family.

Some parents/caregivers give children a choice whether or not to attend:

Before asking the child to choose, describe what will happen at the funeral. Tell them what they might see or hear if they attend, including what will occur, and how people will behave (people may be crying, a special area for the family may be set aside, there may be a viewing of the loved one – which they don't have to see). Tell them about alternative arrangements to attending. For example, they can stay with a neighbour or friend of the family. If they don't attend, offer to say something or read something on their behalf, and explain that they can participate in memorial activities at a later time, including creating their own memorial.

If your child is attending the funeral, before you go, review what they can expect will happen:

Talk to your children not only about what to expect, but also about how you and others may react. Assure them that this is your way of being sad today and that you are okay. Consider whether you will be able to accompany and support your child or whether you need to have another family member or friend there to support them. Prepare the companion to both comfort your child and take them out for breaks from the service as needed, so that you don't have to worry them. Before the event, remind them about anything they may need to do.

There are alternative rituals to attending a funeral you may prefer to do with your children:

Some examples include: Light candles at home or in a public place to remember the person who died; Create a ceremony consistent with your culture and tradition; Say prayers at home or in your place of worship; Write notes or make cards for the family members and/or the person who died; Share with each other feelings and memories of the person who has died.

Choosing to view your loved one:

Some people are reluctant to do so while others feel a strong need to do this. It is helpful to listen to your own feelings about what you need. It may help a child to describe what the experience might be like.

People also have different views on speaking about suicide at the funeral:

Some find it too difficult, while others would prefer to be direct about it. These differences of views can sometimes cause conflict and distress. Finding a balance and respecting differences can help as this conflict can lead to further distress.



Support after suicide . 2016. What to do <http://www.supportaftersuicide.org.au/what-to-do/its-just-happened>

Grose, M. 2016. How to talk with your your child about funerals

http://www.gslc.qld.edu.au/pdf/INSIGHTS_How_to_talk_with_your_child_about_Funerals.pdf

The National Child Traumatic Stress Network. 2016. Guiding Adults in Talking to Children about Death and Attending Services http://www.nctsn.org/sites/default/files/assets/pdfs/talking_points_about_services.pdf

www.nctsn.org/sites/default/files/assets/pdfs/talking_points_about_services.pdf

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Returning to work

For many people impacted by suicide, returning to work is a financial necessity, while for others it is a means of keeping occupied and creating a break from what has been an all-consuming grief. The workplace may be the only part of life that seems normal. Returning to work can be difficult. Some bereaved people postpone returning to their job as they are concerned about the additional stress created by work and it can be a difficult time. It can also be a troubling time for employers and work colleagues as they struggle with how to help.

Grief following suicide can lead to a short-term loss of efficiency, effectiveness and performance. **This is temporary and varies with individuals.** In addition to mood changes and sadness, reactions can include problems with concentration and memory, fatigue and loss of confidence. These reactions vary in intensity and not everyone will experience each of them. Grief comes in waves and is unpredictable; each person grieves at their own pace and intense grief cannot be confined to non-working hours. With time and support, a grieving person will recover to take his or her place in the workplace again.

Before returning to work, try some of the following:

Be sure your workplace knows something about what has happened (perhaps a family member or friend may need to do this for you). This could be by phone, text or by email. Give them as much information as you are comfortable sharing. Perhaps allow one key person at your workplace to have enough information to keep speculation at a minimum. Keep him or her informed about funeral arrangements, time away from work, and how you are doing.

The time required before someone returns to work can vary. Ensure you find out what options are available to you, for instance, sick leave, compassionate leave, annual leave. You could access an Employee Assistance Program (if your workplace has one).

In general, it is recommended that you be honest and factual without being explicit as gossip and speculation about the deceased person can be hurtful and damaging to you.

Let your office know if you want to be included in regular correspondence so you can be kept updated about what is happening.

Good communication with your Manager or Supervisor will ensure that they continue to understand how grief is impacting on you and on your work.

You may worry about emotionally breaking down in front of colleagues or in the middle of an important meeting. This can happen, but many people will understand if they know what has occurred in your life. If you need to excuse yourself, do so.

You might arrange to go into the office to meet co-workers for lunch. It can make it easier to go back to work at a later date.

Consider returning for partial days for a week or so, easing your way back into the normal routine.

Your Manager may be able to consider various options for easing you back into work.

You may return to work only to find that it was too early – you may need more time off.

Let people know what you are OK to talk about eg. your grief but not the death.

Let your co-workers know what is helpful to you when you are having a particularly hard day: allowing you to have some alone time, making you a cup of coffee, or going for a short walk. The more they know what they can do for you, the more comfortable you and they will be.

Good communication with your Manager or Supervisor will ensure that they continue to understand how grief is impacting on you and on your work.

You may like to give a copy of this to your employer.



Adapted from The American Hospice Foundation, The Bereaved Employee: Returning to Work by Helen Fitzgerald and Anglicare's Living Beyond Suicide brochure, Helping an Employee Return to Work. <http://www.supportaftersuicide.org.au/what-to-do/returning-to-work>
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Supporting children and young people

When someone suicides it generally affects the whole family, people who are close to them, and sometimes the whole community. Often people think that children don't know what suicide means. However, most children do understand about killing yourself from as young as eight years old. And tragically they can be affected in different ways. Such as the suicide of their parent, sibling, girl or boyfriend, a mate or someone else they care about. Or they may have witnessed the death or discovered the person's body.

Even though you may think the children are not aware about what has happened, they are extremely sensitive and are likely to have picked up that something is wrong. Or they may have overheard you or others talking about it. How they demonstrate grief can be different to adults due to their age, stage of development and range of life experiences. From when we are born we can love, so from birth we can also grieve.

It may seem the children are coping well as they might not cry much or seem sad like adults do. But their grief comes in bursts, going from playing to being sad and back again quickly. Behaviours you might notice include:

Toddlers	Being clingy, easily upset, want to be helped more, not sleeping or feeding well.
Children	Acting out, fear you leaving too, start wetting the bed or sucking their thumb again.
Young people	Ask about the future, become angry or aggressive, start drinking or using drugs, spend a lot of time alone or not want to talk to anyone.

Tips to help children cope and understand death

Everyone is going to die sometime.

When someone dies, it is permanent. Nothing can bring them back, but we still remember them.

Sometimes death is unpredictable like a bad traffic accident, or heart attack or suicide.

Regardless of what was said or done, it is not their fault that the person died.

Though they are gone, there are other people who love them and will be there for them.

Some more helpful tips

Whether to say it's a suicide death or not	It's best to be honest, otherwise sooner or later they will find out. And that can cause them not to trust you. Tell them in a way they will understand. But don't go into graphic details.
Children take things literally so it's best not to say	They went to sleep. We lost them. They've left us. Instead you could say the person got sick and made their body stop working.
Don't hide your grief	It's important for children to see you are grieving and be involved in the funeral. This helps them learn how to mourn.
It's important to keep the usual routine	Provides predictability. Helps them feel safe/secure and cared for. Helps them see that things will continue.
Memories and staying connected	It's normal for children to worry about forgetting the person who died. But easy to help them stay connected by talking about special times, photo album, drawing, singing, having keepsakes.
Others who need to know	It helps the children have support and not have to keep it a secret if you tell their teacher, child care staff or others they spend a lot of time with.

The suicide note

Many people believe that suicide notes are common. However, it is estimated that only 25-30% of suicides are accompanied by a note. Most people do not leave a note because they believe that:

- Nothing in the note will ever be an adequate explanation for their loved ones.
- Nothing in the note will bring any real measure of peace for their family, friends, or loved ones.
- An attempt to clarify things will simply generate a hundred more questions which can now never be answered by the deceased person.
- The note will not serve to relieve your family of their feeling responsible for the death.

A suicide message can be a written note, social media post, audio message, or video. The most common reasons that people choose to write a suicide note may include:

- To ease the pain of those known to the victim by attempting to dissipate guilt.
- To express emotional themes such as depression, guilt, shame, hurt and anger.
- To express concern about being a burden.
- To increase the pain of people left behind by attempting to create guilt.
- To set out the reason(s) for suicide.
- To express thoughts and feelings that the person felt unable to express in life.
- To give instructions for disposal of the remains.
- Occasionally, to confess acts of murder or some other offence.

What happens to the note?

When the police find a suicide note it is given with the person's body and other personal effects to the Coroner. The Coroner reviews the note and eventually it is passed back to the Next of Kin. This can take some time as the Coroner may wish to use the note as a basis for further investigation into the person's death. At other times the note may be returned to the family when the person's body is released for the funeral or soon after.

Who should read the note?

The Next of Kin has the decision about whether or not to read the note and with whom to share the note. When making these decisions, it might be helpful to discuss both of these issues or read the note with someone you trust and feel comfortable talking with. This could be a close family member, a friend, your GP or other professional. Remember that the note is unlikely to provide all of the answers that you may be looking for. It is helpful to remember that the note only represents your loved one's state of mind at the time the note was written. In deciding whether or not to share the note you may like to consider what impact the note may have on the person who is reading it.

What can I do with the suicide note?

What to do with the note can be a very difficult and emotional decision depending on many factors including changing emotions, personal beliefs and family pressure. Other people have:

Saved the note

- Place in scrapbook with photos etc.
- Keep in an envelope in the back of the cupboard until you are ready to read it.
- Keep with legal documents such as death certificate.
- Give to someone else to look after.

Not kept the note

- Burn the note – some people do this as part of a ritual to say goodbye to their loved one.
- Give the note to a trusted person to dispose of.
- Tear it up and let it float down a stream.
- Shred the note and add it to your garden.

Unanswered questions

The question 'Why did they take their life?' is complex and may never be fully resolved. There is no simple answer to why someone ends their own life. Factors associated with suicide are varying and complex. It is usually not just one thing that compels someone to consider suicide. There are many individual, social and contextual factors that influence on a person's decision to end their own life.

Some factors associated with suicide may include:

- Distressing life events (e.g. relationship breakdown, unemployment).
- Current acute stress (e.g. workplace stress).
- Mental health conditions.
- Experiencing abuse or trauma (including natural disasters).
- Chronic pain or physical health condition.
- Social pressure.
- Experiencing loss (e.g. of a person, social position, home, lifestyle).
- Feeling trapped, hopeless and helpless.
- A sense of unbearable psychological pain.
- Feel that they are a burden to others and loved ones would be better off without them.
- A sense of isolation or lack of belonging.
- Think their problems are unsolvable and they feel out of control.
- Unable to find a reason to make living worthwhile.

Also, many people who experience these factors do not think of ending their own life. But those who do want the pain to stop, and at the time, view death as the only option to stop pain. It is a decision that the person made at that time. At another time they may have made another decision.

The cup analogy

There is a cup sitting on a table. It is so full, it is rounded at the top. One or two drops are added to the cup and it spills over. What caused the water to spill?

We want to blame the last one or two drops, but in an empty cup the water would not have spilled. It wasn't the water in the cup prior to the drops being added, because if left alone, it would not have spilled. It was a combination of all the drops of water in the cup that came before, and the last one or two drops that caused the water to spill.

In a person's life, the water in the cup is symbolic of the accumulation of events, hurt, pain, shame, humiliation, and loss in their life journey. The last couple of drops symbolises the trigger events – the event or situation which preceded the final act of taking their own life. Often we want to blame the trigger events, but this does not make sense to us. Like the water, these events by themselves would not cause someone to take their own life.

It is a combination of everything in the person's life, and the last one or two things, that caused the person to lose hope, feel helpless and take their own life.

(Adapted from Iris Bolton in Hope for Life 2013)

Keep asking 'why' until you no longer need to.

Some people find an answer that they are comfortable with.

Where others find comfort by acknowledging that they may never know why their loved one came to the decision to end their life.

Unwelcome intrusive thoughts (flashbacks)

Flashbacks or intrusive thoughts are not unusual, but temporary ways our bodies react to, or remember something painful or traumatic. They can last from a few seconds to a few hours. They can occur at unexpected times and regardless of how you are feeling. You can experience these memories as images, sounds, smells or something you feel.

Though this is a normal reaction to a traumatic event they can be frightening, confusing, disorienting and overwhelming. The important thing to remember is that they are temporary. They are experienced in this way as they are a reaction or memory, not a planned thought or action. They can occur time and again and they can impact on your sleep or health.

If these are unwelcome sensations, there are several techniques that may assist you to manage. This list is not exhaustive. It's best to find what works for you.

Olfactory (smells)	Mouth wash (eg Listerine) the strong smell of the mouth wash can overpower the olfactory memory, use of lavender spray.
Auditory (sounds)	Play music, call a friend, focus on a TV program, go outside and be aware of the outside noises – birds, traffic.
Intrusive thoughts (these often occur when you haven't finished with the thought)	Schedule time for the thoughts. Take a walk outside and notice what is there. Call a friend.
Visual (images)	Connect with the present moment by looking at everything around you. Identify all the colours you see. Count all the pieces of furniture around you. List off all the noises you hear. Noticing what is around you can connect you with the present moment. Stomp your feet to remind yourself where you are; Press your feet firmly into the ground. Take a warm, relaxing bubble bath or a warm shower. Feel the water touching your body; rub your palms, clap your hands. Listen to the sounds. Feel the sensation.
Sensory (touch) you feel like someone is touching you but they aren't	Pay attention to 5 things you can see, 4 things you can touch, 3 things you can hear, 2 things you can smell and 1 thing you can taste. Cross your legs and arms. Feel the sensations of you controlling your body. If you are sitting, stand. If you are standing, sit. Pay attention to the movement change. Hold something that you find comforting. For some it may be a stuffed animal or blanket. Notice how it feels in your hands; if you have a pet, pat them and feel their fur beneath your hand. Say the pet's name out loud; talk to the deceased.

If these experiences persist it may be helpful to speak with a health professional. For example, your doctor or a psychologist.

What happens now?

This information sheet explains people you and your family may be involved within the coming days.

Police

By the time you read this list, the Police will have assessed the situation, collected items they wish to use as evidence and linked with Doctors, the Coroner and other people who can help them determine if the death was by suicide. They can answer questions you may have.

The Government Undertaker

When a death is sudden and unexpected, a specific funeral service is used by the police to transport the body to the government mortuary. In most cases this is at the local hospital. Usually when a sudden death occurs an autopsy will be done by the Coroner. This can take some time, so you may not be able to hold the funeral quickly. After the autopsy, you are not under any obligation to continue to use that funeral service.

The Coroner

The Coroner's essential task is to find out the cause of death. Sometimes it may seem obvious, but they need to find out if there are other circumstances surrounding the death, such as the presence of substances in the bloodstream, or other events that may have led up to the death. Autopsy is a procedure which examines the body. While the thought of this procedure can be quite distressing, it is a legal requirement, and may provide information for you to understand what caused them to die.

Information the Police provide assists the Coroner to decide what the cause of death was. Your Funeral Director will contact the Police and the Coroner to arrange the paperwork to release the body for the funeral.

The Funeral Service

The Funeral Director can provide a lot of information that helps you plan the funeral. Such as helping arrange the time and place for the service, provide a list of Celebrants or Clergy, tell you about cemeteries, crematoriums, florists and anything else involving the funeral. When to call the funeral service is up to the family. It is possible to just get information over the telephone to compare services and costs. If you are comparing costs, make sure they are very clear about the service and facilities they provide, and if there are any hidden costs. In some situations, financial support is available from the government.

Essentially the funeral service allows us to pay tribute to, and reflect on, the life of the person who died. Firstly, it meets the legal and dignified removal of the body. Secondly, it helps us accept the reality of the death, and take the first step towards working through our grief and renewing our lives.

It is also important to consider how you wish to say goodbye, and whether you wish to see your loved one before the service. Viewing or saying goodbye is not morbid, it is quite normal. In either situation your Funeral Director will encourage you to provide clothing.

Words of advice

- Do not be in a hurry to do anything. Some people think a funeral service must be held quickly. That is not so.
- Allow yourself time to make decisions about the funeral and give your relatives and friends time to be there to provide comfort and support.
- Do not be afraid to ask for help. In times of tragedy and sadness your friends and family will be only too happy to help.

Why is grief after suicide different?

Grief after suicide is like grief that people experience after other types of sudden death. But, suicide raises extra issues because of the sudden and traumatic type of death. These can include the following:

Suddenness

Suicide can be sudden so we often do not expect it to happen. This prevents us from having an opportunity to say goodbye, tell the person how much we care about them, or resolve any issues there could be. In many situations the death can be violent, which can cause us to experience trauma. Please refer to the other information sheets about how trauma can impact us.

Why?

Those impacted sometimes have a desperate need to know why the suicide happened. At the beginning your search for answers may be relentless. However, it's important you reach a point where you feel you know or you let it go. You may have enough answers to satisfy yourself. Or you may recognise you may never know why or completely understand.

Guilt/blame

Guilt or blame are a common reaction and research suggests that guilt is felt more intensely amongst those bereaved by suicide. Family members and friends often feel guilty about not having foreseen the suicide or prevented it. They often replay the events over and over in their heads. There is a long list of 'if only' thoughts: 'If only I had been home', 'If only I had recognised how they were feeling', 'If only I hadn't said that'. It is important to eventually recognise that there is a limit to your responsibility. No-one is responsible for another's decision to end their life.

Relief

For those families who have supported their loved one through many years of chronic mental illness there may be feelings of relief. Such as 'At least now they are at rest', and a sense of freedom from the ongoing worry for their loved one. It is OK to feel this way. It does not mean that you wished your loved one was dead.

Blame

It is common for people to react to a sudden death by looking for someone to blame. Bereaved families, and in particular bereaved parents, often feel that they are held to blame in some way for the death; that there was something 'wrong' in the family or with their parenting skills. Members of families bereaved by suicide may also blame each other. Blame can be a way for some people to try to make sense of what happened. Holding on to blame in the long term can add further difficulties to the grieving process.

Not socialising/staying connected

Historically there was stigma attached to a death by suicide. It was a taboo subject and there are few traditions or customs guiding how to respond to such a death. Many bereaved mention they sensed a lack of support following a suicide. This may be because family and friends are unsure how to react. Sometimes the bereaved person distance themselves from others who could support them because they feel others will blame them, or they don't want people to see them crying, or don't want to have to explain what happened.

Feeling suicidal

The pain of grief may be so intense and unrelenting that those impacted may think 'I can't go on like this anymore'. Identification with the person who has died may make them feel particularly vulnerable. Some people impacted by suicide have suicidal thoughts. Finding support and/or professional help at these times is very important.

Anger

Those bereaved often feel rejected and abandoned by their loved one. This can lead to them also feel angry for suiciding or leaving them. Anger is a natural response to being hurt. It is helpful to talk about being angry and find ways to deal with it constructively.

Continued over page

Why is grief after suicide different?

Some questions commonly asked

Should I tell people it was suicide? It is helpful to be honest. Telling the story over and over again can be healing. If you avoid the truth it will take extra energy and worry to maintain the lie, and this can complicate the grief process.

What do I say when people ask me about the suicide? It can be helpful to work out ahead of time what to say to people. You may want to share more with some people than others. If you don't want to discuss it at that time, let them know. You can say something like "I don't want to go into that at the moment." It may be better not to discuss the method in too much detail. Some people are more vulnerable and may be influenced by this.

What do I say when people ask me how many people are in the family? This may be an awkward question for you. Your loved one will always be part of your life but it may be that you don't want to invite further questions. 'Do I include the person who has died or am I denying their existence if I don't include them?'

Say whatever you are comfortable with. This may depend on who is asking the question and their reasons for it. It may also depend on how you are feeling that day.

What do I say when my children ask about what happened? This may be awkward too. But it's important to avoid talking about the method of death, but be as truthful as you can and explain it simply according to their age/stage of development. Be mindful though you may not want to discuss it, or them to know about what happened, they may be aware already through their friends, school or Facebook. For more about this, see the supporting children after suicide sheet in this pack.

Witnessing a suicide

Anyone who is involved with a suicide may experience stress and trauma reactions. You might experience these reactions if you:

- Were a witness.
- Arrived on the scene of a suicide or were almost involved in the scene of a suicide.
- Had heard about the suicide through media or friends.
- Are reminded of other traumatic incidents in your life.

Although you may not have known the person who died, you can experience trauma and stress reactions. Everyone's experience of traumatic events will be different. How people are affected, cope and recover varies greatly.

When someone dies by suicide, a fight, flight or freeze response may be activated. Your safety, the safety of family, friends and others, and the safety of the person who died has been threatened. Some people feel a sense of helplessness, loss of power and control, and isolation. Common reactions can include nightmares and difficulty sleeping, heightened fear or worry, irritability, feeling detached and slower than normal. Experiencing some or all of these reactions is normal and can last for days, weeks or months. Usually these reactions decrease over time.

Fight, flight and freeze responses are normal automatic responses activated when something poses a real or imagined threat to your safety. It helps people to act in stressful situations.

Fight	Confront the threat	Hands fisted, tight jaw, anger, nausea, crying, urge to stomp, kick and smash. You may experience: strong reactions to small irritations; an unusual desire to be physical; grinding teeth; wakefulness; feeling of having to be alert.
Flight	Outrun or escape the threat	Restless, running, shallow breathing, fidgety, restless, darting eyes. You may experience: a sense of having to remain alert; jump at noises and movements; sleeplessness; loss of appetite.
Freeze	Decide you cannot confront or outrun the threat	Dread, feeling stuck, holding breath, frozen or numb, shutting down physically, mentally and emotionally. You may experience: loss of appetite, sleeplessness, wanting to be alone or afraid of being alone.

Recovering from the experience: How to live without being overwhelmed by thoughts or feelings:

Re-establish safety. Remind yourself that your experiences are normal responses to a stressful situation. Reassure yourself that the traumatic event is over, that you are safe now, and that seeing mental images of the event is normal and will decrease over time.

Take time. Recovery takes time. Recognise that you need time and space to make sense of what happened.

Connect with others. Spend time with people who care about you. It can be comforting to know you are not alone.

Allow yourself to feel a range of emotions. It is okay to feel anger, rage, sad and alone. It is also okay to laugh and feel joy.

Self-care. Try to maintain regular eating and sleeping patterns. Take time to do activities that you enjoy.