



STANDBY[®]
SUPPORT AFTER SUICIDE

Workplace toolkit

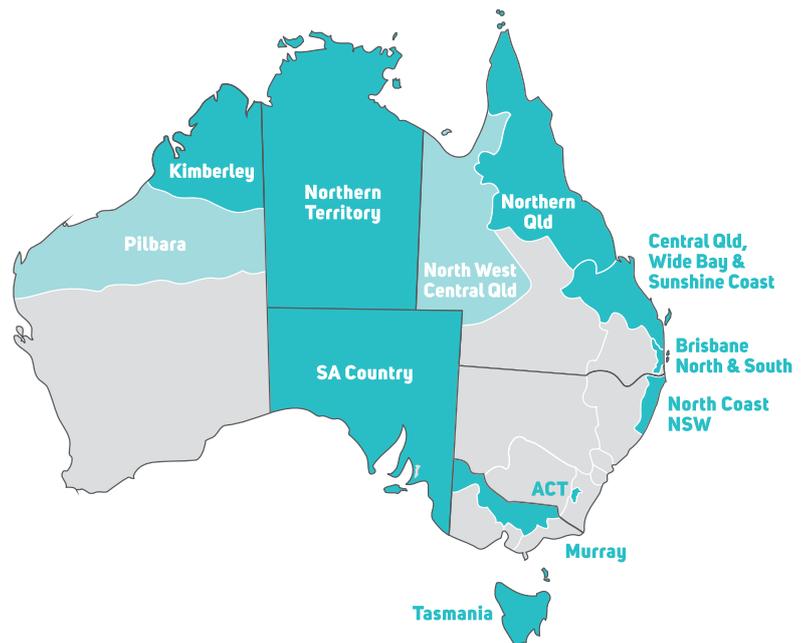
Workplace
response to
suicide

This resource is intended for use with the support of your local StandBy Coordinator.

StandBy is currently delivered in 10 sites across Australia that align to Primary Health Network (PHN) boundaries*, through partnerships with local organisations in each region, the program engages local expertise to ensure support meets the individual needs of the community.

*with the exception the Kimberley and Pilbara Regions

Region	Contact Details
ACT	0421 725 180
Brisbane	0438 150 180
Central Qld Wide Bay & Sunshine Coast	0418 656 764
Northern Qld	0407 490 005
North West Central Qld	0408 839 711
North Coast NSW	0417 119 298
Northern Territory	0418 575 680
Country SA	0437 752 458
Tasmania	0400 183 490
Murray (Vic)	0439 173 310
Kimberley (WA)	0488 910 012
Pilbara	0438 611 999
New sites	TBC



Note: for areas outside these regions please contact StandBy National

Email: national@standbysupport.com.au

Phone: 0429 147 491

For immediate support out of a StandBy region please contact:

- **Lifeline** – 24/7 telephone crisis support, information and referral service. **Phone: 13 11 14**
- **Suicide call back service** – 24/7 telephone crisis support for people at risk of suicide, carers, and bereaved. **Phone: 1300 659 467**



StandBy acknowledges the Traditional Custodians of the land on which we work and live.

Our staff recognise the Aboriginal and Torres Strait Islander Community and their continuing connection to land and water, and pay respect to their elders past, present and emerging.

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About StandBy Support After Suicide

StandBy is a community-based program that provides a 24/7 coordinated response to individuals and groups who have been bereaved or impacted by suicide. In addition, **StandBy** aims to increase community capacity by equipping community members with the knowledge, skills and resources to support those impacted by suicide.

StandBy offers face-to-face or phone support, regardless of when or where the suicide occurred. Support is delivered by trained and qualified **StandBy** Coordinators and Support Team (ST) members. Depending on individual needs, **StandBy** arranges for follow-on support from existing local services, groups, and organisations, or provides relevant information and connections to other available services.

StandBy is recognised as Australia's leading suicide postvention program dedicated to assisting people and communities impacted by suicide.

Further information and resources available via www.standbysupport.com.au

Outcomes

StandBy sites have provided postvention support to over 13,698 individuals, families, workplaces, schools, communities over the last five years (2013- 2018).

A recent independent evaluation found that those who had been supported by **StandBy** (compared with those who had not) had:

- A reduced risk of suicide – The risk of suicidality was significantly lower for people supported by **StandBy** (38% compared with 63%)
- Fewer mental health concerns – People supported by **StandBy** reported experiencing significantly fewer mental health concerns (38% compared to 74%)
- Maintained social connectedness – People supported by **StandBy** were significantly less likely to experience a loss of social support and were also significantly less likely to report experiencing social loneliness and loneliness overall (28% compared to 50%)
- Fewer instances of difficulty sleeping, financial distress, family breakdown issues or problems in the workplace.

Workshops

StandBy's workshops aim to increase understanding of the impacts of suicide. They assist in enhancing the capacity of community members to provide ongoing support to those impacted. In addition to the Workplace Response to A Suicide, these workshops include:

- **Pathways to Care** – To engage organisations to participate in a planned approach within their community to support those bereaved or impacted by suicide
- **What do I say? What do I do?** – To increase understanding of suicide bereavement and learn basic support skills
- **Supporting Children and Young People** – To increase understanding of the impact of suicide on children and young people and how best to support them.

Introduction to the StandBy Workplace Toolkit

It is acknowledged suicide is a complex issue with many contributing factors, potentially affecting staff, service users, service provision and the wider community.

Given that many people who die by suicide are working-age adults, most of whom are employed, it is likely that a significant number of workplaces around Australia are impacted by the suicide death of an employee or colleague each year.

A postvention model developed specifically for the workplace can potentially reduce uncertainty and distress, assist with preparation and leadership direction, as well as develop staff confidence following a traumatic/critical incident, such as suicide. This may ultimately provide a swifter return to regular service provision and routine.

This workplace toolkit (and accompanying training) has been designed to assist employers, Managers, and others in the leadership role to develop a confident and best practice response through understanding and planning for potential impacts of suicide on individuals, groups and communities. Whilst other countries have produced workplace postvention guides, this manual was designed to provide an Australian best practice standard for workplace postvention.

It is recommended that the information in this workbook be aligned with existing organisational tools, management guidelines, key roles and responsibilities, as well as relevant policies and procedures which support wellbeing of workers. It should be reviewed regularly (as per scheduled policy reviews) and following any significant event.

Impact of suicide in Australia

Suicide is a prominent public health concern. The World Health Organisation estimates that over 800,000 people die by suicide each year – that is one person every 40 seconds (SPA, 2016). In Australia in 2018, 3,046 people died from intentional self-harm – which equated to a standardised death rate of 12.1 per 100,000 (ABS, 2019).

For every death through suicide, there are many people significantly impacted, including:

- Individuals, families, friends, witnesses
- Schools, workplaces, sporting and community groups
- First responders and service providers

Research indicates that around 135 people are exposed to each suicide death and ten or more are significantly affected (Cerel, 2016). People bereaved by suicide are up to eight times more likely to suicide than the general population, making them a known high-risk group (Kim et al, 2005). As exposure to suicide is a risk factor for subsequent suicide, bereavement support is an important step in suicide prevention.

How do we prevent suicides in our community?

Suicide is complex, with rarely one reason for someone taking their life. In turn, prevention requires a systematic approach and community strategies to support those thinking of suicide and those people supporting them.

Consider workplace training for all staff, reception, front of office to middle and senior management.

What is postvention?

All interventions that attempt to reduce negative consequences that may impact on the bereaved.

Suicide postvention in the workplace focuses on mitigating negative outcomes for individuals and the work environment and supporting the work of a [workplace] community in a healing process, to rebuild resilience and morale. This support can include a range of activities from those as simple as ensuring access to a quiet room for 'time out', the provision of support information, or more structured supports such as employee assistance program, counselling, support groups, etc.

The aim is to alleviate or reduce risk of negative workplace outcomes such as low morale, low productivity, absenteeism, staff conflict any many other wellbeing issues.

What makes suicide different?

It is recognised that the impact of death through suicide is different from other forms of death, and some understanding of these differences can assist in supporting those impacted.

Those impacted report experiencing "feelings of rejection, responsibility, guilt and blame, with feelings of shame and embarrassment interacting with a sense of stigmatisation" (Botha et al, 2009). In addition, the suddenness of the death does not allow any time to say goodbye and often a myriad of unanswered questions for those left behind. The question 'Why?' is often pervasive and prolonged, as is a sense of responsibility about 'not seeing the signs' or 'not doing more'.

Emotions can include guilt, blame, anger, fear, denial, isolation, shock, confusion, numbness, and sadness associated with loss and grief.

Trauma and grief

Grief is a natural and normal reaction to loss and is a complex and unique process to work through. Grief is a unique experience and as individual as the person who is experiencing it.

A person may experience trauma through having lost a loved one or witnessed a death, threatened death, actual or threatened serious injury or actual or threatened sexual violence, or through learning of a close relative or friend exposed to trauma or through repeated exposure to traumatic events within the course of professional duties (DSM5, 2013).

Suicide grief is therefore seen as traumatic grief. Impacts may be multi-dimensional and include:

Behaviour	Social	Physical	Spiritual / Existential	Psychological	Environmental
Risk taking behavior	Self-imposed isolation from friends / others	Shortness of breath	Questioning spiritual beliefs	Denial	The place where the suicide occurred
“Don’t care attitude”	Not doing usual activities / routines	Numbness	Feeling abandoned	Emptiness	Financial implications
Agoraphobia	Less tolerance of others	Aching limbs	Seeking greater spiritual understanding	Difficulty with problem solving, disorientation	
Neglect of appearance		No hunger or thirst		Seeing event over and over	
Maintaining links with event		Feeling uncoordinated		Fear & panic	
Staying in bed		No sense of time		Suicidal thinking / ideation	
		Heightened activity		Unhelpful or negative thoughts / images	
		Sleeplessness		Anxiety	
		Exhaustion		Fear of being alone / abandonment	
				Rejection	

How long does grief last?

Everyone's grief is unique to them, it depends on previous experience of loss, relationship connections and a vast range of other factors. Suffice to say, grief is its own journey, it cannot be rushed, but with suitable support and understanding, people will find their own ways reestablishing their day to day and of learning to live with their loss.

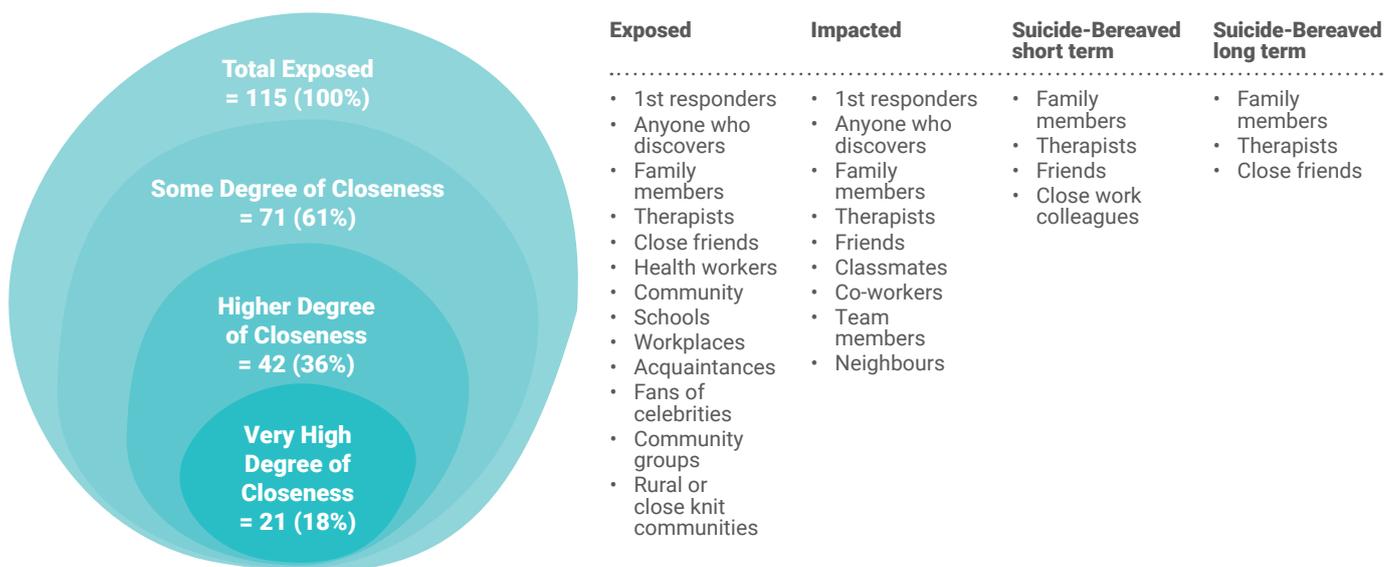
Do men and women grieve differently?

Yes and No. There can certainly be differences in the way people grieve, but not necessarily linked to gender. One way is to be very connected to emotions, with a need to express those emotions. Another is to be more linked to thinking, understanding and getting things done. Sometimes misunderstandings about other's grieving style can cause conflict but it is important to understand that everyone is different, and there is not 'one way' or 'best way' to grieve. What is important is that you pay attention to self-care and seek support when you need it.

Who may be impacted?

Exposure to suicide in Australia is common, with 58% of the population reporting knowing someone who has died by suicide (Maple et al, 2019). Research indicates 135 people are exposed to each suicide death and ten or more are significantly affected (Maple et al, 2019). Suicide is impactful, particularly for those who had a perceived close relationship.

In a work environment, it is worth noting that some workers may spend more time with colleagues than with family members. It is important not to presume knowledge of what, if any, connections employees have formed during their working life and what they mean to the individual. Additionally, consideration should also be given in the event of sudden death of a client/customer and the subsequent impacts on workers, case managers and others.



(CereI, 2018)

Postvention planning

The best approach for a workplace is preparation. Engage senior management in conversation about suicide prevention and postvention, ensure there are policies in response to crisis in the workplace and suitable bereavement support for workers. This should include information on local supports and access to skilled professionals specialising in loss and bereavement following suicide. Additional supports can include 24/7 crisis support telephones lines, community mental health agencies, Employee Assistance Program (EAP) services, etc. It is generally a good idea to form a Critical Incident Team of employees who will be able to meet after a Critical Incident occurs to discuss next steps in the workplace. Membership of the team should be optional, with membership reviewed after each incident and support offered to each member.

This preparation and planning will better support the wellbeing of employees. Regardless of the size of the organisation, a holistic view of the worker and their social, emotional, physical and spiritual wellbeing, is paramount to the sustainability of the work force and productivity. Workers should be considered the organisation's greatest asset.

Those impacted by suicide report that their grief is not something “to get over” and each person will “work through” their grief and trauma reactions in their own unique way and time. Therefore, effective organisational responses to employee grief will provide benefits in both the short-term and long-term after the death.

How might grief be different for Aboriginal & Torres Strait Islander people?

It is important to acknowledge that many First Nations Australians may experience transgenerational trauma, loss, and grief. Additionally, we must respect and acknowledge kinship links, cultural mourning practices and how the death of one can have a wide impact across communities. It is important to acknowledge community may extend across a wide geographical region. For some, ‘sorry business’ may involve significant time ‘returning to country’ and being with family. It may be useful for your workplace to seek advice and training from local Indigenous cooperatives/representatives in your region.

Notes



Actions at a glance

Workplace response to suicide – Suicide of an employee



IMMEDIATE CRISIS RESPONSE

Critical incident meeting

- Decision re part or full workplace closure
- Identify staff liaison
- Decision regarding informing staff
- Identify family liaison
- Provide information / support regarding communication

Critical incident meeting 2

- Review and update all actions
- Identify media contact
- Prepare staff fact sheet communication
- Develop scripted responses for staff

FIRST 24-48 HOURS ACUTE RESPONSE

Critical incident meeting

- Documentation of events
- Contact family
- Inform others
- Convene staff for briefing

- Provide information/support
- Facilitate clear pathways to support
- Provide 'quiet' room, place to gather

1-2 WEEKS INITIAL ACTIONS / SUPPORT

- Continue monitoring of staff
- Decision regarding backfill of duties
- Funeral arrangements
- Provide information regarding strategies for support

- Critical incident team - debrief and self-care
- Contact family - within 2 months of incident
- Begin to reinforce and re-build

2 WKS - 6 MTHS ONGOING SUPPORTS AVAILABLE

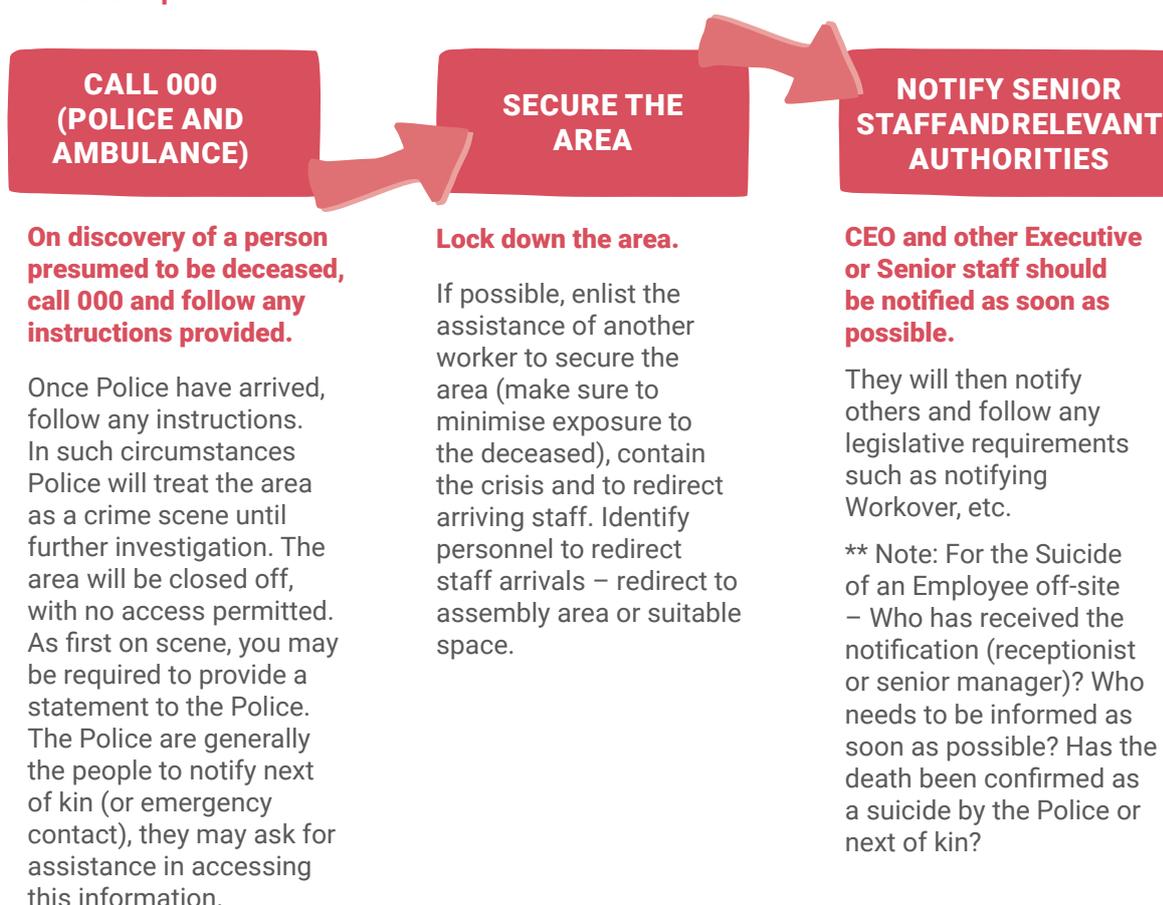
- Continue availability of supports
- Continue contact with the family
- Continue communication with staff

LONGER TERM FOLLOW-UPS ONGOING SUPPORTS AVAILABLE

- Review organisational practices and critical incident processes
- Recognise anniversaries and milestones (opportunity to reflect)
- Transition postvention to prevention

Actions detailed

Immediate* Crisis Response



What if the cause of death is unknown or you have been asked not to refer to the death as a suicide?

We need to respect the fact that we may not always know whether the death was an intentional act. The role of the Coroner to investigate the evidence and make a decision regarding the cause of death and this takes time – months and sometimes years.

Also, we need to respect the families / next of kin's wishes regarding how we speak about the death. If they do not believe it was a suicide or do not want it to be communicated as a suicide, we can respect those beliefs / wishes but still support those impacted by the death.

In both these cases it is best to talk about the death as a 'tragic incident' and support those impacted accordingly and considering their individual needs.

Critical incident meeting –

Gather relevant staff to make immediate decisions regarding

- **Decision re part or full workplace closure**

A decision may need to be made regarding workplace closure. Consideration may be required to any duties (diary appointments, etc.) of the deceased or those impacted. If the workplace has an Employee Assistance Program (EAP), it can be useful to notify them of the suicide, so they are prepared to provide support to individual employees. Some EAPs may also be able to provide support to groups. If the workplace is in a **StandBy** region, consider contacting your local **StandBy** site to discuss options for group support in the workplace.

- **Identify staff liaison**

Nominate a staff liaison person to act as the central point of communication for staff. This person should be kept informed as the day progresses, as they are the conduit between staff and senior management. This person should be decisive and compassionate and have some knowledge about crisis response, suicide, and grief, and also have capacity to juggle the many high stress demands. Their role includes keeping speculation to a minimum, assisting with access to support as required for staff and ensuring respectful practice regarding the privacy of all those involved. Official statements should not be made until the death has been confirmed and a briefing statement has been agreed upon.

What to say

Decide who to tell and how to tell them

While most people will not be adversely affected by discussion of a suicide death, people who may be vulnerable or thinking about suicide may be adversely impacted if the conversation is not handled sensitively.

- Before discussing with employees (especially in a group setting), ensure that those directly affected by the death have already been notified.
 - Where possible it is better to conduct the conversations either one-on-one or in small groups, so that people's responses can be monitored, and questions answered.
- 

Plan on how the news of the death will be told to others

In a workplace environment it is important to plan your approach to advising workers of a suicide death. Informing colleagues of a death early will help in managing any rumours or misinformation. Informing colleagues early will also assist in identifying people who may have been affected and need support. Given the speed of modern communication, information about the death may spread quickly via text, email, social media, etc. Some helpful points:

- It is best to avoid making assumptions or announcements before a suspected suicide has been discussed with someone close to the person, or a reliable source. Sometimes there may be uncertainty about whether the death was a suicide or not.
- If the death has been confirmed, it is advisable to have the discussion as soon as practicable –but think first on who can make the decision about informing others.
- In a larger workplace, when informing of a suicide death, it may be beneficial to give staff some key talking points they can use to explain what has happened. This will ensure that a consistent message is given.
- Obtain the cooperation of colleagues and friends in not spreading unconfirmed information about the deceased, or explicit details about the death. This includes not spreading information via social media.
- Don't talk about the method or location of the suicide. This can be distressing and can also increase the risk for others.
- Avoid blame or reducing the cause to a simple reason. Instead communicate that suicide is complex, often with a range of contributing factors.

- **Decision regarding informing staff**

Discuss how, when and what information is given to the staff. Determine who will deliver the news and what supports are available. Such supports can include organisational wellbeing resources (such as EAP or wellbeing staff), telephone supports such as (Lifeline 13 11 14 or Suicide Call Back Service 1300 659 467), specialised postvention supports (such as StandBy if in a StandBy region) and local community supports such as community counselling, GP services, etc. Discuss and identify what cultural needs may exist for the workplace and family to ensure that information and support is provided in a culturally safe way. Contact with the deceased family will guide what information they wish to be shared. Inform staff in a respectful and sensitive manner. Those known to be directly impacted (such as those in shared workplace, friends, close/known relationships) should be spoken to first (before speaking with others more broadly), individually and face to face. As not all relationships are known ensure staff are told in small groups or personally and that privacy guidelines are maintained. It is not appropriate to inform staff by email or in large groups. In some circumstances (i.e. very large workplaces where face to face/telephone communication is not feasible with all staff) those less exposed/or without relationship to the deceased could be informed by email using example in Appendix C.

- **Identify family liaison**

A family liaison person is recommended, preferably a senior member of staff who has experience or understanding of traumatic loss. They will need to contact the family in the initial stages to ensure any requests are adhered to and to provide a single point of communication. It is important for them to explore any cultural needs with the family. Later, if any personal belongings of the deceased need to be returned, it is recommended this same liaison person is used as the contact point.

• **Provide information and support regarding communication**

Consider the language used

Certain words can negatively impact on people bereaved by suicide, or those that are vulnerable to suicidal thinking.

- Certain ways of talking about suicide can distress, upset or alienate colleagues or inadvertently contribute to suicide being presented as glamorous, ideal or a common option for dealing with issues.
- Avoid judgmental phrases or language which glamourises or sensationalises suicide, as well as language that exaggerates suicide rates.
- Avoid blame or reducing the cause to any one reason. Instead talk about suicide as complex, with a range of contributing factors.
- Don't talk about the method of how the person died. This can be distressing and can also increase the risk to others.

Issue	Problematic	Preferred
Presenting suicide as a desired outcome	✗ 'successful suicide', 'unsuccessful suicide'	✓ 'died by suicide', 'took their own life'
Associating suicide with crime or sin	✗ 'committed suicide', 'commit suicide'	✓ 'died by suicide', 'took their own life'
Sensationalising suicide	✗ 'suicide epidemic'	✓ 'increasing rates', 'higher rates'
Language glamourising a suicide attempt	✗ 'failed suicide', 'suicide bid'	✓ 'suicide attempt', 'non-fatal attempt'
Gratuitous use of the term 'suicide'	✗ 'political suicide', 'suicide mission'	✓ refrain from using the term suicide out of context

Mindframe, 2019

Monitor and respond to conversations online

When people who are not closely connected with the person discuss the death, speculation and misinformation can spread quickly.

- Public posts can be seen by many people and aren't the ideal form of communication about suicide – consider who might view this online content before posting information.
- While online may not be the ideal place for conversations, it does provide an opportunity to engage with people talking about the death and provide accurate information and links of where people can get further support.
- If possible, conversations online should be monitored, and contents and comments moderated by someone with knowledge in suicide bereavement.

Adapted from NSW Health, 'Conversations matter – resources for discussing suicide' (2013) www.conversationsmatter.com.au

Critical incident meeting 2 –

Review actions

- **Review and update all actions**

Identify media/communications person to begin drafting statements for organisational webpage, general media, and a fact sheet for whole of organisation. Ensure all public/media statements are approved by CEO/Senior Manager prior to release. This can be brief with additional updates in timely and considered increments. Safe messaging must be utilised in all notifications. Implement a social media monitor connected to the organisation/business. If necessary, remove any distressing, contentious or offensive material. Ensure staff are made aware (via staff briefing) regarding expectations of social media posts or speaking with any media without authorisation. Ensure front of office/reception has a statement of response, should any calls or enquiries come in. In most situations it is unlikely a media release will be issued following a death of an employee, with the exception of them being a high-profile figure. However, if there was considerable activity at the workplace location, such as Police and Ambulance vehicles, prompting local media to make contact, a prepared statement could be useful. A suggestion is to have a statement on the workplace website via the CEO or Manager, "on behalf of...", media can then be directed there.

- **Prepare staff fact sheet communication**

See Mindframe Guidelines mindframe.org.au/suicide/communicating-about-suicide "Communicating about suicide" regarding language (page 16); discussing method and location; providing help-seeking information; social media

- **Develop scripted responses for staff**

Identify the most experienced person to undertake any interviews (radio or TV) should there be a request from someone external to the organisation, and ensure they are well prepared with any no-go areas clarified beforehand.

Dealing with the media

When someone dies in a workplace incident, the media may report on it, and you may be contacted for comment. You don't have to speak to the media if you don't want to – you can simply reply with a 'no comment'. If you do speak to the media, consider appointing a spokesperson.

For further information, please refer to Appendix D – Draft Media Statement and Appendix E – Draft Scripted Response for Front Office Staff.

Some strategies for dealing with journalists are:

- Tell the reporter to call back at a convenient time
- Offer to contact the reporter at a time you feel up to answering questions
- Ask for the questions to be submitted in advance so that you can prepare responses with the help of the family and management
- Do not answer any questions that make you feel uncomfortable
- Decide on the boundaries for dealing with the media and enforce them

First 24-48 hours

Acute Response

- **Documentation of the event**

Complete incident report or other relevant process to ensure accurate recording of events, names of relevant personnel, including date, time, etc. The employee who responded first on the scene may require assistance and support to complete the report. The information may later be used for legal requirements, such as a police report, therefore completion in a timely manner will assist with accuracy.

- **Contact family**

Designated family liaison person contacts family sensitively. Offer condolences and information on support options for the family, such as **StandBy**. Explore cultural needs of the family, if they would like the death to be referred to as a suicide, any privacy concerns, and if they are comfortable with colleagues attending the funeral (bearing in mind that sometimes funeral arrangements can be delayed due to police/coronial processes after a suicide). It is critical for interactions with the family to be approached gently and patiently, and to ask if it would be okay to contact them at another time if they are unable to talk.

- **Inform others**

Coworkers or other employees, such as admin staff, cleaners, canteen workers, other relevant staff, departments should be informed in a respectful and sensitive manner. Remember, you may not be fully aware of all relationships/connections the deceased may have had.

Other agencies / businesses may need to be notified of a critical incident occurring (several reasons for this – may have client in common, shared location / potential to share future trainings, worker may be known to them).

- **Convene staff for briefing**

Convey facts as known, while ensuring stated wishes and the privacy rights of the deceased and their family. Transparency and relevant sharing of brief facts will assist in reducing speculation, gossip, and questions, and promote a workplace culture of openness, help seeking and resiliency.





- **Provide information / support**

A meeting room or area to gather can be provided for staff, with permission from CEO/ Executive of suspension of all (unnecessary) duties. The staff liaison/spokesperson should be mindful of safe and effective messaging to reduce further distress and to reduce risk for people who are already vulnerable to suicide. Usually what people require is timely support, safe expression of shock, sadness and other feelings without fear of ridicule or judgement, and a compassionate, comforting environment.

- **Facilitate clear pathways to support**

Include established workplace avenues such as EAP or Wellbeing Officer and additional supports external to the organisation (this can include **StandBy** & 24/7 crisis lines). Ensure that all pathways take into consideration cultural needs, working respectfully and with understanding of cultural requirements/protocols. Assure sensitivity and consideration for all dimensions of diversity – gender, age, ethnicity, sexual orientation. Do not assume one size fits all and be mindful of language to avoid stigmatising employees or others.

- **Provide 'quiet' room, place to gather**

To gather, means to express grief. Respect uniqueness of individual grief responses. The history of any given individual is not always known, people will have various responses and be impacted in different ways. Do not assume grief is a "one size fits all". Allow time for expression of shock, loss and other feelings. Do not force people to express grief if they do not want to, it is important to recognise that everyone grieves differently and in their own time.

Watch out for other employees – vivid memories and feelings may surface. Some unspoken grief may become noticeable. Expect tears – like the rest of grieving, they are a normal part of healing

How best to support staff? Emotional support such as "if you want to talk, I'm a good listener" and access to information, such as EAP, crisis lines and StandBy are good starting points. Be guided by what they say they need and your own experience. Employees should be given the opportunity to talk informally, discuss circumstances, ask questions, support one another, and be supported in accessing additional assistance.

1-2 weeks

Initial actions / support

- **Continue monitoring of staff** – check staff absences and follow up.
- **Decision regarding backfill of duties (of deceased)**

Who is covering the work? Has the diary been accessed, and clients notified? There may even need to be a conversation about the workstation [i.e. desk], should it be cleared, by whom and when? Consultation with relevant staff is encouraged and decision is not required immediately. A week (give or take a day) might be sufficient before further change occurs.

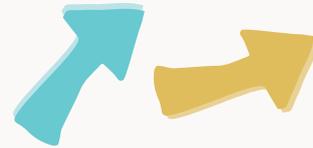
- **Funeral arrangements**

Identify how the workplace will be represented at the funeral – flowers/bequeaths, attendance. Inform staff of any funeral, memorial arrangements (if the family wish for staff to attend) and be clear about attendance and what, if any, criteria surrounds this. If funeral attendance is not possible, a ceremony in honour of your deceased colleague should be arranged. This would be a good time to invite the family to attend the site.

The ceremony should allow people to talk about the death and their own loss. This could be organised by a joint union /management group.

- **Provide information**

It can be useful to prepare an information sheet for staff regarding coping mechanisms, strategies for self-care, leave entitlements, and encouraging staff to explore and access external supports and to watch out for one another. Respect uniqueness of individual grief responses.





- **Critical incident team – Debrief and self-care**

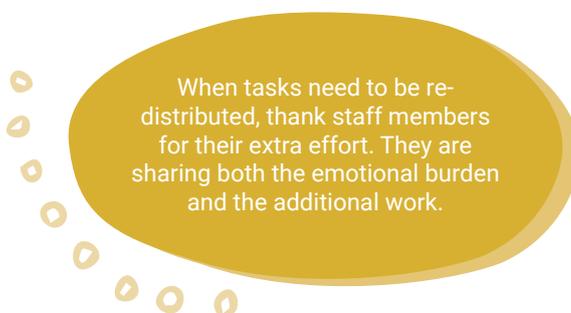
It is important for the critical incident team to periodically meet to debrief re: reviewing processes to date, is there anything that they think could have been done differently, and their own self-care and any need for support.

- **Contact the family – within (2 months) of incident.**

If belongings have not already been returned, this can be done (providing there are no restrictions to do so) in a sensitive manner, phoning family prior to confirm.

- **Begin to reinforce and re-build**

This can be a time to rebuild confidence, trust, safety and workplace cohesiveness. Establish routine with compassion and support, and with the understanding of individual differences –with some staff this may take some time.



2 weeks - 6 months

Ongoing support available

- **Continue availability of supports**

Remember people will deal with death and grief in their own way and time. Some staff may access support immediately after the death and others may not be ready to access support until time has passed.

- **Continue contact with the family**

Where applicable, the family liaison person 'checks-in' with the family at timely intervals.

- **Continue communication with staff**

Keep lines of communication open with staff without revisiting the specifics of the event, but to provide a framework and a 'where to from here'. This is a good opportunity to speak about future trainings and plans, i.e. engagement of a wellbeing officer. Discourage permanent 'memorials' at work, with sensitive and transparent communication. It can be useful to acknowledge with empathy and sensitivity that a desire to memorialise the deceased is based on good intentions and the depth of care for that person. However, explain that permanent memorials are not recommended (see below).

Should there be a permanent memorial?

Permanent public memorials are not recommended. This can be a traumatic reminder of what has occurred and may appear to 'glamorise' the death. Workplaces may decide to instead have a 'workplace ceremony' such as a morning tea to speak about the deceased or something more organised, such as suggestions of fund raising for a suicide prevention organisation, or participating in a community event [candle light vigils; walks], and writing letters (positive memories) of the deceased to give to the family, at all times being respectful of any wishes of the family of the deceased. A guiding question for organisations is to consider, 'What would the response be following the death of any employee under other or different circumstances?' Consultation with workers and (if appropriate) with the family of the deceased is recommended.

Longer term follow-ups

Ongoing support available

- **Review organisational practices and critical incident processes**

Take time to review the whole process and ensure policies/procedures are amended accordingly

- **Consider key anniversaries**

Special occasions (Christmas, birthdays, wedding anniversaries) can be a difficult time for the bereaved, with memories and feelings of loss heightened. At times this can be emotionally challenging or can create feelings of anxiety. Preparation is often the key to providing support, either for oneself or another, such as the employee. Acknowledging the date as significant and a simple gesture may be sufficient to show care and support. Anniversaries are also opportunities for organisations to reflect on previous practices, recognise the healing that has succeeded the traumatic event and how and in what ways resilience is shown. For some organisations this is the time to consider advocacy in raising awareness to worker health and well-being issues by participating in a local community event (such as fundraiser, mental health month or suicide prevention and awareness).

- **Move from postvention to prevention**

Should suicide prevention training be part of your postvention response?

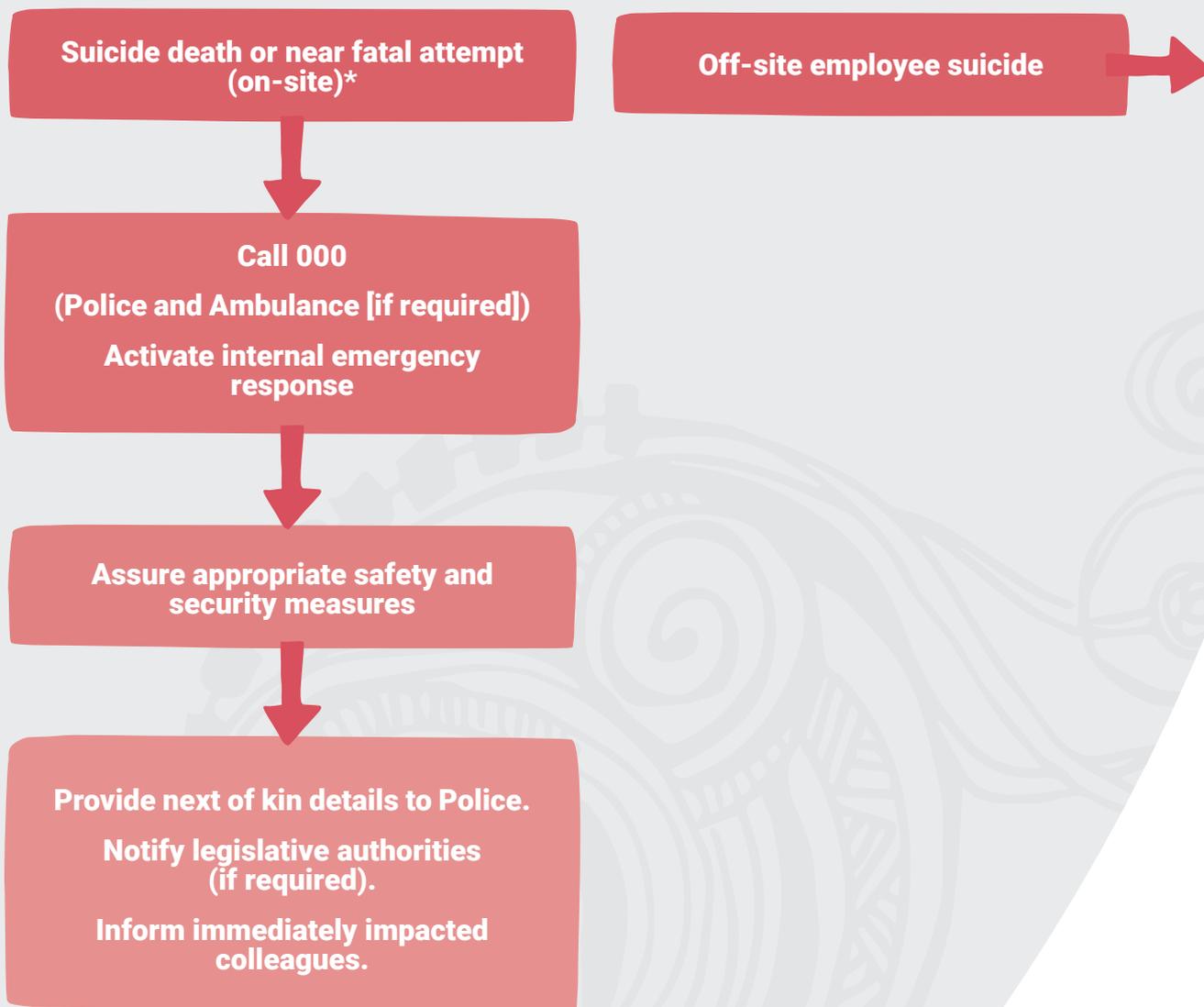
Suicide prevention training primarily focuses on learning to recognise warning signs and how to help someone who may be in a suicide crisis. Sometimes organizations or agencies want to host this kind of event (often called “gatekeeper training”) immediately after a death. Although the impulse to funnel grief into “making sure that this tragedy won’t be repeated” is understandable, the immediate aftermath of a death may be too soon to expect people to focus on prevention. Without adequate time to grieve, a gatekeeper training may be more painful than productive as people may feel guilt or blamed for not having done more to prevent the death.

When the timing is right one of the most important things a workplace can do is transition the team from suicide postvention to suicide prevention strategies. A comprehensive approach looks beyond one or two strategies, and uses a multi-pronged, and coordinated system of strategies that addresses suicide risk from proactive prevention to intervention to postvention. For example, training employees in suicide prevention gatekeeper models that teach employees how to recognise and respond to signs of suicide risk in their co-workers (for more information on gatekeeper training, see www.livingworks.com.au or <https://qprinstituteaustralia.com.au/>).

Acknowledging the date as significant and a simple gesture may be sufficient to show care and support.

Checklist and action plan

Workplace response to suicide – Suicide of an employee



IMMEDIATE CRISIS RESPONSE

Checklist

Action plan

Critical incident meeting

Decision re part or full workplace closure [page 14]

Identify staff liaison [page 14]

Decision regarding informing staff [page 15]

Identify family liaison [page 15]

Provide information/support regarding communication [page 16]

Critical incident meeting 2

Review and update all actions [page 17]

Dealing with the media [page 17]

Prepare staff fact sheet communication [page 17]

Develop scripted responses for staff [page 17]

FIRST 24-48 HOURS ACUTE RESPONSE

Checklist

Action plan

Critical incident meeting

- Documentation of events [page 18]
- Contact family [page 18]
- Inform others [page 18]
- Convene staff for briefing [page 18]
- Provide information/support [page 19]
- Facilitate clear pathways to support [page 19]
- Provide 'quiet' room, place to gather [page 19]

1-2 WEEKS INITIAL ACTIONS/SUPPORT

Checklist

Action Plan

Critical incident meeting

- Continue monitoring of staff [page 20]
- Decision regarding backfill of duties [page 20]
- Funeral arrangements [page 20]
- Provide information regarding strategies for support [page 20]
- Critical incident team - debrief and self-care [page 21]
- Contact family - within 2 months of incident [page 21]
- Begin to reinforce and re-build [page 21]

2 WKS - 6 MTHS
ONGOING SUPPORTS AVAILABLE

Checklist

Action plan

Critical incident meeting

Continue availability of supports [page 22]

Continue contact with the family [page 22]

Continue communication with staff [page 22]

LONGER TERM FOLLOW-UPS
ONGOING SUPPORTS AVAILABLE

Checklist

Action Plan

Critical incident meeting

Review organisational practices and critical incident processes [page 23]

Recognise anniversaries and milestones (opportunity to reflect) [page 23]

Transition postvention to prevention [page 23]

Actions at a glance

Workplace response to suicide – Employee bereaved/impacted by suicide

IMMEDIATE CRISIS RESPONSE

- Determine relationship of employee
- If the relationship is of a personal nature and the employee is on-site
- Provide privacy and a suitable staff liason
- Follow critical incident protocols
- Ensure they are safe to leave
- Inform workplace
- Review work commitments
- Check-in with the bereaved

FIRST 24-48 HOURS ACUTE RESPONSE

- Documentation of event as known if the suicide was client/service user
- Request clarification re: the sharing of information
- Notify People and Culture
- Prepare beforehand what information can and will be provided to staff
- Nominate staff liason person

1-2 WEEKS INITIAL ACTIONS / SUPPORT

- Report to board
- Monitor the bereaved worker
- Identify representation of flowers/ bequeaths, attendance at funeral
- Discuss return to work capacity of the bereaved worker

2 WKS - 6 MTHS ONGOING SUPPORTS AVAILABLE

- Continue to check staff wellbeing

LONGER TERM FOLLOW-UPS ONGOING SUPPORTS AVAILABLE

- Recognise anniversaries and milestones (opportunity to reflect)
- Transition postvention to prevention

Actions detailed

Immediate

Crisis response

Determine relationship of employee to the deceased and source of the notification. Is the deceased person a colleague, client or of a personal relationship to the worker? The relationship connection has relevance for the organisation/workplace, as a suicide of a service user/client may result in legal ramifications. Eg. case notes being subpoenaed or request for statements to Police.

If the relationship is of a personal nature and the employee is on-site, provide privacy and a suitable staff liaison person to glean relevant detail and discuss with employee their immediate needs. Does the employee need to leave? Or are they notifying they will be absent? What supports do they have in their life and would it be helpful for them to know about services such as StandBy, Suicide Call Back Service, GriefLine, etc?

If this is considered a critical incident within the workplace, ensure all workplace protocols are followed.

If the worker has received the news while in the workplace, ensure they are safe to leave or consider providing alternative transport.

Be sure that the workplace is informed, either via the employee themselves or maybe by a family friend – by phone, text or email. Workplaces should not divulge any information of a personal or private matter to anyone else without specific permission to do so. It can be useful to ask the bereaved worker what they would like the workplace to know about their absence.

If appropriate, perhaps allow one person at your workplace to have enough information to keep speculation to a minimum. Keep them informed about funeral arrangements, time away from work, how they're doing, etc.

Senior Manager to follow up with replacement worker if required and to check diaries or other systems for pending engagements. It may be necessary to enlist the assistance of other staff to cover duties.

A phone call later in the day to the bereaved worker is recommended and may indicate genuine care.

First 24-48 hours

Acute response

- Documentation of event as known if the suicide was client/service user.
- Request clarification re: the sharing of information. Can other staff be informed of circumstances?
- Notify People and Culture with regard to leave entitlements, providing this information for the employee at a later date.
- Inform relevant staff personally, at this time it should be on a need to know basis. Prepare beforehand what information can and will be provided to staff, taking into account privacy issues.
- If information about the death is to be shared, consider vulnerable staff in messaging and provide relevant internal and external supports. Convene staff for briefing – convey the facts as known.
- As appropriate, nominate staff liaison person as contact to family, offering condolences and support and to follow up with regard to leave arrangements.

1-2 weeks

Initial actions / support

- Report to Senior Management as required.
- Continue monitoring of bereaved staff member and respect uniqueness of individual grief responses.
- Identify representation of flowers/bequeaths, attendance at funeral.
- At a nominated time discuss return to work capacity of the bereaved worker – what if any, options are available to them at this time? Is there an option for flexibility around return to work (such as reduced hours for the first two weeks?). It is important to note that grief is its own journey, however for many people returning to work is a financial necessity, while for others it is a means of keeping their mind occupied and creating a break from what has been all-consuming grief. The workplace may be the only part of life that provides a sense of routine or seems normal. There can also be difficulties and concerns about returning to work, such as having to ‘face’ others and questions that may be asked.

2 weeks - 6 months

Ongoing support available

- Continue to check staff wellbeing, with any absences noted and followed up. Acknowledge the impact of the loss/trauma and consider training opportunities.
- It can be delicate to balance the demands of the work situation with compassion for the bereaved. There may be pressure to 'get on with the work' or to get back to routine. However, the short-term ease of a caring and compassionate response will have longer term benefits as workers again find their footing after the unexpected challenges of responding to a trauma.

How soon to return to work?

Be guided by the grieving worker, taking into consideration available leave and workload. Possible grief impacts, usually temporary and varied with individuals, may include effectiveness and performance, including problems with concentration and loss of confidence. For some, returning to work is a financial necessity, for others it is a means of keeping occupied and returning to a sense of routine. A sensitive, compassionate workplace approach will provide guidance for the worker (and other employees), acknowledging loss and separating work duties from 'time out'.

Include the bereaved employee/s in social plans. It is easy to assume that they won't feel up to it, but a light-hearted outing may be a great help to someone who is feeling isolated. Inviting them can help them feel included even if they cannot attend.

6 months - 12 months

Ongoing support available

- Anniversaries can be particularly difficult for the bereaved. A simple acknowledgement of the significance of the anniversary date/time may suffice. A simple gesture may be sufficient to show care and support. Ask the bereaved person what, if anything, and how they would like the day to be acknowledged or any suggestions for the organisation.
- This may also be a time to offer a whole of organisation opportunity to reflect, recognise resilience and provide opportunity for an awareness raising occasion, maybe a morning tea with a guest speaker, or a fund-raising activity.
- Transition from postvention to prevention

Checklist and action plan

Workplace response to suicide – Employee bereaved/impacted by suicide

IMMEDIATE CRISIS RESPONSE

Checklist

Action plan

Critical incident meeting

- Determine relationship of employee [page 29]
- If the relationship is of a personal nature and the employee is on-site [page 29]
- Provide privacy and a suitable staff liason [page 29]
- Follow critical incident protocols [page 29]
- Ensure they are safe to leave [page 29]
- Inform workplace [page 29]
- Review work commitments [page 29]
- Check-in with the bereaved [page 29]

FIRST 24-48 HOURS ACUTE RESPONSE

Checklist

Action plan

Critical incident meeting

- Documentation of event as known if the suicide was client/service user [page 30]
- Request clarification re: the sharing of information [page 30]
- Notify People and Culture [page 30]
- Prepare beforehand what information can and will be provided to staff [page 30]
- Nominate staff liason person [page 30]

1-2 WEEKS INITIAL ACTIONS/SUPPORT

Checklist

Action plan

Critical incident meeting

- Report to Senior Management [page 31]
- Monitor the bereaved worker [page 31]
- Identify representation of flowers/bequeaths, attendance at funeral [page 31]
- Discuss return to work capacity of the bereaved worker [page 31]

2 WKS - 6 MTHS
ONGOING SUPPORTS AVAILABLE

Checklist

Action plan

Critical incident meeting

- Continue to check staff wellbeing [page 32]

LONGER TERM FOLLOW-UPS
ONGOING SUPPORTS AVAILABLE

Checklist

Action plan

Critical incident meeting

- Recognise anniversaries and milestones (opportunity to reflect) [page 33]
- Transition postvention to prevention [page 34]

Notes



Additional resources

- **StandBy resources**
A broad range of information sheets on topics relating to suicide bereavement, including returning to work
<https://standbysupport.com.au/resources/>
<https://standbysupport.com.au/wp-content/uploads/2017/11/Returning-to-Work.pdf>
- **Conversations matter to those bereaved by suicide**
Resource developed to provide basic tips for talking to someone who may have a lost a family member, friend or colleague to suicide.
<http://www.conversationsmatter.com.au/resources-community/those-bereaved-by-suicide>
- **BlackDog Institute – Workplace Mental Health Toolkit**
Mental health toolkit developed as a practical guide for Australian workers to assist them in understanding mental health issues in the workplace, and to provide strategies and resources to support those who may be experiencing a mental health condition.
<https://blackdoginstitute.org.au/docs/default-source/education-resources/black-dog-institute-mental-health-toolkit-2017.pdf>
- **WorkSafe fact sheets**
A range of fact sheets on topics including entitlements following a work-related death, legal processes, grief and financial matters following a loved one's death
<https://www.worksafe.vic.gov.au/when-someone-dies-work>

References

- American Hospice Association (2012) 'Grief at work – a guide for employees and managers
- Australian Bureau of Statistics (ABS). 2019 Causes of Death Australia, 2018
- Botha, K., Guilfoyle, A., & Botha, D. (2009) Beyond normal grief: A critical reflection on immediate post-death experiences of survivors of suicide. *Australian e-Journal for the Advancement of Mental Health*, 8(1).
- Cerel, Brown, Maple, Bush, Van de Venne, Moore & Flaherty [2017]. Connecting to the Continuum of Survivorship. Paper presented at the National SPA Conference: Connecting culture, context and capabilities, Canberra
- Cerel, J., Sanford, R.L. (2018) It's not who you know, it's how you think you know them: Suicide exposure and suicide bereavement *The Psychoanalytic Study of the Child*. New Haven, 71(1): 76-96.
- Diagnostic and Statistical Manual of Mental Disorders (DSM5), 2013
- Kim, C.D., Seguin, M., Therrien, N., Riopel, G., Chawky, N., Lesage, A.D., & Turecki, G. (2005) Familial Aggregation of Suicidal Behaviour: A Family Study of Male Suicide Completers from the General Population, *AMJ Psychiatry*, May, 162 (5)
- Maple, M., Sanford, R., Pirkis, J., Reavley, N. & Nicholas, A. (2109a). Exposure to suicide in Australia. A representative random digit dial study. *Journal of Affective Disorders*. DOI: 10.1016/j.jad.2019.08.050.
- Mindframe (2014) Reporting suicide and mental illness: A Mindframe resource for media professionals <https://mindframemedia.imgix.net/assets/src/uploads/Mindframe-for-media-book.pdf>
- NSW Health, (2013) 'Conversations matter – resources for discussing suicide' www.conversationsmatter.com.au
- QLD Government (2019) A Death in the workplace – A guide for family and friends https://www.worksafe.qld.gov.au/__data/assets/pdf_file/0006/82716/a-death-in-the-workplace.pdf
- Suicide Call Back Service. (2020). www.suicidecallbackservice.org.au/resource/legal-considerations-following-suicide/.
- Suicide Prevention Australia (SPA). 2014, 'Discussion Paper: One World Connected: An assessment of Australia's progress in suicide prevention'
- Suicide Prevention Australia (SPA). 2016, *The Ripple Effect: Understanding the Exposure and Impact of Suicide in Australia*
- The Science of Knowing (2018) Client Outcomes Report (full report available on **StandBy** website)

Appendix A

Case study

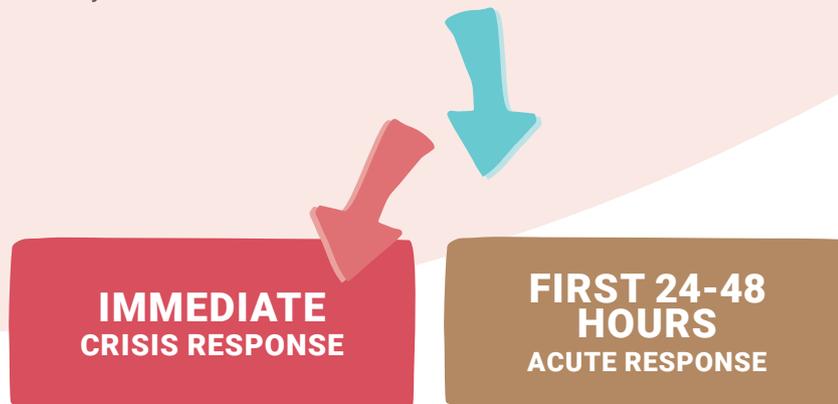
Workplace response to suicide of an employee

Case study scenario 1:

Jamie had been working for six years at a local firm's ('Agora') head office in an organisation of 25 employees. Starting his working life as a builder 20 years before, Jamie had worked his way up within the organisation to a middle management position.

Jamie died by suicide late at night in his home. Jamie was well liked and popular and considered a 'good bloke' but in the weeks leading up to his death, he became argumentative and reclusive. Several of his work colleagues complained of his attitude, and a few of his co-workers had direct altercations with him in the staff room. Due to not feeling well, he had been on sick leave for a number of days.

Jamie had a wife and two adolescent sons and had connections right across the industry.



What happened next:

At 10.30am a phone call came through to Greg, Jamie's manager at Agora's head office, from Jamie's wife, Helen. Helen mentioned that the previous night that Jamie had been missing for most of the night and was subsequently found to have died by suicide at home by her eldest son. He was pronounced dead at the scene and the death was confirmed as suicide by police.

The call came as an incredible shock to Greg, as he had worked closely with Jamie for the last five years, and both of their families had become friendly and socialised often together. After taking the time to compose himself and collect his thoughts, Greg then took the following steps:

- Greg phoned back Helen to offer his and Agora's sincere condolences to Jamie's family. He then sought assurance that Jamie's family were comfortable with the relevant Agora staff being advised of their colleague's death. Helen confirmed that they were OK with Jamie's death being mentioned as a suicide.
- Greg then contacted the HR Manager to advise of Jamie's suicide. They then began to work through a list of planned responses. It was agreed that the HR Manager would advise the CEO. Greg was identified as the best person to be staff liaison and to be the central point for any staff communication. Due to his experience in crisis response, Greg was also nominated as the family liaison – to work with the family through this difficult time, and to ensure that there was a central point of communication.
- Through previous workshops, Greg was aware of **StandBy** Support After Suicide. As Jamie's death occurred in a site that was serviced by **StandBy**, he contacted his local site for support, and for advice on how best to inform staff of Jamie's passing.
- Greg and the HR Manager agreed that staff should be informed of Jamie's suicide first thing the next day. A meeting for head office staff was organised for 9am.
- Greg and the HR Manager liaised with the Media and Marketing person to develop internal and external communications plans. With small numbers of staff at various off-site locations, a script was developed for a memo to be circulated to these sites. Advising staff early ensured that rumours and misinformation were minimised. A simple script was developed to be shared with reception and front office staff following the staff meeting, as well as a draft media response. A staff fact sheet was also developed (with **StandBy** input) that included help seeking behaviours and appropriate support contact numbers (Lifeline, Suicide Callback Service, etc).
- Greg organised for **StandBy** Support After Suicide staff to be on hand at head office to offer bereavement support. StandBy's contact number was also circulated to the other sites, should support be required.
- Early the next day head office staff met in the large meeting room – also attending were the CEO, HR Manager and three **StandBy** support staff. A 'quiet room' was also organised for any staff to grieve and seek support. Greg led the meeting and delivered the news of Jamie's suicide to the assembled staff – in a caring and concise way, avoiding any speculation about the death, and avoiding discussion in a dramatic or sensational manner. To avoid sensational sharing of information via text, social media, etc., staff at other sites would also be advised at this time of Jamie's passing.

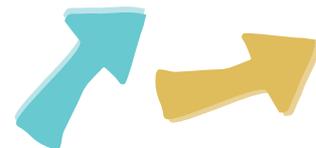
Case study

Workplace response to suicide of an employee

1-2 WEEKS INITIAL ACTIONS / SUPPORT

Following the initial shock and notification of Jamie's passing, Greg commenced activities to move the Agora head office to a recovery phase.

- Greg worked with HR to ensure that clear access to support was available to employees, and that employees were made aware of the Employee Assistance Program (EAP) and other counselling services, and that these were readily available and easily accessible.
- Working with HR, Greg made a more personal approach to staff either individually or in small groups to assess their wellbeing, and to determine those that may require further support or assistance. Working with the family, the Communications team also monitored on-line activity on Jamie's and Agora's social media in case any inappropriate comments were posted. Useful support information and links were provided.
- Liaising with the family, Greg was able to keep the workplace informed of funeral arrangements. It was agreed that a small delegation comprising Greg, the CEO, and Jamie's direct team members would attend the funeral. Agora would also send flowers and a formal message of condolence.
- Greg worked with Helen and her two sons to visit Agora a week after the funeral – to come and collect Jamie's personal belongings from work. At the time a lunch was provided for the family and the team, with **StandBy** support staff on hand for those that required assistance. The family discussed their wishes that instead of a memorial or shrine, they would like a collection to be made for a local suicide postvention not-for-profit.
- During this first two weeks, HR worked with Greg's team to make some decisions regarding the back filling of duties, and to access the work diary to advise clients of Jamie's death.



2 WKS - 6 MTHS
ONGOING SUPPORTS
AVAILABLE

Two weeks to six months – Intermediate term

- Greg and HR continued to monitor staff wellbeing, and to continue availability of supports. During this time Greg also checked in with the family with periodic phone calls.
- Liaison with staff across Agora to determine relevant workplace training – with an emphasis on suicide prevention / postvention and wellbeing.

**6 MONTHS TO
12 MONTHS**
ONGOING SUPPORTS
AVAILABLE

Six to Twelve months – Long-term phase

- The CEO, HR and Greg worked together to ensure that Agora transitioned from suicide postvention, to a suicide prevention state. A comprehensive and sustained strategy was implemented to make suicide prevention a health and safety priority.
- With the one-year anniversary approaching, Greg and management worked with those still struggling to determine the best way to honour Jamie's loss and celebrate his life. Staff and management agreed that Agora would make an annual donation to a local suicide postvention not- for-profit.

2 WKS - 6 MTHS
ONGOING SUPPORTS AVAILABLE

LONGER TERM FOLLOW-UPS
ONGOING SUPPORTS AVAILABLE

Appendix B

Case study

Workplace response to a bereaved employee returning to work

Case study scenario 2:

Employee returning to work following a suicide bereavement

Jenny is a long-term employee of an organisation of some 9 years. Jenny's only son died by suicide in the family home.

Jenny is returning to work, partly out of financial necessity, and partly as a means of keeping occupied and creating a break from what has been an all-consuming grief. The workplace is the only part of Jenny's life that feels normal for now.

What are some of the issues to be considered?

- Ensuring co-workers are aware that a significant loss has occurred (be guided by the worker / Jenny as to what information they are comfortable in sharing).
- To balance 'getting on with the job' and allowing space for grief, conversation is recommended with the line manager to discuss expectations regarding duties and work compliance. Is there an option of flexible hours for the short-term?
- Identified go to staff liaison person for employees who have questions or concerns.

What are some of the ways that the workplace and her colleagues can support Jenny as she returns to work?

For other suggestions see Appendix G

What happened next:

When Jenny didn't show up to work by her regular start time, which was very out of character, her manager Michelle and colleagues became increasingly concerned.

Michelle then took the following steps:

- Michelle tried calling Jenny's mobile, which went to answerphone and left a message on voicemail. Ten minutes later Jenny sent through a text message, explaining that she wouldn't be coming to work, due to a death in the family and didn't want to talk to anyone at this stage. Michelle responded by advising Jenny that if she needed anything to please let her know.
- Michelle advised colleagues that Jenny would not be coming into work (did not disclose about the death but mentioned that privacy has been requested). Temporary arrangements to cover Jenny's workload amongst the team for the remainder of the week were also put in place.
- Michelle spoke with HR to advise them and keep them informed. Michelle also enquired what the arrangements were around taking extended leave and Employee Assistance Program (EAP) to ensure that she could provide Jenny with the most accurate information available.

Case study

Workplace response to a bereaved employee returning to work

1-2 WEEKS INITIAL ACTIONS / SUPPORT

Throughout the first week of Jenny being away from work, Michelle has maintained confidentiality and privacy.

- Jenny makes telephone contact with Michelle at the start of the following week. Jenny advises that it was her son, James and he had died by suicide. Michelle offers her sincere condolences and asks if there is anything that she can do to help the family. Jenny is not able to speak at length as there are other family members in the home and arranges a more suitable time tomorrow to talk.
- Michelle speaks with HR to update them and asks them for advice in best supporting Jenny. HR are aware of the StandBy program and provide Michelle with further information that may be passed onto Jenny. Michelle also gets the opportunity to debrief and receive support herself.
- Michelle contacts Jenny the next day as planned and has prepared by gathering all information collated from HR to assist in providing accurate and relevant information. Jenny advises that she is in no position to return to work and doesn't know when that may be. Michelle expresses that there are supports and options in place to ensure that Jenny is fully supported during this time and on an ongoing basis. Michelle reiterates that Jenny can take personal leave and that further leave and flexible working hours can also be made available. Michelle asks if there is anything that herself or the family need. Details of internal supports are provided in addition to specific support available from **StandBy** Support After Suicide. Jenny's colleagues have yet to be advised, Michelle asks what Jenny feels comfortable with being communicated to them.
- Guided by Jenny, Michelle organises a meeting with immediate colleagues. Jenny has expressed what she would like her colleagues to be told that her son James has died by suicide and that she would like some privacy. Jenny has given permission to share funeral details for anyone that would like to pay their respects.
- Michelle convenes a meeting with immediate staff and considers anyone that may be particularly feeling vulnerable or who has a personal friendship with Jenny and her family and advises them prior to the whole of staff. Michelle advises of the available supports if they need to access, such as StandBy/EAP and internal supports. She reiterates Jenny's request of privacy and provides StandBy information on the 'What do I say? / What do I do?' card to help guide them. After liaising with senior management and HR, an organisation decision is made that the staff can attend the funeral if they wish and if Jenny would like them to attend. Flowers are sent on behalf of the organisation.
- Michelle works with HR to backfill Jenny's position with a staff member from a different department and prioritises work tasks to be undertaken during this time.

2 WKS - 6 MTHS
ONGOING SUPPORTS
AVAILABLE

- Michelle liaises with Jenny on a regular basis to monitor how she is and to ensure that she feels supported by her workplace.
- Michelle has organised with Jenny for her to take a combination of personal and annual leave during this time. This has alleviated the need for Jenny to return to work before she feels ready, due to financial necessity. A flexible working arrangement has been devised with consultation from Jenny and HR which will enable a gentle ease back into work with reduced hours and duties.
- Prior to Jenny returning to work on a flexible basis, Michelle has arranged a meeting with the staff to discuss what Jenny has said her needs are for the time being. Jenny has asked that her colleagues do not act like nothing has changed, acknowledge James, and understand that sometimes she will want to talk and at other times she may not.
- On returning to work Jenny meets with Michelle and HR and identifies that the routine of work will be beneficial but may also feel overwhelming at times. A safe space is identified if Jenny needs a quiet space.

LONGER TERM
FOLLOW-UPS
ONGOING SUPPORTS
AVAILABLE

Michelle continues with the support of HR to monitor and provide weekly check-ins for Jenny. A review of the support received and considerations for improvements are reflected upon. Birthdays / anniversaries and other key dates are noted. Special considerations are given to ensure the organisation is supporting its workforce, this includes an inclusion of a Health and Wellbeing Committee which organises regular social events and focuses on the importance of healthy lifestyle choices and promoting positive mental health.

Appendix C

Draft notification of the death of a co-worker

NB: This is to be used in some circumstances (i.e. very large workplaces where face to face / telephone communication is not feasible with all staff) those less exposed / or without relationship to the deceased could be informed in this way. (See page 14).

Staff memo (Always seek family approval prior to distribution).

It may not be necessary to distribute to all staff; consider the question who needs to know?

Date:

To: All staff

From: _____

Re: Death of [NAME]

(Name of workplace) is saddened to be notified of the death (day/time) of [NAME]. At this time details are limited as we await further information from the family.

We acknowledge this is sad and shocking news for many that have worked with [NAME] and support is available for you.

[Staff name] is acting staff liaison for individual support or to answer any questions. There will also be a staff debriefing session at (where) on [date/time].

[NAME] has worked with [workplace] for xxx years and will be sadly missed. Include something personal about the worker (eg. NAME was dedicated, popular...).

Information about a memorial service will be provided [when]. the family welcome any of [NAME]'s colleagues who would like to attend.

Any person requiring additional support, please telephone [include **StandBy** number if in a **StandBy** region], Lifeline 13 11 14, Suicide Call Back Service 1300 659 467, or MensLine 1300 78 99 78.

Appendix D

Draft media statement

Draft media statement for workplace website / distribution

(in conjunction with family, media personnel and approved by CEO prior to publication)

On behalf of management and staff of [ORGANISATION], extends condolences to family, friends and work colleagues of [NAME] who died suddenly on [date].

[NAME] worked with [ORGANISATION], for xx years and will be sadly missed.

It is a request from family that their privacy be respected at this time.

Notice of memorial service will be advertised [insert date here].

Should you require further information please contact _____

Appendix E

Scripted response for front of office staff

(responding to external enquiries)

I am unable to provide any details or information, as you can imagine the family are requesting privacy at this time.

Where possible re-direct

- A statement is being prepared and will be available on our [organizational] website within 24 hours
- Please refer to local notices with regard to funeral arrangements

Appendix F

Compassionate or bereavement leave policies

What are the current organisational policies on leave entitlements?

When were these last reviewed?

Do they take into consideration the need for extended bereavement/compassionate leave, including cultural considerations?

Compassionate or bereavement leave:

Depending on existing policy regarding leave entitlements, generally workplaces provide a specified period (such as three days) for leave on compassionate grounds and to allow for managing funeral arrangements and attending funeral/mourning rituals. In addition, access to annual leave or unpaid leave at short notice, may be granted and will be considered on a case by case basis.

Annual and unpaid leave: an employee may require a period of time away from the workplace to attend to matters directly associated with the death. This may include interviews with police, attending coroners court or other official related business, practical or legal obligations.

There could be additional considerations in the event of a death by suicide which may require further time away from the workplace, such as an inquest (common practice following a suicide death) that may require the presence of family members, witnesses or others involved with the deceased around the time of, or leading up to, death.

Appendix G

Ideas for support

1. **Listen** – I may have intense emotions that could include anger, sadness, fear and guilt. Be prepared for any or all reactions. You cannot take these away, but being there, listening and showing you care can be comforting.
2. **Share memories** – Don't be afraid to talk about the person who died and what they meant to you. It is important for me.
3. **Understand** – The healing process takes time. It can take months or years to find a liveable place for my loss. Remembering birthdays and special days can be particularly difficult.
4. **Be Ok with silence** – Do not feel compelled to talk because you may feel uncomfortable. Don't try and fix me, for now just sit with me.
5. **Remember** – I may need assistance with accessing information, medical/psychological support or meeting other responsibilities. It may be useful for you to be my driver, make essential phone calls, or assist me in meeting my children's needs.
6. **Practical support** – Offer practical support such as making a meal, doing the shopping, gardening or washing.
7. **Nurture relationships** – Keep in touch regularly. There may be times when your offers are refused, but keep trying. If you don't know what to say, be honest and say "I don't know what to say but I am here for you". A note or text in between other contact with words such as "Thinking of you" and "I miss them too" lets me know I am not alone.
8. **Language** – The language you use should not judge the way my loved one died.
9. **Be kind** to yourself as you may also be impacted by the loss and have your own grief to work through.

With thanks

- StandBy Lived Experience Advisory Group for sharing their lived expertise, support and valued advice towards the continuous improvement of StandBy
- StandBy Coordinators who shared their experiences and knowledge in supporting workplaces and workers across Australia
- Murray PHN (Mildura) for their support, identification, and facilitation of a number of workplaces to review the toolkit and provide valued feedback
- All those with lived experience of suicide who share their stories and who's stories contribute to improving the work we do



StandBy Support After Suicide – Workplace Response to a Suicide and accompanying information are living documents and consequently will continue to be reviewed and updated.



STANDBY[®]
SUPPORT AFTER SUICIDE

For more information about **StandBy**
and the services provided by our local regions, visit
www.standbysupport.com.au

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