Mindful Business Charter

Addressing suicide in the workplace

Resources for employers

About these resources

These resources have been created to help employers support the wellbeing of their colleagues, respond effectively to individuals in distress, and manage the impact if a suicide occurs, by taking action at an organisational level.

In producing these resources we have been hugely assisted by a number of individuals and organisations who have provided their time, wisdom and support to this project free of charge and we are greatly indebted to each of them:

Kristina Adey-Davies
formerly Freshfields and now Tomorrow's Mind

Charles Alberts
formerly Clifford Chance

Jyoti Choitram
A&O Shearman

Dr Rachel Gibbons
Consultant Psychiatrist

Toni Graves
A&O Shearman

Ben Ingber
The Listening Place

Catherine Ritchie
Clifford Chance

Moira Slape
Travers Smith

George Vergolias
R3 Continuum

Amelia Wrighton
Suicide&Co

Talking about suicide

Suicide is a difficult subject. If you feel unsettled by anything in these resources or if you or another individual are experiencing suicidal thoughts, please seek support and refer to the resources available at the end of this document or those provided by your employer.

Our ambition is to create resources that are globally relevant, which brings its own challenges. Levels of comfort in speaking openly about suicide vary across countries and communities. We will use clear and direct language, because openness is one of the most effective ways to challenge stigma.

While we provide examples of support organisations, we cannot list every service available worldwide. We encourage employers to identify and record the local resources that exist in their own regions.

We have divided these resources into three sections:

A **Reducing the risk of suicide**
Identifying workplace factors that may increase risk, identifying ways to mitigate those risks, and being ready to support colleagues who show signs of distress.

B **Intervention**
Steps an employer or colleagues can take when someone may be experiencing suicidal thoughts.

C **Postvention**
Organisational responses following an attempted suicide or a death by suicide.

These resources focus specifically on suicide, while recognising the wider importance of supporting mental health in the workplace.

Because they are designed for employers, the emphasis is on how suicide and suicidal thoughts affect the workplace — whether involving a colleague, former colleague, client, customer, supplier, or contractor. In some situations, employers may also need to consider the impact of suicides outside the workplace, such as the death of a family member or a well-known public figure, and these are addressed in the section on postvention.

Our membership and experience is primarily in the professional office-based sectors of the economy and these resources will therefore be focussed there. We recognise of course that many people do not work in those environments and have different risks and contexts to manage. While some of the content of these resources can be adapted for other contexts, we would encourage you to seek out resources that are relevant to your working environment.

In producing these resources we have had regard to the BSI Standards Publication (BS 30480:2025) – Suicide and the workplace – Intervention, prevention and support for people affected by suicide. That is a comprehensive cross sector resource which we encourage people to refer to. Our aim is not to duplicate that resource but to provide practical guidance – the how as opposed to the what – and we will make reference to that guidance throughout these resources, referring to it as BS30480:2025.

Who should read these resources

Mental health and wellbeing, and, within that, workplace suicide, is not the responsibility solely of the HR or wellbeing function in an organisation.

As human beings we all have a responsibility to each other to care, and line managers and colleagues will often be best placed to notice signs of concern. Further, good mental health is fundamental to business performance and therefore should be a priority for the senior leadership of any business wanting to perform well. Finally, a tragedy, if it occurs, is likely to impact the entire organisation and the organisation's response to it will necessarily need to involve the senior leadership.

As such we would encourage all senior leaders, as well as HR and wellbeing professionals, to study these resources and to ensure that you and the organisations you lead are acting on the recommendations we make, both to reduce the risk of someone experiencing suicidal thoughts and to be ready to act appropriately if and when they do.

Senior leaders have a responsibility not just to endorse and support good practice in this area but also to ensure that those who are charged with implementing strategy and policy are given the necessary time and financial resource to do so. We recommend that a board level individual is given responsibility for championing mental health and wellbeing and supporting and ensuring the effectiveness of the actions set out in this guidance, and reporting to the board on at least an annual basis on both progress and impact.

It is also important to keep in mind that senior leaders are at risk of suicide along with everyone else and that one of the biggest factors in improving mental health and wellbeing across an organisation is the example set by senior leaders in prioritising their own mental health.

Why not "Prevention"?

Many resources of this nature talk of suicide prevention. We feel that this is unrealistic and may be unhelpful to an honest discussion of this already difficult subject. Our thinking and approach start from an acceptance that we cannot prevent all suicides – while we can attempt to reduce risk and intervene when someone is in distress, some level of death by suicide is inevitable, however tragic.

It is usually impossible to say with any certainty why a given individual took their own life. The reasons behind a suicide are hugely complex and multifactorial and often the person themself might not fully understand them. What we can say is that it was not the fault of anyone who failed to prevent it. Suicide is an individual's decision and an act of violence in which the victim and perpetrator are one and the same, which adds to the challenge in understanding and talking about it.

This does mean, however, that the often-instinctive response to ask ourselves why, and what we could have done and what we missed, is unhelpful. Most people's first response on hearing about a suicide is to say that they did not see that coming, and that reaction needs to be held on to as the days and weeks pass, as it was the true response in the moment and not based on any subsequent attempt to reinterpret events and/or apportion blame. External factors (for example workplace bullying) may have played a part in the complex matrix of suicidal ideation, but no one factor is going to be the sole cause, no one person is responsible.

As such we cannot and should not be placing the burden of preventing suicides on anyone.

While we can look at data exploring what makes suicide more or less likely, this data can only identify trends in a very general sense - the data does not tell us whether any particular individual is or isn't at risk of suicide, and trying to extrapolate from the general to the individual in that way can be counterproductive. If, for example, we were to focus on what we consider to be someone at "high risk" of suicidal ideation because of data driven trends, then we may very well miss supporting the people who are actually experiencing it. Often very well-meaning use of these statistics can take us away from the support we need to provide.

A good example is the gender-based data around suicide. It is well known and true that around three quarters of the deaths by suicide in the UK are men, but it is less well known that women are more likely to experience suicidal thoughts and are three times more likely to attempt suicide. An approach that focussed primarily on men as a result of the death related data would therefore be misplaced.

Instead, organisations should focus on raising wellbeing and psychological safety for everyone, which covers more lives and in itself is a type of prevention that occurs further upstream.

This means:

- Making it easier for colleagues to speak up and ask for help.
- Reducing the chances of anyone reaching the point of suicidal thoughts.

We call this a systemic approach. Rather than aiming to prevent all suicides—which is not possible—we focus on reducing risks and distress wherever they arise.

The most effective way to reduce the risk of individuals getting into suicidal crisis is to improve overall wellbeing in an organisation, by reducing the causes of emotional distress. This benefits everyone (with the knock-on improvements in productivity, collaboration, loyalty and creativity), not just those who are "suffering".

Our first resource looks at how we can do just that. The second set of resources, Intervention, covers the immediate support we can provide to an individual experiencing suicidal thoughts and/or actively planning their suicide and the final resource, Postvention, will focus on what organisations should do after a tragedy.

The nature of suicide

Talking about suicide can be very difficult, involving deep and often scary thoughts, and it is our natural instinct to seek to avoid those dark places where we can. Most people spend most of their lives consciously or unconsciously seeking to preserve and extend their lives, eating well, sleeping, seeking activity and purpose, taking care to heal and so on. A decision to want to end one's life can therefore feel unnatural.

It might be said, however, that it is a natural consequence of human self-awareness that from time-to-time people may challenge the "normal" assumption that we want to prolong our lives, and instead conclude that it would be better for their life to end. That might be because of the emotional or physical pain they are suffering, it may be they feel they are a burden on others, or it may involve fears for the future.

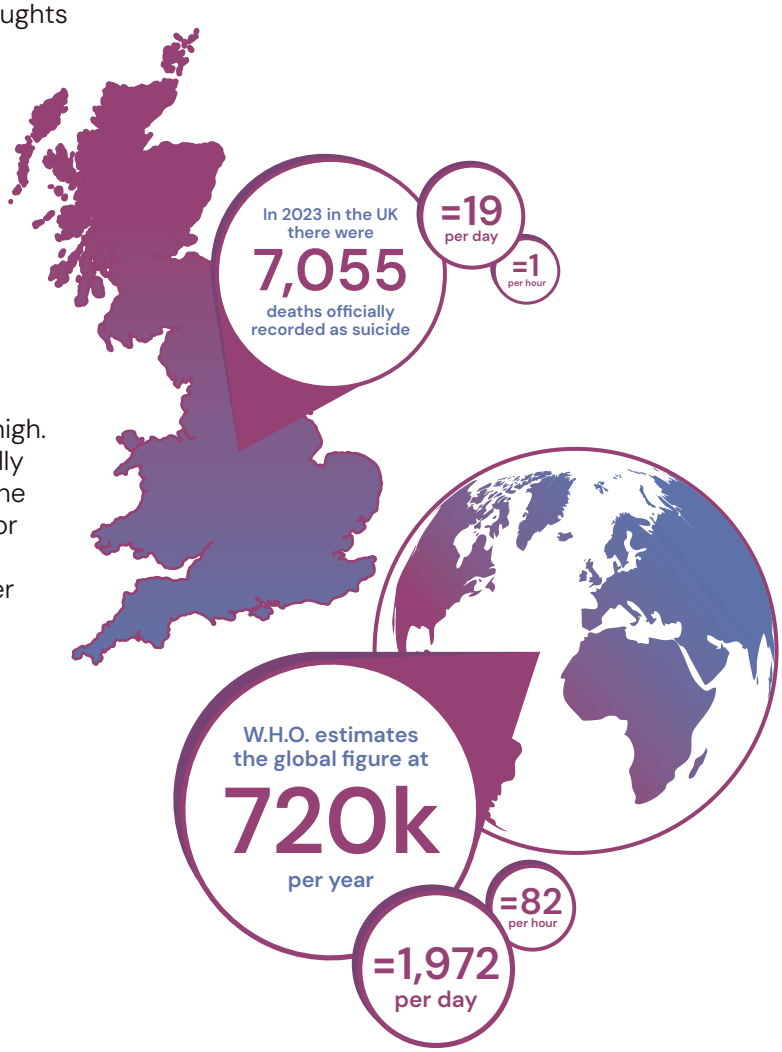
It is often less about wanting to be dead as such but more about not feeling able to tolerate their current situation and believing that they don't have another way out. Suicidal ideation does not need to lead to suicide – it is an acting out of a distress that the person feels unable to express in another way and our job is to create cultures in which they can express that safely.

Put another way, suicidal ideation is an expression of emotional needs being unmet – our role is to seek to meet those needs and that is best done through the broader culture we create and the way we look out for and respond to each other.

It is important to distinguish between suicidal thoughts on the one hand and active planning and taking steps to end one's life on the other. Many people experience thoughts of suicide from time to time. Most of us, however, do not then move on to active planning or taking steps to end our lives.

The more stress and pressure someone is under the harder it is for them to work through their challenges, and this heightened emotional state may lead them to make decisions they would not make otherwise.

The number of deaths by suicide is frighteningly high. In 2023 in the UK there were **7,055 deaths** officially recorded as suicide, which probably underplays the actual number given the stringent requirements for a verdict of suicide. That is **over 19 a day** or one every hour and a quarter or so. Globally it is harder to gather the data because of different reporting systems but the World Health Organisations puts the figure at over **720,000 per year, 1,972 a day, 82 each hour**. The number of attempted suicides is much higher.



As well as the tragedy of an individual's death, the impact of a death by suicide can be far reaching. Research suggests that around 135 people are significantly impacted by each death by suicide, and of course many of those will be work colleagues which is why workplaces need to embrace the subject.

Some deaths are long in the planning and premeditation. Others are impulsive acts. Often the availability of the means to take one's life will be a factor in this, if I cannot carry out my impulsive action due to a lack of means, there may be more opportunities for successful intervention hence the focus on creating safer workplaces and public areas.

Just because someone has been suicidal at a certain time does not mean that they always will be – the feelings and thoughts aren't fixed, they can come in waves, and they can alleviate completely. But it is a fact that a previous attempt at suicide increases the risk of an individual attempting suicide again, and being bereaved by suicide also increases the chances of someone seeking to take their own life.

Everyone is different. What drives one person to contemplate suicide at a particular point in time will not have the same effect on someone else and may not have the same effect on the individual at a different point in their life. While research shows that certain groups are at a higher risk of suicide, as stated earlier, one cannot use that data to make predictions about how any one individual will behave at a particular moment.

Given all of this context, it is unrealistic to believe that we can prevent all suicides, but we can do more to reduce the workplace contributors to suicidal ideation and emotional distress, encourage those who are experiencing suicidal thoughts to engage with support (in all its forms), reduce the availability of the means of taking one's own life, and support those who are bereaved by suicide.

Mindful Business Charter

A.

Reducing the risk of suicide

1. Introduction
2. Particular circumstances to be aware of
3. Physical risk assessment of workplaces
4. Training
5. Resources to have in place
6. Confidentiality
7. Escalation routes and flow chart

1. Introduction

The starting point, both in terms of reducing the prevalence of suicidal ideation and creating a culture where people will feel able to speak up and reach out for support when they need it, is to address the culture and context of the workplace.

In September 2024 we published Best Practice Guidelines for managing the psychosocial risks in the workplace. Although not only about suicide, they set out the steps an employer should take in reducing the risks and causes of general emotional distress. You can view them here and we strongly recommend engaging with them.

2. Particular circumstances to be aware of

2.1

In addition to the factors addressed in the Best Practice Guidelines, there are various circumstances which are known to increase the risk of suicidal ideation and where, therefore, employers should be on particular guard. These include:

- Change, whether across the organisation or to an individual or their role.
- Disciplinary proceedings.
- Performance management interventions.
- Investigations of other kinds.
- Bullying and harassment.
- Restructuring and/or redundancy programmes.
- Bereavement, especially by suicide.
- Financial hardship.
- Periods of excessively hard work, stress and/or long hours.
- Relationship breakdown.
- Trauma on an individual, collective or vicarious basis.
- Isolated working
- Ill health.

2.2

Employers should establish policies and skills to include, where these situations occur, conversations to understand the emotions and/or distress an individual may be experiencing, as well as provision of information about supports.

2.3

Employers should also be conscious of the different experiences and needs of diverse groups in their organisations.

As such we recommend that all mental health (as well as suicide specific) resources and training are the subject of consultation with Employee Resource Groups (such as those covering different ethnicities, neurodiversity and LGBTQIA+ individuals) to ensure they reflect both cultural sensitivity and the specific needs of those groups.

2.4

Employers should also ensure they have in place, and regularly signpost to, support around the following:

- Debt management and financial literacy.
- Bereavement support.
- General counselling (which could of course be through an Employee Assistance Programme or alternative resource).
- Substance abuse.
- Domestic abuse.
- Family mediation and parental support.

3. Physical risk assessment of workplaces

The ready availability of the means to take one's life can be a significant factor in whether someone attempts to take their own life.

It is not possible to remove all physical risks. However, an employer should undertake a physical suicide focussed risk assessment of their business premises to include the following factors:

- Access to rooftops and other high places – can access be restricted and/or can designs be changed to include physical barriers and/or nets around high drops.
- Dangerous chemicals including cleaning products – can access be restricted and/or can they be stored off site.
- Electrical wiring – is this properly maintained and as far as possible tamper proof
- Other particular local factors.

4. Training

We will look at the resources we recommend having in place in the next section but a key aspect of that, and one which merits its own section, is training.

4.2

BS30480:2025 recommends that all staff be provided with training in "suicide awareness and prevention". We recognise that this is a substantial demand and, while ideal, may be aspirational.

4.3

Our recommendation is that all staff receive training around suicide awareness so that they have a better understanding of what suicide is, are able to recognise potential warning signs in themselves and feel able to reach out for help.

This will have a positive impact on stigma generally. As a guide we think this can be delivered effectively, with the right content and facilitator, in an hour and should be repeated at least every two years.

4.4

All those who are responsible for managing others should then receive follow on training in recognising warning signs in others, walking towards people of potential concern, and responding when someone reaches out to them, having appropriate and supportive conversations, the resources available within the organisation to support someone experiencing suicidal ideation and signposting to those resources. As a guide we think this can be delivered effectively, with the right content and facilitator, in two hours and should be repeated at least every two years.

4.5

Human resources professionals as well as mental health first aiders or their equivalent (and others who might be part of any escalation or signposting structure) should receive extended training which covers all of the above but in more detail and with greater scope for discussion as well as conversation practice. As a guide we think this can be delivered effectively, with the right content and facilitator, in four hours and should be repeated at least every three years. The Mental Health First Aider training or Suicide First Aider Training in the UK would be examples of suitable training.

4.6

> **In addition to suicide specific training we recommend that all staff receive training in general mental health and stress awareness and in having supportive mental health conversations with their colleagues. As a guide we think this can be delivered effectively, with the right content and facilitator, in an hour and a half and should be repeated at least every two years.**

4.7

Employers should also ensure that new joiners are provided with access to these trainings as part of their induction process.

4.8

Following BS30480:2025 we recommend that any training should be:

- Trauma informed.
- Externally recognised content.
- Delivered by qualified trainers.
- Evidence based.
- Informed by lived experience.
- Focussed on practical skills.
- Supportive of the wellbeing of participants.
- Sensitive to culture, context and neurodiversity.
- Sustainable, repeated and provide opportunities to build on the skills as we have set out above.


EXIT

5. Resources to have in place

5.1

You will no doubt already have resources that are available for your colleagues, but it can be a useful exercise to take stock of them, ensure they are relevant and easily accessible. They should be reviewed on a regular basis, at the very least annually, to ensure the details are up to date.

5.2

Use this table to identify where you may have gaps or areas to update. We have put our guidance in italics. You can add in other resources your organisation may provide.

5. Resources to have in place

Resource	Where is it?	Who can/should access it?	When was it last updated?
When you have all of your resources listed, is there anything you think is missing?	*Where is this hosted in your organisation? Is this on an intranet, or is there a specific pathway for example that people need to follow to access training?*	*It is important to ensure that details are up to date so that, if they are needed at short notice, there are no unnecessary delays in accessing support.*	*Think about not only who should access it, but how easy it is for them, and how you will notify them to do so.*
MBC Suicide Resources A three-part guide that looks at how we can support the organisation and its colleagues on all aspects of suicide.		*All employees*	
Suicide awareness and support training See above		*All employees*	
EAP Support Support provided by a third party to individual employees, often including access to counselling		*All employees*	
Internal wellbeing resources Resources and other sources of support provided by the organisation		*All employees*	

5. Resources to have in place

Resource	Where is it?	Who can/should access it?	When was it last updated?
Appropriately trained Mental health First Aider (or equivalent) Network A cohort of individuals across the organisation in all teams/departments and at all levels of seniority who have been trained to approach and respond to people of concern. We recommend a ratio of at least 1:20. They need to be supported and their role needs to be appropriately publicised and signposted on a regular basis		*All employees*	
External support list A list of local resources, both public and charitable	Please note that these examples are just some of the ones available in the UK. You will need to seek out resources local to you - both the Samaritans and Mind websites offer search services that can help you do this for all parts of the UK. If you are not in the UK, you may find it useful to visit Findahelpline.com which allows you to search for resources based on your country. The Samaritans – General Samaritans Local Branch Finder Mind - General Mind - Infoline for local services Text SHOUT to 85258 for free confidential 24/7 text support service in the UK The Listening Place – London face to face suicide support Shining a light – Manchester based face to face and residential suicide support Ithrive Edinburgh Directory – Wide range of support services available in Edinburgh C.A.L.L. Helpline – Mental health helpline for Wales Lifeline – suicide and crisis response helpline for Northern Ireland	*All employees*	*All resources listed here by the MBC have links correct as of 15.9.25*

Resource	Where is it?	Who can/should access it?	When was it last updated?
Regular communications On a regular basis remind all staff of the resources and training available to them and include resources on the intranet and in public places.			
Peer support groups Consider establishing peer support groups around mental health generally and for those who have been bereaved by suicide. These groups will need to be appropriately facilitated and supported.		*See above*	
Escalation Route (For more details, see below.) A document outlining the process to follow when there are concerns about an individual		*All employees, but most importantly HR and line (and senior) managers.*	
Crisis response plan A document outlining the steps to take and process to follow in the event of a death by suicide or an attempted suicide.		*HR and line (and senior) managers*	
Up to date next of kin details for all members of staff		*HR*	

6. Confidentiality

6.1

We will talk more about confidentiality later, although as a general rule one should respect confidentiality where possible, when one is concerned about the safety of an individual (whether the person you are talking to or someone else), the expectation of confidentiality falls away and you should feel able to discuss, appropriately and sensitively, the concerns you have with an appropriate third party in line with the escalation flow chart we have set out in paragraph 7.

6.2

Again, it is also clearly a good idea to talk to the individual about informing other people. Have regard to the three Ws – Who do you propose talking to, Why and What are you going to tell them. Very often, once these Ws are explained to the individual (and perhaps they have provided input into the Who and the What) it will be possible to get their agreement to your talking to someone else.

7. Escalation Routes

7.1

While it may feel like more of an intervention resource, **it is important to have in place (ready to action when needed) an established escalation route, and to ensure that managers are made aware of this through mandatory training.**

7.2

This resource should be an "effective minimum", a strategy that is practical, straightforward and negates as much organisational risk as possible.

7.3

Not every concern raised about a colleague's mental health will necessarily involve discussions about suicide. They should still be taken seriously and follow the same procedure. We should support colleague wellbeing at all stages, as any level of suffering deserves support, but also to reduce the risk of that distress increasing to the point of suicide.

7.4

It is very unlikely that the individual who is struggling with emotional distress or suicidal thoughts is going to want everyone to know about it, and it is also neither helpful nor necessary to make it public knowledge. We don't want to add additional stress to the situation by taking things out of proportion or making the individual feel that they can't open up in the future without making the situation worse. Disclosures and support plans should, where at all possible, be made slowly, carefully, and with the full involvement of the individual you have concerns about. At each stage, carefully consider if it is necessary to escalate further, and what would be the best way to do that.

7.5

It may be that you feel uncomfortable making that decision alone – however, there are lots of options that can help support you, and your colleagues, which we will explore in the flow chart below.

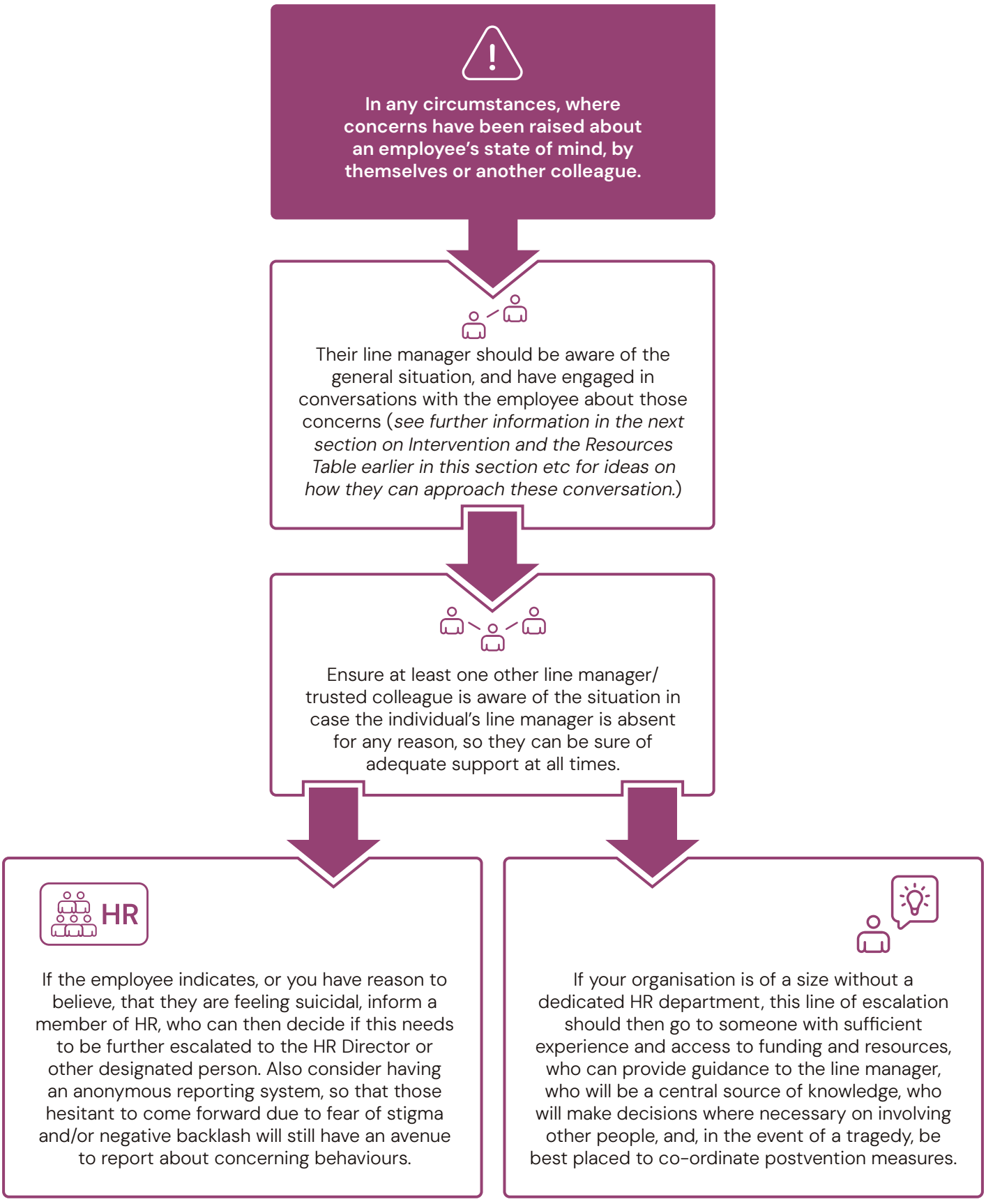
7.6

Bear in mind as well that individuals who are struggling with their mental health may find it more difficult than usual to make clear decisions and retain information. As such, at each stage, provide simple notes with bullet points of actions so the individual can refer to them later, and talk them over with family, friends or a trusted colleague.

7.7

Please ensure that if you create a bespoke escalation plan that lists people and/or contact details that these are kept up to date, and that alternatives are provided in case that person is on leave/unavailable.

7.8 Escalation Flow Chart



7.9

At each stage it may be that you are unsure of whether escalation is necessary or helpful. It may be useful in these situations to consult one or all of the following:

Speak to your manager without, at first, revealing who you are talking about, stating that, for example, concerns have been raised about a colleague, explaining what conversations have been held and seek their advice on whether or not this should be escalated, and to who.

Have a similar confidential discussion with a member of HR for their insight and guidance.

If your organisation offers access to an EAP, occupational health service or on-site psychologist, you can talk to them in confidence for guidance and advice as to whether or not to escalate a concern.

Mindful Business Charter

B.

Intervention

1. Introduction
2. Training
3. What is, and what is not, your role
4. The impact of alcohol and drugs
5. Some myths
6. Warning signs to notice
7. Preparing for a conversation
8. How are you showing up for the conversation?
9. Good listening skills
10. Open and appropriate questions
11. Speaking plainly and avoiding euphemism – asking the question
12. Non judgmental
13. Empathy
14. Asking the question and follow up
15. Useful things to say and do
16. Things to avoid
17. Signposting
18. Safety plans
19. Confidentiality
20. Next steps
21. What support do you need?

1. Introduction

This section of the resources focusses on how an individual and an organisation can support someone who is, or may be, experiencing suicidal thoughts, or suicidal ideation. It should be read in conjunction with the introduction to these resources as well as **Section A, Reducing the Risk of Suicide**.

2. Training

Section A of our resources, **Reducing the Risk of Suicide**, sets out recommendations for training. We will not repeat that here other than to say that that training should clearly cover much of the content of this Section.

3. What is, and what is not, your role

3.1

In the introduction to these resources we discussed why we are not referring to suicide prevention and we also discussed the nature of suicide.

3.2

We cannot prevent all suicides – while we can attempt to reduce risk and intervene when someone is in distress, some level of death by suicide is inevitable, however tragic. It is usually impossible to say with any certainty why a given individual took their own life.

3.3

> **The reasons behind a suicide are hugely complex and multifactorial and often the person themself might not fully understand them. What we can say is that it was not the fault of anyone who failed to prevent it. Suicide is an individual's decision and an act of violence in which the victim and perpetrator are one and the same, which adds to the challenge in understanding and talking about it.**

3.4

As such we encourage readers to move away from any idea that it is their responsibility to prevent the suicide of someone in distress or, worse, that if a suicide does occur that they (or someone else) are responsible for it in some way. Further, for most of us in our workplaces, our role is not to provide a long-term emotional support to a colleague in distress but rather to help them access the professional support which they need to support them and, where appropriate, thereafter to check in with them on a regular basis.

3.5

At the same time, while we are not responsible for the decisions of someone we may be trying to support, we are responsible for our own involvement with them and it is that with which this section is concerned.

3.6

> What we encourage is an empathic, person-centred response to someone else, for example a work colleague, who is, or appears to be, in distress. That response should be human, curious and kind. **If suicidal ideation is an expression of distress that the person feels unable to express in another way, then our opportunity is to seek to provide them with the space to express that distress.**

3.7

Further, for many people suicidal thoughts are transitory, a reaction to how a current state of affairs currently appears to an individual. There is likely to be a complex mix of different issues underlying this and for most of us in the workplace it is not our role, and nor are we equipped, to seek to solve those issues or provide the long-term therapeutic support to enable them to do it. What we can do, however, is to stay with the person and try to keep them safe until we are able to put them into the hands of professional support or a trusted friend or loved one who is willing and capable to take over from us.

3.8

We also encourage organisations to think about ongoing support plans for people in distress and also to reflect on whether there were workplace factors that may have contributed to the distress of an individual and whether anything can be done to alleviate those factors going forward, whether for the individual concerned or more generally. We will explore what we mean by these different terms in this resource.

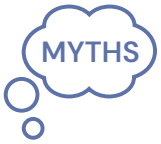
4. The impact of alcohol and drugs

4.1

There are strong links between drugs, and alcohol in particular, and suicidal ideation as well as suicidal behaviour. And while you do not have to have an underlying mental health condition to experience suicidal ideation, a lot of people with mental health problems also have substance abuse problems and vice versa. Drugs of different kinds can give people an altered perception of reality and/or create disordered thinking, both of which can contribute to suicidal thinking and make discussion around it more difficult. Alcohol is a depressant, and therefore likely to make any underlying depression worse, and is a disinhibitor, meaning we are prone to doing things while under the influence of alcohol which we would not otherwise do.

4.2

As a result, if you are supporting someone who is currently using alcohol or drugs then it would be a good idea, where possible, to encourage them to stop. You should not try to intervene physically to stop them as that can itself create risk for you and them but gently suggest they might want to stop so that you are better able to have a conversation with them. As with all of this though it is important that the person does not feel that you are judging them.



5. Some myths

5.1

Because of the stigma around suicide, a number of myths exist which we think it is helpful to address at this stage. We have based this on BS30480:2025.

5.2 Asking someone directly about suicide plants the idea in their head

There is no evidence for this. Asking about suicidal thoughts is offering the individual the opportunity to discuss any such thoughts they may have, opening up a conversation which may allow them to get the help they need. If you are sufficiently concerned about someone's distress that you are worried they may be suicidal then it is a fair assumption they have already thought about it. Further, being asked whether you are feeling suicidal can be a useful way to self-assess how you are feeling – for example yes, I may be struggling a great deal at the moment, but I have not contemplated suicide.

5.3 Those who talk about suicide are not at risk of suicide

Again there is no evidence for this. Every disclosure of suicidal thoughts needs to be taken seriously – by referencing suicide they may be reaching out for help and seeking to ascertain whether you are able and willing to support them.

5.4 It is always obvious when someone is experiencing thoughts of suicide

We will discuss warning signs later in this section, but the reality is we are all different. Some people experiencing suicidal thoughts will display many different warning signs while others may display few, if any.

5.5 Suicide behaviour is a cry for help or attention seeking

These terms are often used pejoratively to suggest that someone who is seeking attention or crying out for help should, somehow, not be given that attention or help. On the contrary, where someone is displaying distress and/or a need for emotional support, whether or not they are actually contemplating suicide, they should be offered that support, that help, that attention.

5.6 Someone who self-harms is trying to end their life

Self harm, like suicide, is a complex subject but for the majority of people who engage in self-harming behaviour it is intended to help them manage emotional pain and distress they are experiencing, to help them stay alive, as opposed to ending their life. Sometimes, however, behaviour that looks like self-harming could in fact be suicidal and also for some people the harm they inflict upon themselves may escalate to a point at which it is endangering their life even if that is not the intention. It is also important to note that self-harming behaviour is a risk factor for suicide.

5.7 Suicide happens in certain groups of people, or to people who are not like me

Suicide affects people from all walks of life, from all communities, genders, sexes, socio economic groups etc. Any of us are capable of getting into a state of distress in which we are unable to express our emotional needs or the level of our distress. Most people who attempt suicide are not in touch with mental health services before their first attempt.

5.8 Men do not seek help for suicidal thoughts

We have discussed some of the data around gender and suicide in the introduction to these resources and how that data can often be misunderstood. There is some evidence that some men can find it it more difficult than some women to talk about their emotions generally, particularly when those emotions are very strong, but that does not mean they will not do so or are incapable of doing so – they may just need more help and support to enable them to do so.

5.9 People bereaved by suicide do not want to talk about the person who has died

There is no evidence for this and reticence to talk about someone who has died will more often come from others who find the conversation difficult as opposed to the person bereaved. The bereaved may very much want to talk about the person they have lost as well as their feelings about their death, and we can provide them the space to be able to do so, when, and in the manner, they find most helpful.

5.10 There's a set way and/or period to grieve for a loved one lost to suicide

We all grieve in our own way and although some cultures do provide rituals around grieving, the reality is that grieving is a very personal process and might be a lifelong experience.

5.11 Only close friends and family of someone who has died by suicide are impacted by their death

A very wide range of people can be impacted by the death of someone by suicide, even people who did not know the person well. This might be because it has reminded them of someone they have lost, triggered suicidal feelings in themselves or for a whole host of other reasons.

6. Warning signs to notice

6.1

Because we are all different there is no definitive list of how people might respond to and/or demonstrate signs of emotional distress. Some people might communicate it clearly, whether through their words and actions or other means, whereas others may show few, if any, signs and may have developed effective ways of hiding or suppressing their feelings, from others and sometimes from themselves. Accordingly, while we offer below a list of some things that might be indicators of the emotional distress that might indicate or lead to suicidal ideation, there are two overriding messages we would emphasise:

- **If you have any reason to be concerned about someone, ask them. We will expand on how to do that further on in this section.**
- **Most of the warning signs relate to change – people do not change without a reason. Accordingly, if you notice a change in someone be curious as to why. It might not be anything to do with their mental health, but it might be and it is better to be on the safe side and ask.**

Warning signs can usefully be separated into different categories and those we list below are about mental distress generally as well as specifically about potential suicidal crisis:

6.2 Psychological signs

Inability to concentrate, poor memory, negative thinking, excessive worry, depression anxiety and other mental health disorders, more aggressive or more passive temperament, sudden unexplained recovery from poor mental health.

6.3 Emotional signs

Generally displaying more emotion and/or extreme feelings, mood swings, irritability and also passivity, feeling out of control, low self esteem or self-confidence, frustration, apathy and cynicism.

6.4 Behavioural signs

Talking or writing about suicide, visiting suicide related websites, increased substance use, withdrawal, putting affairs in order or saying goodbye, risk taking, neglect of self and/or responsibilities, absence/ presenteeism, hiding things, dishonesty, disinterest in the future, expressions of not being able to cope or of being at their limit.

6.5 Physical signs

Unexplained illness, weight gain or loss, poor or excessive sleeping, fatigue, panic attacks, frequent aches and pains, changed appearance, excessive and persistent long working hours.

7. Preparing for a conversation

Depending upon the circumstances, you may or may not have the opportunity to plan for a conversation with someone about whom you are concerned. Where you do have that opportunity give a thought to:

- Whether you are the best person to have the conversation – assume you are unless there are reasons otherwise but if, for example, you have had recent personal conflict with the individual then it may be better for someone else to have the conversation – the important thing is that the conversation happens.
- Where are you best placed having the conversation – somewhere safe, private, away from distractions, perhaps somewhere neutral.
- When is likely to be a good time to approach the individual.
- Do you have to hand details of the resources you might want to signpost the person to?

8. How are you showing up for the conversation?

Your own state of mind and readiness for the conversation as well as the words, tone and body language you use, will all play a significant part in how well any conversation goes. Where you can, take a moment to check in with yourself to prepare mentally:

- How are you feeling and how is that coming across – a calm space is likely to be helpful and you can do a lot to create that in how you conduct yourself.
- Mentally make time for the conversation in your head – if you need to defer other things then try to do so before you enter the conversation so you are not distracted by worries about needing to be somewhere else.
- Making a drink can give you a moment to prepare and also indicate to the other person that there is enough time for the conversation.
- Turn off alerts on your phone and try to clear away other possible distractions.
- Perhaps do some gentle slow breathing exercises to calm your own state of mind and to be ready to listen empathically and without judgement.

9. Good listening skills

We will focus on some elements of this in more detail in the sections below but when listening to support someone in distress the following are all characteristics of a good listener:

- Their focus is on the individual they are supporting. They look at them (not in an oppressive way), they observe body language and tone of voice as well as the words used. They seek to avoid distractions. And when their attention wavers, which it often will, they notice that and bring it back to the person they are supporting.
- They are aware of their own body language – looking to maintain an open posture and being calm and still.
- They give time to the other person.
- They ask appropriate and open questions (see further below).
- They allow silence where the other person is thinking.
- They do not interrupt and they do not jump in the moment the other person has finished speaking.
- They are focussed on what the individual is saying, not what they want to say next.
- They acknowledge what they have heard, sometimes summarising or repeating back to make sure they have heard correctly, to show that they are listening and to clarify any ambiguity.
- They are guided by three things – kindness, curiosity and humanity, and the approach is based on what would most support the person in front of them (person centred) as opposed to any formulaic approach.
- They are empathic (see further below).
- They speak plainly and avoid euphemisms (see further below).
- They give encouragement to the person to carry on, using verbal and non verbal cues.
- They are not afraid to ask the difficult questions (see further below) or to stay in the uncomfortable place.
- They generally do not talk about themselves or tell their own stories.
- They provide reassurance and acceptance and do not try to minimise or dismiss the feelings of the other person.
- They do not assume they know how the person feels or what is best for them.
- They avoid solutionising, however much we as professionals may be tempted to snap into that familiar role.
- They ask the person what they think would help them.

10. Open and appropriate questions

10.1

Often there is a fear of saying or asking the wrong thing. The truth is that the most important thing is to listen and if we do not know what to say or ask then sometimes the best option is to stay silent, or gently encourage the person to go on, or to acknowledge what the person has told you and say that you are not sure right now what to say other than thanks for the person sharing it with you.

10.2

Questions have a power to direct a conversation in a particular way – in ordinary conversation, whether consciously or unconsciously, we use questions all the time to steer the discussion to where we want it to go or where we think it needs to go. When supporting someone in distress the best approach is often to let them decide the direction of travel.

10.3

Any questions should therefore be open and relevant and appropriate to what the person is talking about. We can use questions sparingly – often a simple "*go on*" or "*tell me more about that*" will be enough to encourage the person to share more with us.

11. Speaking plainly and avoiding euphemism – and asking the question

11.1

When supporting someone in distress we want to be focussed on how the person is feeling and thinking, and on reassuring them that we are comfortable having the conversation with them and supporting them in their distress. It can be difficult to express one's feelings, particularly when those feelings are distressing, for example if they involve suicidal thoughts. If we as a listener give every indication that we are comfortable being in that conversation and discussing those difficult feelings, then we are helping the person we are supporting to share them. If, conversely, we give the impression we are not comfortable then we discourage them from doing so.

11.2

We tend to use euphemism when we are not comfortable discussing something. Around suicide we might be tempted to say things like "*you are not going to do anything silly are you?*" This might indicate that we do not really want to talk about the subject of suicide and this could then discourage the person we are supporting from feeling able to do so.

11.3

It is best to use plain, unambiguous language – for example phrases like "*are you feeling suicidal*" or "*have you been thinking about taking your own life*".

11.4

Further, as those examples suggest, we should try to be straightforward and brave about asking how the person is feeling – we need to understand the situation we are dealing with and we want to understand whether they are contemplating suicide and so let's ask that question as calmly and as straightforwardly as we can.

If the person we are supporting uses ambiguous language then we should seek to clarify what they mean. A person at work might say "*I cannot go on*" but that could mean they are exhausted and need a break or that they are contemplating suicide – if we are unsure what they mean it is always going to be helpful to get clarity, for example by asking "*Can I just check what you meant when you said you cannot go on – are you thinking of killing yourself?*".

12. Non judgmental

12.1

Being non judgmental is both something that is talked about a lot as important in these situations and at the same time surprisingly difficult. Our brains are hard wired to make judgments all of the time – that is how our unconscious brain works in order to take the load off our conscious brain, protect us from threats and generally process the huge amounts of information we are taking in all of the time. We cannot turn it off but we can learn to recognise it for what it is and learn to gently put it to one side when we need to and in particular when we need to really hear and understand another person.

12.2

Our unconscious judgment is necessarily based on our own experiences and our own perspective on the world. That is unlikely to be the experience and perspective of the person we are supporting and so will likely lead us astray in supporting them.

To take an example, imagine you are in a lift and you want to go to the 40th floor. The lift stops at floor five and someone gets in and presses the button for the sixth floor. Some of us might hear a little voice in our heads at that point asking why that person is so lazy, why didn't they walk up the stairs, why did they need to delay our important progress to the 40th floor and so on.

12.3

That is our unconscious judgment in play – and, again, we cannot stop it easily. What we can do though is to recognise it as being just that, not necessarily the truth of the situation at all but rather our interpretation of it. And we certainly do not need to act, or communicate, on the basis of that little voice. If, perhaps, we had recently had a bad leg, then the message that little voice gave us might be very different – because that would be our experience, our perspective. Again, it might not be right, but our judgment would be different.

12.4

So when we talk about being non judgmental, we mean trying to be aware that those voices in our head, those assumptions we make, that unconscious bias, is merely our own perception and not necessarily the reality of the situation at all. We do not need to beat ourselves up for the thoughts but we can then put them gently to one side and return our focus to the person in front of us and what they are saying – we can act and communicate non judgmentally as opposed to judgmentally based on what our unconscious perspective is telling us.

13. Empathy

13.1

The concept of being non judgmental sits at the heart of empathy. Empathy is the ability to feel with someone, to understand and share their thoughts and emotions – to get a sense of what it might be like to be in their shoes.

> **To be empathic we need to avoid judging the person, we need to accept their perspective as their reality (even if we do not see the world that way), we need to recognise the emotion they are experiencing and communicate that.**

An empathic response might begin with "*I am so sorry to hear that*" or "*That sounds like a lot, I am so glad that you felt able to share that with me*".

13.2

Empathy requires more than sympathy – it is reaching out or perhaps even moving to stand alongside the other person to experience to some extent the way they are feeling and experiencing the world right now. If I am able bodied, for example, I do not need to sit in a wheelchair to understand the experience of a wheelchair user but I do have to do some intentional work and thinking to imagine how the world would be experienced from that perspective as opposed to my able bodied own perspective – and a good starting point would be to listen to the perspective of a wheelchair user.

Empathy starts with listening. We cannot hope to understand someone and what they are going through unless we listen to them.

14. Asking the question and follow up

14.1

We have already talked about the importance of being brave and asking the person whether they are experiencing suicidal thoughts. If they confirm that they have then the next step would be to ascertain how immediate is any risk. Someone may have had thoughts of suicide but have moved on from there or not made any plans as to how. We are still concerned about them of course but there may not be an immediate risk to address. On the other hand a person might disclose that they have detailed plans and what those plans are which might indicate that there is an immediate risk.

14.2

A useful mnemonic to keep in mind is **CPR**:

C Do they have a **Current Plan**.

P Do they have **Previous** experience of this and what happened then and what support might be useful now.

R Do they have the **Resources** to carry out any plan, and also what Resources might be helpful (eg is there someone they would like us to call).

14.3

A conversation of this kind is of course difficult, but it is important you give the person the space to talk about how they are feeling and what they are thinking and for you to assess the immediate risks involved. This is sometimes referred to as being willing to remain in the uncomfortable place.

14.4

> **If you feel that there is an immediate risk, or if for any reason you do not feel able to manage the situation, you can call emergency services – 999 in the UK or 112 from a mobile from which the operator will be able to triangulate your location which might be useful.**

15. Useful things to say and do

15.1

As well as what we have set out above, think about the following:

- Ask appropriate open questions.
- Summarise and reflect back what you have heard.
- Pay attention to your own and their body language.
- Try to remain calm and confident.
- Allow silences.
- Acknowledge, accept, empathise and reassure.

15.2

Useful phrases to use might include:

- Tell me more.
- What else are you feeling or thinking.
- It sounds like you have been having a really hard time.
- Thank you for sharing that with me.
- I care about you and want to help and support you.
- You are not on your own.
- I am here to listen to you, no matter what.
- I cannot imagine how difficult this must be for you.

16. Things to avoid

Try to avoid the following:

- Trying to solve their problems.
- Talking about your own experiences unless you are very clear why and that it would be helpful.
- Assuming you know how they feel.
- Making judgements.
- Asking why or saying “At least…”.
- Minimising their experiences or comparing them to others’.
- Using language that can elicit shame (eg how would your family feel).

17. Signposting

As part of a conversation, you will want to think about signposting the person to other supports. These maybe be publicly available resources, ones that your organisation provides or the personal resources of the individual (eg someone from their family or a trusted friend who they identify they can talk to). Make sure, therefore, that you have ready access to a list of the resources available to you (see section A of these resources).

Agree with the individual which resources they will access and when they will do so. You might help them for example by calling one of the resources together. Agree with them that you will follow up to see how they have got on and when and how you will do that follow up (and then make sure you do that).

18. Safety plans

It may be helpful to work with the individual to create a personal safety plan – what are you and they going to do to try to keep themselves safe and what are they going to do in the event they have a further crisis and/or start thinking about suicide again.

In Appendix A to this Section is an example of what a personal safety plan might look like and you can complete this with the individual in a first meeting with them if appropriate or you can arrange a further meeting to draw it up.

Keep the agreement under regular review.

19. Confidentiality

It is important that you think about and directly discuss the issue of confidentiality in the context of any conversation with someone in crisis. There are a number of things to keep in mind:

- Any expectation or duty of confidentiality falls away where we are concerned about the safety of an individual (the person we are supporting or someone else).
- Do not agree to keep a conversation confidential until you know what it is you are being asked to keep confidential and then consider what is appropriate – if someone asks you whether the conversation is confidential you might answer along the lines of "I do want to respect your confidentiality of course but I cannot promise that until I know what you are going to tell me. There might be situations where I need to talk to someone if I am concerned about your safety or that of someone else. Why don't we talk and then we can think about confidentiality at the end of our conversation?".
- You are not going to be able to be with the person 24/7 through their crisis and for their safety as well as your own it is important that you think about who else you might need to involve.
- You may as part of the broader conversation have discussed with the individual other people they or you will talk to.
- Use the escalation flowchart in Section A of these resources – this is also set out in Appendix B to this Section.
- Have regard to the three Ws – Who do you propose talking to, Why and What are you going to tell them. Very often, once these Ws are explained to the individual (and perhaps they have provided input into the Who and the What) it will be possible to get their agreement to your talking to someone else. Even if they do not agree you may feel you need to talk to someone and you should think about whether it is best to tell the individual that or not. This will depend on the circumstances.

20. Next steps

As well as the steps you have agreed with the individual you should think about and plan the following:

- When are you going to check in on them again, and how.
- Do you need to do anything to help manage the individual's work commitments and are there other organisational continuity considerations you need to have in mind.
- Do you need to conduct any physical risk assessment.
- Has the situation thrown up any organisational risks that need to be addressed – eg around working relationships, work content, working arrangements etc.

21. What support do you need?

Supporting someone in crisis can be demanding and leave you in need of emotional support. Who are you going to talk to, what resources are you going to access or at least have to hand in case of need?

Has anyone else been involved in managing the situation who might also need support?

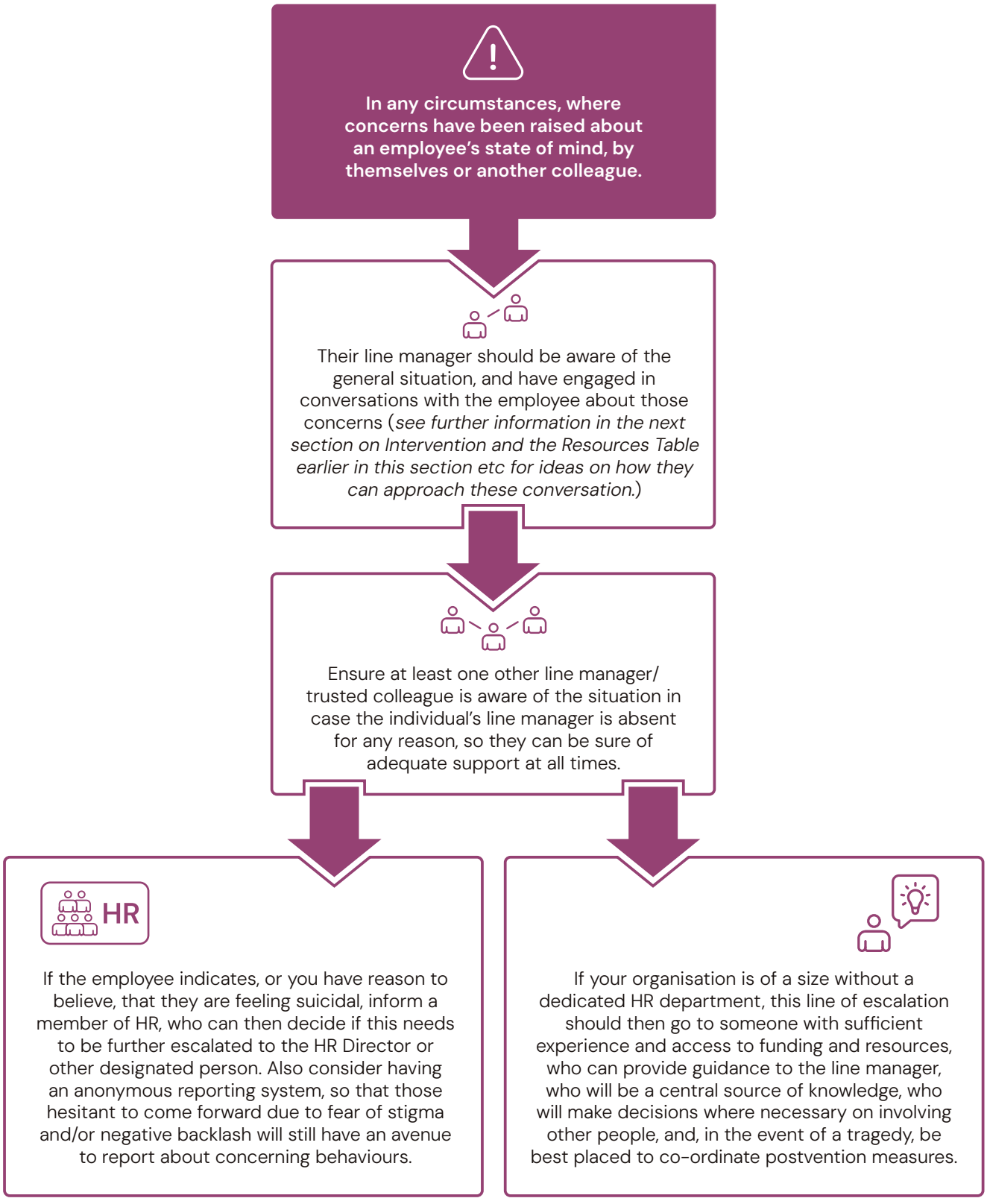
Appendix A

A suggested form of Personal Safety Plan

1	**Gaining permission to stay safe** We each want to keep you safe and this plan is to help us do that. Can we agree that this is our aim?
2	**Warning signs for you** What are signs (thoughts, situations, feelings, behaviours) that might indicate that you need extra support?
3	**Supports you can access** Names and numbers of specific family, friends and work colleagues as well as professional resources you can reach out to for help
4	**Managing distress** What activities make you feel better and can we agree when and how you will do them? What therapeutic resources might you be willing to access and can we agree when and how you will do that?
5	**Dismantling specific suicide plans** Can we agree some specific steps to dismantle any plans you may have created, such as removing access to means? Is there anyone else who can help with this?
6	**Learning from past behaviours** What has worked in the past, or not worked? Who can help?
7	**Substance use** Does alcohol or other substance use affect how you feel and what can we agree around that? Who else can help?
8	**A professional support network** Who are the key supports you have and can access: • Family doctor • Mental health professional • Employee assistance programme • Other
9	**Crisis planning** If you get into a crisis can we agree what needs to happen, who needs to be contacted and what you will do to keep yourself safe?
10	**Involving others** Who else might we share this agreement with, internally but also in your family or friendship group?
11	**Agreement** We have agreed this plan to help keep you safe and to enable you to seek support when you need it Signed Names and roles Date
We will review this agreement regularly to ensure it remains up to date. If you are in immediate danger call the emergency services.	

Appendix B

Escalation Flow Chart



Mindful Business Charter

C.

Postvention

1. Introduction

This section offers guidance to employers as to what to do in the wake of a suicide.

There are two situations which we will cover:

- Supporting members of the workplace bereaved by suicide, whether a colleague or a loved one.
- Responding to a death by suicide of someone in or connected with the workplace.

Some suggestions and observations are common to both situations and we will address these first. We suggest that this section is read alongside the other sections of this Guidance and in particular the Introduction.

2. General observations

2.1 No two situations are going to be the same

Although this Guidance is intended to assist employers prepare for and handle suicide situations, it is important to keep in mind that every situation is going to be different and requires a considered, context-specific response. However, there is a fundamental need to approach any situation with a spirit of kindness and humanity, focussed upon what would be helpful and appropriate. It is important to avoid rushing into action, to take time to think, and to be guided by what is most helpful for those affected. Leaders should avoid speculation and communicate carefully.

2.2 What does your bereavement policy say?

It is helpful to have in place a bereavement policy that sets out what support employees can expect, including time off to attend a funeral, grieve and support managing practical matters. Read the policy from the perspective of someone who has been bereaved, how would it come across to them. Some policies set out different entitlements depending upon the perceived closeness of the relationship with the deceased. While understandable, this may not reflect the reality of people's lives. Therefore, where possible, allow for flexibility, with time off agreed on a case-by-case basis. Ensure the policy is applied consistently with appropriate oversight, so that decisions are fair and are not perceived as discriminatory.

2.3 If in doubt

Any grieving process is going to be sensitive and complex. However, bereavement by suicide is a distinct experience. Those affected may experience shock, guilt, shame, confusion, and unanswered questions alongside grief. Stigma can compound their distress and lead people to conceal the cause of death, including in the workplace.

There is no single, correct way to grieve. Responses vary between individuals and may change over time. Some people will want to talk; others will not. Some will return to work quickly; others will need extended support. Some individuals may be more affected than others, including those who worked closely with the person, those already experiencing challenges, or those earlier in their careers. Employers should expect a wide range of responses, avoid making assumptions and adopt a flexible and proactive approach.

Grief following suicide bereavement is not linear. It may intensify around anniversaries, inquests, media coverage, or other reminders. Continued, flexible support over the longer term is therefore important.

2.4 Be culturally aware

Different faiths and cultures have very different approaches to grieving. It is important to be culturally aware and respectful of such approaches. It would be a good idea to engage with any relevant Employee Resource Group to understand the customs that might be relevant to a bereaved colleague but always being careful not to make assumptions.

2.5 The Grief Cycle

There are various models which seek to describe how humans grieve. Perhaps the most well-known is the Kubler Ross Grief Cycle which talks about denial, anger, bargaining, depression and acceptance. It is important to keep in mind that these models are just that, models, and everyone will process grief in their own way. They may not go through all these stages. Equally they are unlikely to go through them in a linear way but rather to move from one to another and then back again at different times. Be guided by what is happening for the person in front of you right now rather than any model of what you have been told grief "should" look like.

3. Supporting someone bereaved by suicide – for managers and HR

3.1

Take the time to read the 'Introduction' to these resources to have an understanding around the nature of suicide. Take time also to make yourself familiar with the organisation's bereavement policy and the internal resources available to signpost people to.

3.2

When you hear about the bereavement, unless you did so from the bereaved employee directly, contact them promptly to offer your condolences. Assure them not to worry about work at this time and ask whether there is any urgent work they would like to hand on to someone. Agree between you (line manager and HR) who will talk to the employee about the bereavement policy and resources for support and who will be the primary point of contact for the employee as they grieve and deal with the death.

3.3

Ask the employee what they are comfortable with you sharing with the rest of the team and respect their wishes in that regard. Based on that, communicate appropriately with the rest of the team, at the very least to say that the person will be off for a period and make arrangements to collectively cover their workload.

3.4

Keep in mind section 2.3 above – If in doubt.

3.5

Ask the employee what you can helpfully do to support them. Ask whether they would like contact from colleagues and communicate this to the team. Touch base regularly with them and ask specifically how they are feeling and coping. Keep in mind that statistically those bereaved by suicide are at greater risk of suicidal thoughts and behaviour than the general population.

3.6

Take steps to deactivate systems that might send automatic messages or requests to the person while they are off. Consider getting access to their inbox to set an appropriate out-of-office message and manage incoming work to reduce pressure on their return.

3.7

When the employee is ready to think about a return to work, offer them a 1-2-1 to discuss how they would like that to happen, considering what is communicated to other team members, flexible working, including location (home/office), phased return, adjusted workload in the short and medium term, regular check-ins and other relevant factors. Recognise concentration, energy, and productivity may be affected. Reassure them this is normal and that they have your support as they continue to grieve.

3.8

Offer space to talk about the bereavement, including the cause of death, but be guided by the employee. Some people may want to discuss this and others may not. It's important not to avoid the subject because of your own discomfort. The guidance in the Intervention section around supportive conversations will be useful and applicable in this context too.

3. Supporting someone bereaved by suicide – for managers and HR

3.9

A good starting point will often be questions which you may want to ask each week to build consistency. They could be:

- how are you coping with your grief?
- how are you managing?
- what do you need?
- how can we support your return to work?
- how do you feel about the team meeting this afternoon?
- how are you coping with workload?

3.10

Be aware of potential triggers such as anniversaries, significant dates, inquests, and media coverage. Check in proactively at these times. Equally, press or social media coverage of celebrity suicides or annual events like World Mental Health Day or World Suicide Prevention Day can create challenges for those bereaved by suicide and so again check in with the employee to see how they are managing when these occur.

3.11

You may want to think about offering to set up an employee resource group for those bereaved by suicide which would give them a safe and understanding place for support and to discuss their grief.

3.12

Maintain regular, appropriate contact and offer consistent support over time. Be mindful that colleagues will respond differently. Some may need more frequent check-ins, reassurance, or flexibility, particularly those who are less experienced in navigating loss in a professional environment.

3.13

Some colleagues, such as more junior staff or those earlier in their careers, may be less confident seeking support or stepping back from work. A more proactive approach in checking in and offering support may be helpful.

3.14

Be guided by kindness and being brave to reach out to someone.

3.15

Do not ignore your own needs or those of other senior people who may feel a responsibility to be visible to and supportive of others.

3.15

Suicide&Co Video resources:

- Supporting A Colleague After Suicide Loss
- Navigating Your Return to Work After Suicide Loss
- A Managers Guide to Supporting A Colleague After Suicide Loss

4. Supporting someone bereaved by suicide – for colleagues

4.1

If you learn that someone has been bereaved by suicide, check with their line manager, before reaching out directly. The manager may have already discussed the colleague's contact preferences.

4.2

If given the go ahead from the individual's line manager, send a simple message expressing your condolences and letting them know you are thinking of them. Perhaps reaffirm that their work is being picked up and that you will help them with their workload when they are ready to return to work.

4.3

It might be a good opportunity to talk to colleagues about suicide and to discuss how you as a team can be more understanding and supportive generally. Read the earlier sections of this Guidance around the nature of suicide and intervention.

4.4

When the colleague is coming back to work, actively think about what you can do to help them return and manage their workload. Consider sending them a welcome back email and/or a card from you or the team. Offer to have a coffee with them and a space to talk about their loss but be guided by them and sensitive to the language they use around the cause of death. Offering specific help is likely to be more helpful than saying "let me know if there's anything I can do". Offer to update them on what has happened while they have been away.

A good starting point will often be questions which you may want to ask each week to build consistency. They could be:

- how are you coping with your grief?
- how are you managing?
- what do you need?
- how can we support your return to work?
- how do you feel about the team meeting this afternoon?
- how are you coping with workload?

4.6

Be aware of potential triggers such as anniversaries, significant dates, inquests, and media coverage. Check in proactively at these times. Equally, press or social media coverage of celebrity suicides or annual events like World Mental Health Day or World Suicide Prevention Day can create challenges for those bereaved by suicide and so again check in with the employee to see how they are managing when these occur.

4.7

Be aware that they may be more tired, distracted and emotional than normal. Give them time to get back to their normal levels of productivity and sociability.

4.8

Be guided by kindness and being brave to reach out to someone.

4.9

Suicide&Co Video resources:

- A Managers Guide to Supporting a Colleague After Suicide Loss

5. Responding to a suicide of someone in or closely connected to the workplace

5.1 Introduction

This section is focussed upon the death by suicide of a colleague or someone closely connected to the organisation, for example a client or supplier. However, a public figure suicide with no connection to the organisation may also impact people and is something to be conscious of.

A suicide attempt requires a fundamentally different response from a death by suicide. The person is alive, and any organisational response must prioritise their wellbeing, dignity, and privacy. The steps below should be adapted accordingly.

It should also be noted that in the early stages the cause of a death may be unclear and, in the UK at least, a formal verdict of suicide can only be given by a coroner after an inquest hearing. There are various requirements about which a coroner needs to be satisfied before such a verdict and lots of reasons why people might prefer an alternative verdict. This Guidance is intended to include situations where there is substantial evidence of suicide as being the cause of a death and when the community (including colleagues) is responding to what is believed to be a death by suicide, even if that has not been confirmed and/or is not the ultimate verdict.

As a general rule, even if it is appropriate to confirm the cause of a death as being suicide, you should not make public statements as to the means or the place as this is known to create a heightened risk of copycat attempts.

5.2 Have in place a response team

It is a good idea to have already in place an identified group of people (your Response Team) who will be responsible for coordinating activity following any suicide. The members of the Response Team should discuss their role and have thought together about how they might respond to different situations so that there is a degree of readiness and preparedness if they are called upon to act. They should all be familiar with this Guidance. Who should be part of the group will depend to an extent upon the organisation and its resources, but we would suggest the following:

Each team member should identify an alternative person in the event they are not available and/or unable to act due to personal grief. This group should be supplemented by the line manager of the deceased person in response to any incident. Further, if the person was from a particular faith or ethnic group who may have particular customs or approaches to death and/or grieving then it would be a good idea to involve a member of an appropriate Employee Resource Group and/or get input from external sources.

5.3 If the death (or an attempt) occurred on site

Although this will be rare, immediately call the emergency services (police and ambulance in the UK) and follow their guidance and instruction.

5.4 Other involvement of police

Wherever a death occurs, the police are likely to want to speak to work colleagues as part of their investigation. This will need to be coordinated by the Response Team, and you may need to manage the impact of having uniformed officers on site and any rumours this may cause.

5.5 First steps

Be thoughtful and avoid rushing into action.

Convene the Response Team, share what is known, agree what steps need to be taken and who will do what. Steps are likely to include the following:

5.5.1

Inform other senior leadership

5.5.2

Contact the next of kin to express condolences, understand what is known, agree what can be shared, including, if possible, around the cause of death. Clarify their communication preferences, including a main point of contact and anything from the organisation as a whole or individual colleagues. Confirm the supports in place which they are able to access. Be mindful of cultural and religious considerations. In time you will want to talk about other issues but for now these are key points to cover.

5.5.3

Prepare a draft press statement which is ready in case of need. This statement should balance transparency and sensitivity, providing essential information while respecting the privacy of individuals involved. It should reflect the wishes of the family. Ideally it would focus on positive aspects of the person's character and time with you. An example press statement is included at Appendix 1.

5.5.4

Identify a member of the Response Team to be the sole contact point for press enquiries.

5.5.5

Identify key colleagues who were closest to the person and communicate with them 1-2-1 in person or by telephone. Think about people who are away from the workplace for any reason and how they are going to be contacted.

5.5.6

Notify EAP, Occupational Health and other providers of psychological support, to let them know of the death and to be prepared for a high volume of requests for support as a result. Consider arranging onsite psychotherapists/ psychologists.

5.5.7

Alert Mental Health First Aiders (or equivalent) and line managers in relevant departments to expect to be required to provide increased levels of support and to be alert to signs of distress. Perhaps offer these groups briefings or refreshers and ensure they feel supported in their roles.

5.5.8

Prepare an email to go to employees generally. Example emails are included at Appendix 2. Think about different offices and associated businesses that might need to receive this. **Again, think about staff who may be away from work for any reason and make appropriate arrangements to contact them**, phone calls may be appropriate. Ensure that messaging is consistent.

5.5 First steps (cont.)

5.5.9

Put in place mechanisms to monitor social media in order to respond to inappropriate coverage or speculation.

5.5.10

Manage the individual's email and work accounts to monitor work demands. Set an appropriate out-of-office message ensuring alignment to the family's wishes and identify a point of contact. Be thoughtful about who that person might be. The message need not, at least in the early stages, say anything other than the person concerned is not available and to contact x for assistance. In time the message can be adapted perhaps to include different contact points for different work matters. Once it feels appropriate to do so, the message might also reflect the wording of the press statement but bear in mind that receipt of an out of office message will be a very confronting way to learn of the death of someone.

5.5.11

Prepare wording for the person's EA and immediate team members to use if handling phone or external enquiries. Again, this needs to be sensitive and respectful of the wishes of the family. It need not, at least in the early stages, say anything other than the person concerned is not available. Once it feels appropriate to do so, the message might also reflect the wording of the press statement.

5.5.12

Secure the deceased's personal belongings and box them up respectfully and sensitively. Consider how to manage their workspace. You might want to place flowers there and/or a book of condolence in due course.

5.5.13

Identify a private and comfortable place in the office (providing water and tissues) where people can gather. Consider stationing MHFA's or their equivalent there on a rota basis, providing information on grief and guidance on how to access further support and information.

5.5.14

You will need to assess the fitness to work of colleagues who are affected but want to continue working, especially if they are in risk or safety critical roles. Grief and shock can compromise concentration and judgement.

5.6 Contact with the deceased's family

Hopefully you will have had an initial conversation with the deceased's family in the immediate aftermath of the death which will help guide how and when to make further contact.

- During further contact with the family, you might want to consider discussing the following:
- The respectful return of personal belongings perhaps with a card signed by key colleagues and retrieval of work property at an appropriate time.
- Any preferences if discussing the cause of death.
- Funeral arrangements and whether the family would like work representatives there or not.
- Practical support you can offer the family.
- Arrangements for any remembrance event at, or organised by, work (see below).
- Providing information regarding salary, benefits such as healthcare and any insurances that might be relevant in light of the death.

5.7 A possible workplace focussed remembrance event

Whether or not the family would like work representation at the funeral, talk to close colleagues in the office about whether they would like to organise some kind of event to remember the deceased. This could be a formal event with speeches from colleagues, depending on the deceased's faith it might involve a place of worship, but equally it could be something informal such as some drinks in the pub. Be guided by what people want.

Inform the family and involve them if they would like. Extend the invitation widely as you may not be aware of who the deceased was connected with and think about whether to include clients or suppliers who may have known the deceased well.

5.8 Conversations around suicide

Consider bringing in external experts to facilitate group conversations around suicide to help colleagues understand and process the death. The content could be based around the Introduction to these resources.

Where appropriate, be open about discussing the cause of death while respecting the family's wishes. Clear communication can reduce speculation and misunderstanding.

Keep communicating with staff whenever there is something to say and keep reminding them of the supports available.

5.9 Keep resources under review

Keep in touch with outside providers of support as well as your MHFAiders (or equivalent) to understand over time how people are managing, the level of demand for support and whether there is feedback on other things the organisation could be doing to support people. Make sure your MHFAiders feel supported and are accessing any resources they may need.

Recognise everyone's experience of grief is different and while some may grieve very publicly and quickly, for others it might be some time before they are able to consider seeking support.

> **Encourage people to share their feelings and concerns in a safe and non-judgmental environment. Creating a sense of shared and mutual support across the organisation can aid grieving and reduce the risk of blaming and scapegoating.**

Reassure staff that no-one is to blame for a suicide.

5.10 A long term way to remember

Consider, with colleagues and the family, whether a longer-term form of remembrance is appropriate. This could be a commitment to fundraise for a particular charity (one that the deceased supported or a suicide related charity for example) or it might be an award in their particular area of work or, if they played a sport, a tournament or trophy in their name. Equally you could plant a tree or put up a plaque.

5.11 Planning ahead

Looking further forward, think about what you will need to put in place around any inquest, as well as anniversaries of the death and events like World Mental Health Day or World Suicide Prevention Day which can create challenges for those bereaved by suicide. Acknowledge these, offer support and remind people of other support resources in place.

5.12 Particular resources to be aware of

All of your existing organisational support services should be able to assist in the wake of a suicide. In addition, there are particular organisations that deal specifically with support for those bereaved by suicide. Below are some UK organisations (for other locations, you could do an internet-based search to find relevant support):

UK national support:

Suicide&Co
www.suicideandco.squarespace.com

Survivors of Bereavement by Suicide (SOBS)
www.uksobs.com

Cruse Bereavement Support
www.cruse.org.uk

Cruse Scotland
www.crusescotland.org.uk

Local services:

Ataloss
www.ataloss.org

Support After Suicide Partnership (SASP)
www.supportaftersuicide.org.uk

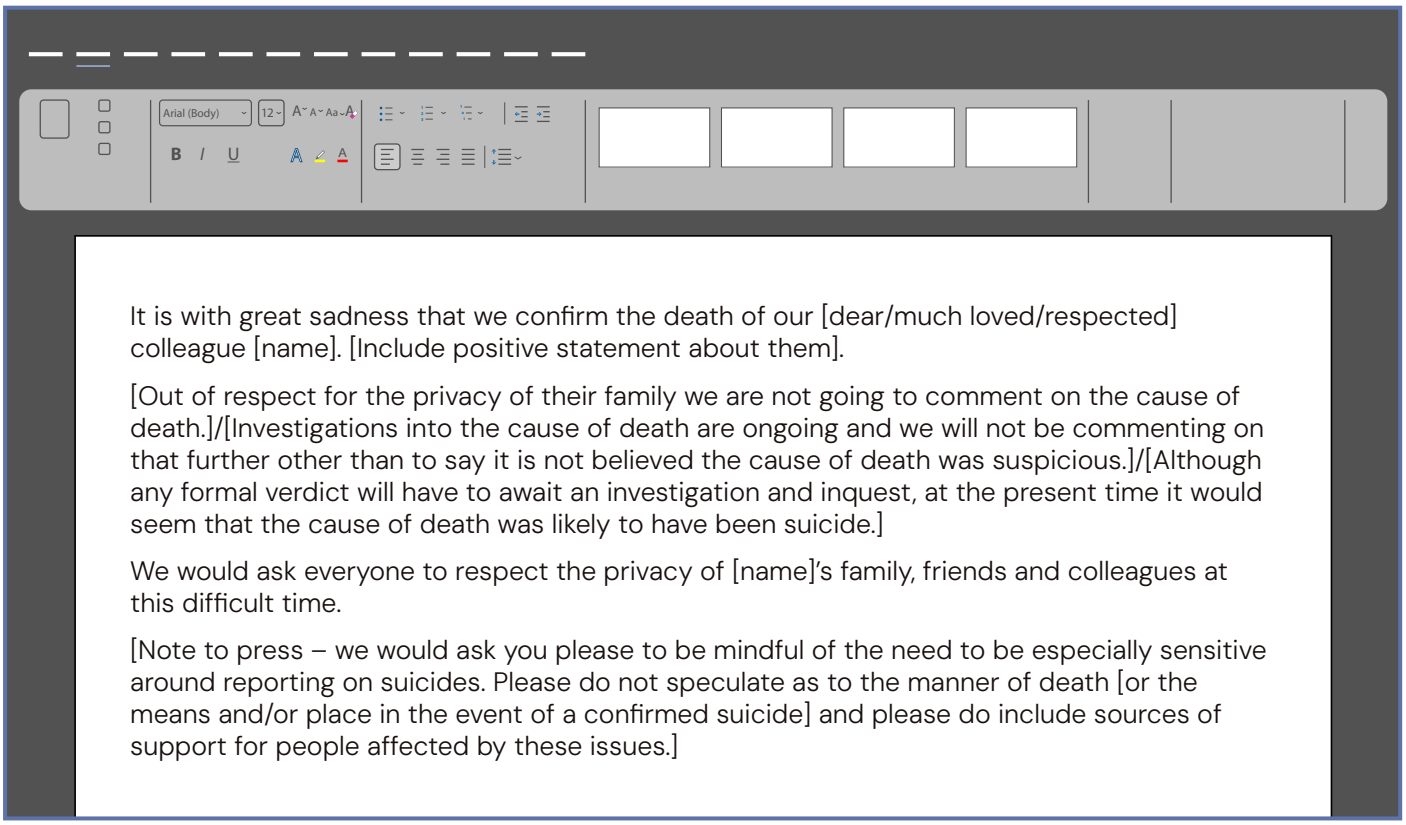
5.13 Returning to usual routines

Returning to usual routines is likely to be challenging. There is no single timeline that will suit everyone. Be sensitive, flexible, expect differing responses, provide ongoing support, and adjust expectations as needed.

1 Appendix 1 – example press statement

The following are template press statements. They should be adapted to reflect the specific circumstances and align with the wishes of the deceased's family before release.

Example 1:



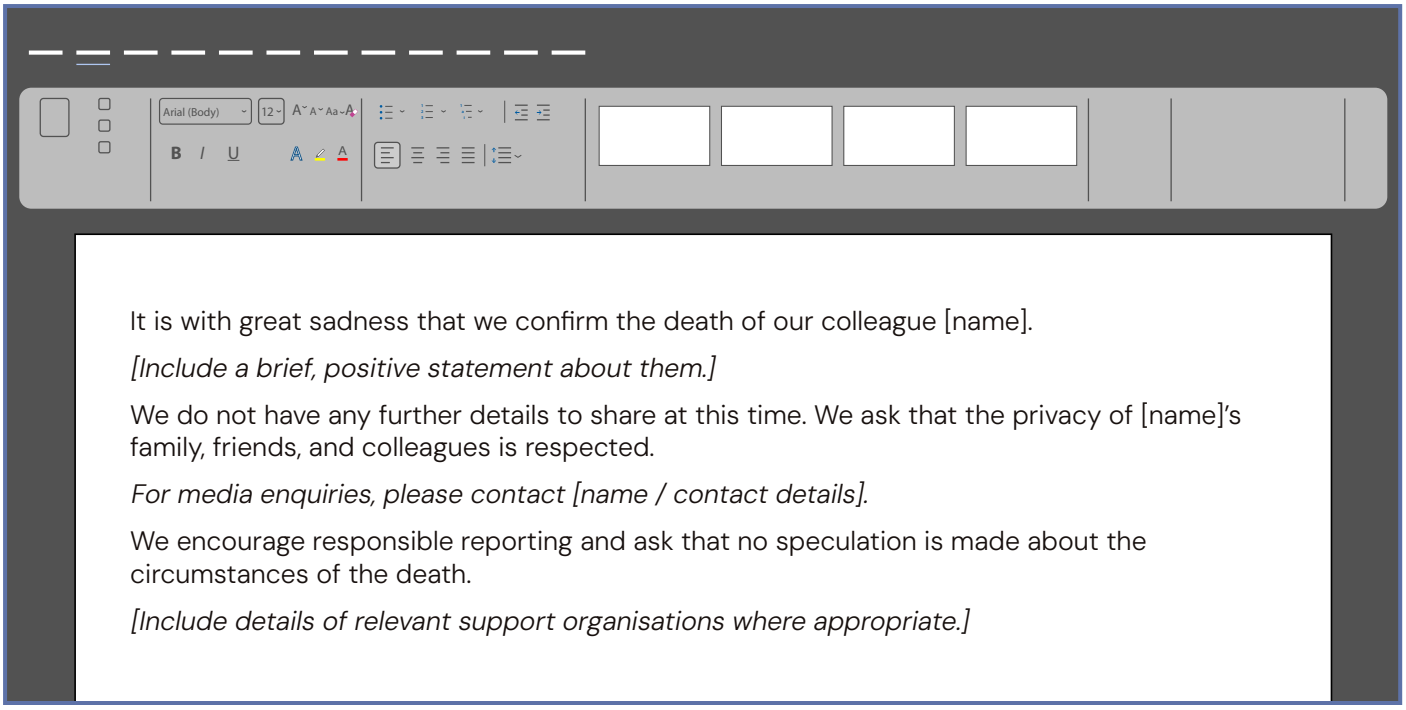
It is with great sadness that we confirm the death of our [dear/much loved/respected] colleague [name]. [Include positive statement about them].

[Out of respect for the privacy of their family we are not going to comment on the cause of death.]/[Investigations into the cause of death are ongoing and we will not be commenting on that further other than to say it is not believed the cause of death was suspicious.]/[Although any formal verdict will have to await an investigation and inquest, at the present time it would seem that the cause of death was likely to have been suicide.]

We would ask everyone to respect the privacy of [name]'s family, friends and colleagues at this difficult time.

[Note to press – we would ask you please to be mindful of the need to be especially sensitive around reporting on suicides. Please do not speculate as to the manner of death [or the means and/or place in the event of a confirmed suicide] and please do include sources of support for people affected by these issues.]

Example 2:



It is with great sadness that we confirm the death of our colleague [name].

[Include a brief, positive statement about them.]

We do not have any further details to share at this time. We ask that the privacy of [name]'s family, friends, and colleagues is respected.

For media enquiries, please contact [name / contact details].

We encourage responsible reporting and ask that no speculation is made about the circumstances of the death.

[Include details of relevant support organisations where appropriate.]

2 Appendix 2 – draft email to colleagues

The following are draft emails to be sent to colleagues following a death by suicide.
They should be personalised and reviewed carefully before sending.

Example 1:

To

Subject **The death of our colleague [name]**

Dear all,

It is with the greatest of sadness that I have to inform you that we have learned today of the death of our [dear/much loved] colleague [name]. [say something positive about them]

[Out of respect for the privacy of their family we are not going to comment on the cause of death.]/[Investigations into the cause of death are ongoing and we will not be commenting on that further other than to say it is not believed the cause of death was suspicious.]/[Although any formal verdict will have to await an investigation and inquest, at the present time it would seem that the cause of death was likely to have been suicide.]

We know that many of you will be affected by this terrible news. I and the rest of the senior team are committed to making sure that the right support is available to everyone. We will update you more on that in due course but for the moment please be aware that we have the following resources in place and we have notified the relevant providers of the fact of [name's] death:

[include details of internal and external supports]

Some of the most important support will come from each other. Please be the kind and caring people you are and give time and space to yourselves and your colleagues to reflect on, talk about and process this awful tragedy.

We know that some of you most affected will want to take some time away from the office and we respect that. Please do just communicate your needs to your line manager so we can ensure critical work demands are managed.

Please be aware that there will be a range of different reactions and all are as valid as each other. Be respectful of this.

We understand that some of you may want to reach out to the family at this time. [We have spoken to them and they have asked that colleagues hold off from this at the present time while the family processes the news]/[We have spoken to them about this and they have asked that any such contact be via [how?]].

Out of respect to [name's] family, please do not engage in commentary or speculation on social media or speak to the press about this. We have appointed [name] to liaise with the press and any enquiry you do receive should be referred directly to them.

We will be in touch in due course with more details of supports and other practicalities but for now, be there for each other and please do get in touch with me or any member of the leadership team if you would like to talk.

Yours

[name]

Send

2 Appendix 2 – draft email to colleagues

Example 1:

To

Subject **The death of our colleague [name]**

Dear all,

It is with great sadness that we inform you of the death of our colleague [name].

[Include a brief, positive statement about them.]

No further information will be shared at this time. We recognise that this news will affect people in different ways. Support is available, and we have informed relevant services so they are prepared to help.

Please see below for details of internal and external support:

[Include details of support services.]

Please take the time you need. Speak to your line manager if you would like time away from work or additional support.

We ask that you refrain from speculation or from sharing information on social media. Any media enquiries should be directed to [name / contact details].

We will provide further updates when appropriate. In the meantime, please look out for yourselves and each other. If you would like to talk, please contact your line manager or a member of the leadership team.

Yours sincerely,

[name]

Send

Mindful Business Charter

Jerroms, West Point, Mucklow Hill,
Halesowen, West Midlands, B62 8DY
Registered Charity Number 1193631

mindfulbusinesscharter.com

mindfulbusinesscharter