

SUPPORTING LEARNING COMMUNITIES FOLLOWING SUICIDE AND SUDDEN DEATH

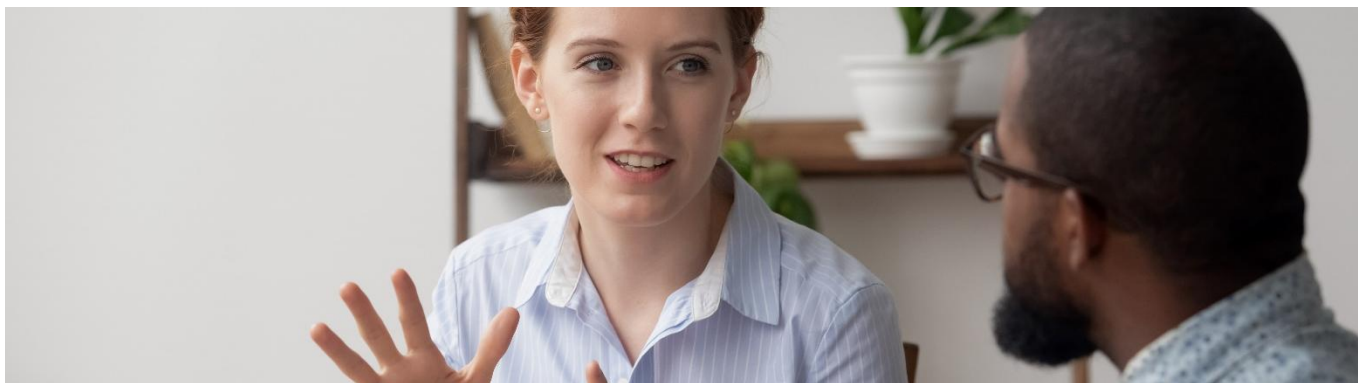
A guide for further education leaders, managers and key staff

Written by The Charlie Waller Trust



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OVERVIEW OF THE RESOURCE

This guide has been developed to assist leaders, managers and key staff in further education (FE) to support their learning communities following suicide and sudden death. In recognition that learners or colleagues may experience distress, including thoughts of suicide, following the suicide or sudden death of a member of the community, this resource is designed to be used in conjunction with the [Managing challenging conversations about suicide](#) guide, as part of a person-centred approach to building skills and confidence to hold challenging conversations. This guide will consider why our approach matters, give guidance on best practice for supporting the learning community and highlight where to signpost for additional or ongoing support.

Introduction

A suspected or confirmed suicide or sudden death will not only impact the immediate family and close contacts of the person who has died but may have a profound impact on the whole learning community. The impact can reach beyond the education setting and potentially ripple out into the local community and beyond - for example, families who have young people of a similar age. The psychological consequences of suicide or sudden death will be unique for everyone, affecting people in many ways and for differing lengths of time.

We all experience grief in a unique way and one person's loss is not necessarily more important than another person's loss. Those with less perceived 'closeness', such as colleagues of the person who has died, may feel overlooked or that they don't feel they have a right to grieve, compared to family members or friends. Staff members who have had contact with the person who has died, which may include the person reading this, may be particularly impacted. Australian research recognises that '*closeness should not be 'perceived' on the basis of kinship but on the basis of psychological closeness*'.¹

¹ Maple M, Kwan M, Borrowdale K, Murray S, Sanford R (2016) 'The Ripple Effect: Understanding the Exposure and Impact of Suicide in Australia'. Sydney: Suicide Prevention Australia.



On average there are 135 people who have a connection to each person who dies by suicide.² Australian research has shown that on average there are 15 people emotionally injured by that sudden traumatic loss,³ which may include thoughts of suicide in people who have lost a loved one to suicide.^{4,5}

The aftermath of suicide and sudden death: Postvention

The term 'postvention' was first used in 1968 by Ed Shneidman.⁶ Recognising the impact that suicide can have on those bereaved, he subsequently described postvention as:

“POSTVENTION IS PREVENTION FOR THE NEXT GENERATION.”⁷

Research shows that suicide postvention, developed by, with, or for people who have been bereaved by suicide, can support their recovery and prevent adverse outcomes, including suicide and suicide ideation'.⁸ 'From Grief to Hope', published in 2022,⁹ highlighted the need for accessible information and access to immediate, proactive interventions, including face-to-face support when the person feels ready. This research also highlighted the importance of ongoing support and 'check ins' at 3, 6, 12 or 18 months after the suicide occurred, with a specialist suicide bereavement support worker. However, as no time frame can be set on grief, it's important for people to be aware that they can reach out for support at any point in the future. It is not necessarily obvious who will be most affected. We do not have to have known the learner or the staff member who has died or who has been involved in a traumatic event to be adversely impacted; some events may trigger memories of past trauma in affected individuals, and individual reactions need to be validated.

As well as postvention after a suicide or sudden death, we should also be mindful of the impact of other events on a learning community. A traumatic event such as an assault or serious accident affecting a member of the learning community will impact the individual involved, in addition to others in the learning community and beyond.

Further afield from the learning community, the impact of traumatic events, including acts of terror, war, extreme weather events or accidents, may be felt from across the community and further afield.

² Cerel J, Brown M, Maple M. (2018) How Many People Are Exposed to Suicide? Not Six. *Suicide and Life-Threatening Behaviour*, 49(2): 529-534.

³ Centre for Suicide Prevention (2019) How many people are affected by suicide? Available at: <https://www.suicideinfo.ca/how-many-people-are-affected-by-one-suicide/>

⁴ Pitman A, Osborn D, Rantell K and King M. (2015) Bereavement by suicide as a risk factor for suicide attempt: a cross-sectional national UK-wide study of 3432 young bereaved adults. *BMJ Open*. Available at: <https://bmjopen.bmj.com/content/6/1/e009948>

⁵ McDonnell S, Flynn S, Shaw J, et al. (2022) Suicide bereavement in the UK: Descriptive findings from a national survey. *Suicide and Life-Threatening Behavior*. Available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9790485/>

⁶ Erlich M, Rolin S, Dixon L, et al. (2017) Why We Need to Enhance Suicide Postvention. *The Journal of Nervous and Mental Disease*.

⁷ Shneidman, E. (1972). Foreward. In A.C. Cain (Ed.), *Survivors of suicide* (pp. ix–xi). Springfield, IL: Charles C. Thomas.

⁸ Andriessen K (2009) Can Postvention Be Prevention? *Crisis*. 30;43-47

⁹ McDonnell S, Hunt I, Flynn S, et al. (2022) From Grief to Hope. Available at: <https://supportaftersuicide.org.uk/wp-content/uploads/2020/11/From-Grief-to-Hope-Report-FINAL.pdf>



After learning about global events that cause uncertainty, you may feel fear, anxiety, or a loss of control over your own life and plans. You may worry for the safety of strangers, loved ones or yourself. And if you have lived through similar events in the past, it may bring up traumatic memories.¹⁰

These events can impact some communities more than others, for example if there are family members living in the area of the trauma, or who have lived through a traumatic event. Members of the learning community can be signposted to the many sources of specific support which can be found online for communities affected by traumatic events.

Postvention: Crisis Planning

At a time of intense shock following a suicide, sudden death or other traumatic event, having a pre-written crisis plan in place that can be implemented immediately is important. The crisis plan should identify the roles and responsibilities of key staff and have pre-agreed templates for communication to learners, staff, parents/carers. It can form part of a 'postvention toolkit', detailing the support put in place for the whole learning community following the event.

In the event of a suspected suicide, the Samaritans team of Postvention Advisors can provide guidance and information on addressing the impact, supporting education settings to proactively develop a response plan. There are other options for support and guidance available, including [Responding to an Unexpected Death: Support for Schools and Colleges – NSPA](#).

A learning community's Bereavement Policy can outline what the setting will do in the event of a sudden death or suicide, referring to the crisis plan/postvention toolkit – again detailing key staff members who would work together to communicate the information to the wider learning community.

Your crisis plan, policy or procedure may include guidance on:

- **Practical necessities following a suspected suicide or sudden death including:**
 - Notifying authorities where appropriate
 - Securing the scene of the death if taken place on the learning provider's property
 - Informing the crisis response team who are identified in the policy (and who ideally have received relevant training)
 - Effective and timely information sharing and communication, using appropriate language, to avoid information being spread on social media first which can cause variations of information.
 - Detailed guidance is available for schools from the Samaritans in their [Step by Step](#) resources, which may also be helpful for other learning communities.
 - Up to date information of local and national support which is available so that you can empower and enable all members of the learning community to access support should they need it.

¹⁰ Mental Health Foundation (2023) Tips to look after your mental health during scary world events. Available at: <https://www.mentalhealth.org.uk/explore-mental-health/articles/tips-look-after-your-mental-health-during-scary-world-events>

- Details of the support available for all learners and staff, recognising that people will be affected differently; this support can be from within the learning community as well as through statutory NHS services, the voluntary sector and self-care strategies.
- **Steps to support learners and staff who are immediately affected.**
- **Steps to support the wider learning community and beyond.** Part of this should be identifying a team to manage any ongoing response and support following a suicide/sudden death, which should include counselling/mental health support, administrators, senior leadership and communications staff.
- **Policies and procedures should be reviewed** and revised in response to feedback from learning community experiences to inform change and best practice, aligning postvention with suicide prevention moving forward.

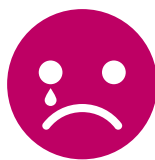
Responses to suicide, sudden death or a traumatic event

Our brains sometimes protect us from what is painful, and we know that these conversations are likely to be challenging for us. We may be concerned that we are going to 'say the wrong thing', make things worse or feel that we 'aren't the right person'. However, those (very normal and understandable) feelings can lead to silence. Silence is far more likely to cause harm as it prevents people from being able to speak openly, process their grief, ask questions, and find ways to support themselves and be supported.

Emotions expressed during these conversations may include some of the following:



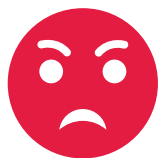
SHOCK



SADNESS



GUILT



ANGER



DISBELIEF

In addition, young people may feel or express:¹¹

- Fear
- Sense of numbness
- Loneliness
- Anxiety
- Feeling responsible for taking on the role of the bereaved person, for example, 'being the man of the house'
- Hopelessness
- Relief if the family situation has been difficult, for example, addiction
- Physical symptoms
- Challenging behaviours

There is no right or wrong way to feel and express emotions relating to grief or the impact of trauma, and members of the learning community will respond differently. Some learners and staff may actively reach out for help; others may try and continue with little or no support. Some may have the support they need from outside of the learning environment, others may not know where or how to access any support, or that support is available. We should be alert to the potential impact on the learning community and learn how to identify those who may need additional support through mental health and suicide awareness training and learning how to respond in a crisis.

Refer to our companion guide on [Managing Challenging Conversations about Suicide](#) for signs of distress and how to respond. Avoid making assumptions about what support a person wants, needs, or has in place. Be mindful that if someone is 'emotionally injured' because they have been impacted by a loss to suicide, this can increase the risk of them experiencing thoughts of suicide. Acknowledging a person's grief will show them that they are supported, and how we respond to those affected by these events can have a significant impact on their future wellbeing.

Talking about suicide and taking care with language

We need to talk about suicide. It should not be 'brushed under the carpet'; doing so adds to the sense of isolation that many bereaved by suicide feel.



My mother died by suicide. When I went back, no one acknowledged that she had died and [they] never spoke about her again.

However, the words we choose to use are important; they can add to the stigma that exists around suicide, or they can create increased understanding and compassion, give hope, and provide support. It's important to be aware of the impact of irresponsible or sensationalist reporting, particularly on social media. Educational institutions should develop a clear plan of communication to ensure that information about a suspected suicide is communicated responsibly and with sensitivity to learners, staff, parents and carers and the wider community.¹² Any communication about suicide should include information on where people can go for help.

¹¹ Winston's Wish. Available at: <https://www.winstonswish.org/>

¹² Diefendorf S, Van Norden S, Abrutyn S and Mueller A. (2022) Understanding Suicide Bereavement, Contagion, and the Importance of Thoughtful Postvention in Schools. In J. P. Ackerman, L. M. Horowitz (eds.), Youth Suicide Prevention and Intervention, SpringerBriefs in Psychology.

Do:

- ✓ **Use language such as 'died by suicide' / 'taken their own life' / 'suicide attempt'**
- ✓ **Signpost to support**
- ✓ **Adhere to the wishes of the family, including the use of photographs**
- ✓ **Manage social media where possible**
- ✓ **Access further guidance such as Samaritans Media Guidelines**

Don't:

- X Use language such as successful /unsuccessful suicide; failed suicide; attempt; committed/completed suicide
- X Report methods or locations
- X Use dramatic headlines using the word suicide
- X Speculate on cause/ trigger/trends
- X Glamourise suicide
- X Publish suicide notes

Learning about a sudden death or suicide, or about how a person died, is likely to be shocking. If details of the method or location of suicide are shared, for example, this can have a profound impact and can lead to the 'Werther' effect.¹³ There is evidence from multiple studies that media reporting of methods and locations of suicide has an association with increased suicidal behaviour.¹⁴ The increased risk is even greater where the person who died has celebrity status. There is evidence to say that vulnerable individuals can be influenced to engage in or imitate behaviours, particularly if coverage is extensive, prominent, sensationalist or explicitly describes the method of suicide. This highlights the importance of sensitive reporting by all, as well as calling out insensitive and harmful reporting.

If we talk in a confident and safe way about suicide, it enables people who are thinking about suicide to talk and to access the support that they may need to help them stay safe. Therefore, be prepared to initiate a 'Calm and Compassionate' conversation, using the 'ASK' and 'SHARE' framework outlined in the [Managing challenging conversations about suicide](#) guide.

¹³ Thorson J and Öberg P-A (2010) Was There a Suicide Epidemic After Goethe's Werther? Archives of Suicide Research, 7(1): 69-72.

¹⁴ BMJ (2020) Association between suicide reporting in the media and suicide: systematic review and meta-analysis. Available at: <https://www.bmj.com/content/368/bmj.m575>

Even if you have personal experience of losing a loved one, it is important to recognise that we all experience loss differently, and to avoid saying the following:



Ongoing Postvention – the Prevention for the future

Having responded to a suicide or sudden death, it is important that we continue to promote positive wellbeing in learning communities to help prevent future suicides. Whilst one aim is to reduce suicides to zero,¹⁵ realistically, this may not always be possible. However, as a learning community it is best practice to have a strategic, joined-up approach to suicide prevention. Training staff in suicide and mental health awareness is important, alongside creating a suicide safer strategy with clear goals for preventing suicide and responding to suspected suicide or sudden death. This can ensure that staff and learners have the confidence to respond in a timely manner. Developing wellbeing programmes and fostering a culture of kindness and respect is essential to creating a mentally healthy learning environment for all members of the community – as is having access to other agencies to support vulnerable people.

Developing and regularly reviewing policies and procedures and postvention support which involves professional services, survivors of suicide attempts and those affected by loss, may help to *“facilitate recovery after suicide, and to prevent adverse outcomes, including suicidal behaviour.”*¹⁶ Training should be available for staff and learners in all areas of mental health and wellbeing, including suicide prevention. Promoting and raising awareness of mental health and wellbeing can reduce rates of depression and suicide thoughts. One school-based programme has been found to be effective in reducing new cases of suicide attempts and severe suicidal ideation by approximately 50%, with new cases of depression reduced by approximately 30%.¹⁷

Vicarious Trauma

Hearing of other people's trauma can bring up emotions and memories for ourselves and may impact on the way we see the world. For example, if we know a person has experienced an assault within our community, we can feel less safe ourselves. Vicarious trauma was first identified in the 1980s as the “cost of caring”,¹⁸ and was later referred to as “compassion fatigue”.¹⁹

¹⁵ <https://www.zerosuicidealliance.com/>

¹⁶ <https://www.frontiersin.org/articles/10.3389/fpsyg.2019.02677/full>

¹⁷ <https://www.y-a-m.org/>

¹⁸ Figley, C. R. (1982). Traumatization and comfort: Close relationships may be hazardous to your health. Keynote presentation at a conference, “Families and close relationships: Individuals in social interaction,” Texas Tech University, Lubbock, Texas, February.

¹⁹ Perlman L & Saakvitne K (1995) Treating therapists with vicarious traumatization and secondary traumatic stress disorders. In C. R. Figley (Ed.), *Compassion fatigue: Coping with secondary traumatic stress disorder in those who treat the traumatized* (pp. 150–177). Brunner/Mazel.



Vicarious trauma: ‘...the emotional residue of exposure that counselors have from working with people as they are hearing their trauma stories and become witnesses to the pain, fear, and terror that trauma survivors have endured.’²⁰

Being aware of signs of vicarious trauma can help us to support those affected by it. This includes accessing support ourselves if we have been affected.

Signs of vicarious trauma may be similar to post traumatic stress disorder (PTSD) and may include:

- Emotional reactions such as anxiety, low mood and dread
- Cognitive reactions including rumination about the traumatic incident
- Behavioural responses such as use of drugs/alcohol
- Physical responses such as changes in appetite and difficulty sleeping and having nightmares

We can also use this as an opportunity to promote the importance of **self-care and safety planning**; what do I do to look after my own wellbeing? Who would I turn to for support if I needed to?

Self-Care

Self-care is a critical aspect of a whole education institute approach to mental health and wellbeing. It is of paramount importance following challenging conversations in the aftermath of a suicide, sudden death or other tragedy within the learning community.

Based on research conducted by the New Economics Foundation²¹ and further developed by Dr Phil Hammond,²² **CLANGERS** is an acronym for daily self-care habits which are crucial for wellbeing.

CONNECT

Connections with others and the world around us are crucial for wellbeing. Make a point of connecting with friends, family and colleagues, in addition to pets, nature and others in the learning and wider community. This includes connecting with yourself and developing self-compassion, which is crucial as it fosters a kind and forgiving relationship with oneself, reducing self-criticism and promoting emotional wellbeing.

LEARN

Continuing to learn promotes personal growth; it can boost self-esteem and a sense of purpose, contributing to overall wellbeing. This doesn't necessarily mean academic learning, but can include informal, self-directed study, learning new skills, learning about different cultures, languages and traditions and discovering new things about people and the place you live and work.

ACTIVE

Regular physical activity is crucial for mental and physical wellbeing. We are all different: some

²⁰ American Counseling Association (2016). Vicarious Trauma. Available at: <https://www.counseling.org/docs/default-source/trauma-disaster/fact-sheet-9---vicarious-trauma.pdf>

²¹ New Economics Foundation (2008) Five Ways to Wellbeing: communicating the evidence. Available at: <https://neweconomics.org/2008/10/five-ways-to-wellbeing>

²² Hammond P (2018) Clangers for all, every day. Available at: <https://www.drphilhammond.com/blog/2018/09/18/health4all/2593/>

people like to be active with others or play team sports, whilst other people may prefer solo activities. Whatever you choose, make sure it is something you can do, something you will do on a regular basis, and something you enjoy!

NOTICE

Noticing the world around you and paying attention to the present moment can enhance wellbeing. When we consciously pay attention to the present moment without judgment, we can better manage stress, reduce anxiety, and improve our mental and emotional health. Noticing life's simple pleasures can help build resilience in the face of challenges. By staying attuned to the present, we can break free from the grip of ruminative thoughts about the past or worries about the future, ultimately promoting a greater sense of peace, contentment, and a more balanced and fulfilling life.

GIVE

Giving to others and 'prosocial' behaviour not only helps the person on the receiving end, but the person who gives, too. Acts of kindness and generosity release endorphins, often referred to as "feel-good" hormones, which boost our overall mood and reduce stress. Engaging in acts of giving and altruism can provide a sense of purpose and satisfaction, fostering a greater sense of connection and social support. It also helps shift our focus away from personal worries and problems, promoting a more positive perspective.

EAT WELL

There is increasing evidence that the food we eat not only affects our physical health, but our mental health too. The food we consume directly affects our brain's functioning and can significantly influence our mood and emotional wellbeing. A balanced diet rich in essential nutrients, such as omega-3 fatty acids, antioxidants, and vitamins, can promote the production of neurotransmitters that regulate mood. Conversely, a diet high in processed foods, sugar, and unhealthy fats may lead to inflammation and imbalances in brain chemistry, potentially contributing to conditions like depression and anxiety. Prioritising a nutritious diet not only supports physical health but also plays a crucial role in nurturing a positive and stable mental state, highlighting the intricate connection between what we eat and how we feel.

RELAX

Set aside time each day to relax, to rest and reflect. In today's fast-paced and often stressful world, taking time to unwind is essential for maintaining physical and mental health. Relaxation techniques, such as deep breathing, meditation, or simply enjoying leisure activities, help reduce the effects of modern-day stress. Regular relaxation is not a luxury but a necessity, and an investment in our overall wellbeing, supporting our ability to negotiate life's challenges as well as enjoying the good times.

SLEEP

Both the quality and quantity of sleep are important for mental and physical health. Keeping to a regular sleep schedule can help, in addition to ensuring that you have sufficient exposure to daylight during the day. Avoiding caffeine, particularly in the late afternoon and evening, can also help, as can ensuring your bedroom is cool and relatively free of clutter. Developing a 'wind down' routine, which may include a warm bath or shower, reading a book or relaxing, and avoiding electronic devices before bedtime, can all help support sleep.

Finally, promoting a compassionate and mentally healthy culture in the learning community is everyone's business. The policies, procedures, actions and attitudes of all staff should reflect the

message that the learning community cares for the wellbeing of every member. Support should be available for all learners and staff, openly advertised and accessible for all at any point, not simply for a limited period of time following a suicide, sudden death or other traumatic event.

The resources in this course are available to use under the [Open Government Licence v3.0](#) except where otherwise stated.

SUMMARY

IMPACT AND POSTVENTION CRISIS PLANNING	Be aware of the potential impact following suicide, sudden death or traumatic events on learners, staff, their immediate family and extended family and friends, in addition to the wider learning community. Have a clear crisis plan which outlines: • Policies and procedures in the event of a suspected suicide or sudden death, including reporting a death and securing a scene. • A postvention response team to manage ongoing response and support for the learning community. • Effective and timely information sharing and communication. Support within the institution and externally for learners and staff.
RESPONSES TO SUICIDE, SUDDEN DEATH OR A TRAUMATIC EVENT	• Emotional responses can vary in individuals and at different times.
TALKING ABOUT SUICIDE & TAKING CARE WITH LANGUAGE	• Be mindful of language when talking about suicide - avoid words like 'commit and completed. Keep language safe; we do not need to add additional unnecessary words to suicide. • It's challenging to have conversations, but it's important to do so. • Refer to Managing Challenging Conversations for more guidance on having a conversation to support a learner or staff member.
ONGOING POSTVENTION	• Create the environment for positive wellbeing. • Training for staff and learners on mental health awareness and suicide prevention. • Review policies regularly - involve the whole learning community.
VICARIOUS TRAUMA	• Be aware that having discussions about suicide or sudden death can lead to distress.
SELF-CARE CLANGERS	Take time for self care, by doing the following each day: • Connect with others • Learn • Active • Notice the world around you and pay attention to the present moment • Give: giving and prosocial behaviour helps the person giving as well as the receiver • Eat well: what we eat affects our mental health • Relax: set aside time each day to relax, reflect and rest • Sleep is crucial for body and mind

ABOUT THE CHARLIE WALLER TRUST:

The Charlie Waller Trust is a national charity set up by the Waller family in 1997 after Charlie tragically took his own life aged 28. It provides mental health training, resources and consultancy with a focus on children and young people.

The Trust's expert trainers give parents, carers, teachers and employers the skills and confidence to spot signs of mental ill health and support young people to seek help. They work in schools, colleges, universities and workplaces throughout the UK.

All the Trust's work is evidence-based, with Charlie's story at its heart, and most of it is free. It strives to ensure young people's voices are heard.

Thank you



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