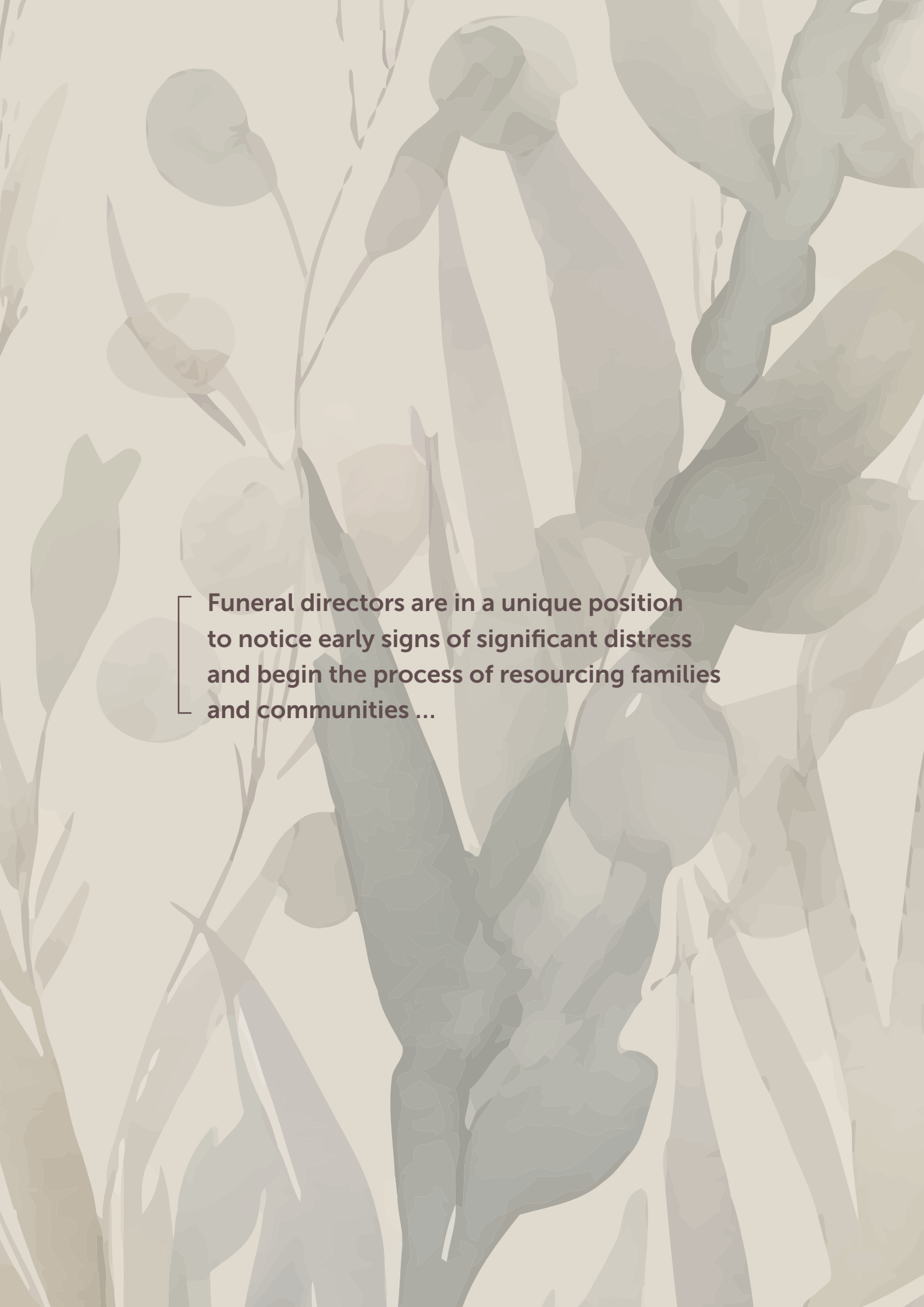


Supporting families

bereaved by suicide



A resource for funeral directors



**Funeral directors are in a unique position
to notice early signs of significant distress
and begin the process of resourcing families
and communities ...**

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Introduction

This short guide sets out the key role of funeral directors in supporting immediate family members and friends bereaved by a suicide death. It also acknowledges the broader contribution funeral directors can make to suicide prevention and postvention efforts in their local community.

Research demonstrates that bereavement is a potential risk factor for suicide. Evidence also tells us that those who have lost a loved one to suicide are at greater risk of suicide themselves and can be at increased vulnerability of developing mental health issues.

Through their conversations with family and friends in the days and weeks following the loss of a loved one by suicide, funeral directors are in a position to informally observe those that are impacted by the death and encourage them to reach out for appropriate support. Funeral directors may also be able to assist and guide, not only how a funeral or memorial service is conducted, but also what resources are made available, so that suicide prevention and postvention efforts are strengthened.

Postvention refers to the range of support activities that can be in place following a death by suicide. This includes family, friends and communities. Postvention is important to relieve distress, provide information and reduce the risk of further deaths by suicide.

The funeral service can provide an opportunity to promote help-seeking and develop a sense of community and belonging, reducing the isolation that is often experienced by the bereaved.

Messaging that models and promotes safe and appropriate communication can help to reduce the stigma which unfortunately still surrounds suicide.

This guide includes information on the particular grief often associated with suicide as well as some practical suggestions for how funeral directors can support families through the funeral arrangements, and acute bereavement experience, including providing referral to appropriate services.

Funeral directors, despite not being mental health professionals, are in a unique position to notice early signs of significant distress and begin the process of resourcing families and communities to ameliorate the impacts. Funeral directors have the skills and experience to respond compassionately to those bereaved by suicide. This resource has been developed in response to particular questions we have received from funeral directors about the unique issues that relate to suicide.

The resources section includes information on a range of support services for bereaved family and friends. There are also suicide prevention, postvention and mental health training options for funeral directors to build confidence and skills in having these important conversations, including connecting families and others to support services.

“ The funeral people listened with understanding and empathy and were there when we had questions about the process, making themselves available. They had a caring attitude. ”

– Participant of Macedon Ranges Suicide Prevention Action Group (MRSPAG) Peer Support Group

Some things to consider

As a society, we are increasingly recognising that suicide is a preventable death. We have also come to understand that suicide is a response to intense emotional and mental distress – often the person does not want to die, but is seeking to end feelings, thoughts or situations that they experience as unbearable.

Suicide is complex. It is often attributed to a single cause, such as a relationship breakdown, loss of employment or financial difficulties. While these stressors may have played a role, we know that there are always a multitude of factors that contribute to a person's death by suicide. We also know that mental illness is a risk factor for suicide. However, there are people without a diagnosed mental illness who take their own lives and people with a mental illness who are not suicidal.

There is often concern that speaking about suicide will put the idea in someone's mind. This is a myth. Talking openly about suicide can help to prevent it. Additionally, talking about suicide can help to reduce stigma, and reduce the sense of isolation felt by bereaved families and loved ones.

There are some helpful resources about how to talk about suicide in a later section of this guide. This is an important aspect of assisting those who are bereaved, and in planning a memorial or funeral service.

Professionals who have early contact with the bereaved (including funeral directors) can have a significant impact on the newly bereaved by encouraging them to access appropriate support and resources.

It will be helpful to keep in mind that people from particular communities may need extra care and can face additional challenges. People from an Aboriginal and Torres Strait Islander background have a higher rate of suicide that occurs within a context of racism, intergenerational trauma and dispossession. Many from the Aboriginal and Torres Strait Islander community will have already experienced the passing of loved ones to suicide, so the distress can be particularly acute.

Ensuring cultural safety is important to assisting family and friends. Supporting family and friends to conduct a ceremony or service in a way that works for them is crucial.

Another community that is likely to need extra care is the LGBTQIA+ community. This is a community where the rates of suicidal ideation and attempts are higher than the general population. Again, it is possible that many will have experienced earlier losses to suicide. Additional complications can occur when, for example, the trans identity of a person is not acknowledged by those organising the service. This can be distressing for their friends and chosen family. If possible, facilitating the funeral service in a way that authentically reflects the life of the person and guides how to sensitively acknowledge suicide can be strengthening and helpful to those left behind.

People from culturally and linguistically diverse backgrounds also need to have their experience and point of view understood. In some cultures, there is no history of suicide and sometimes there is no word for it in their language. This can mean responding to what has happened is particularly challenging. The principles of listening, understanding and caring – which funeral directors have – will assist in these circumstances. For these communities, it is possible they are connected with a community leader or faith leader who will be supporting the family through this period. Seeking consent from the family of the deceased person to connect with the significant community leader may be a useful resource to support your understanding on how to best conduct the service.



Understanding suicide and grief

Life can end in a myriad of ways: naturally, suddenly, violently. Any of these will, to some extent, influence the experience of grief. Where suicide differs from other deaths is inherent in the act; suicide is a deliberate and intentional end to one's own life. People who die by suicide don't necessarily want to die. Rather, they are often wanting to end emotional and mental pain.

Any experience of grief and loss can cause intense sadness, anger, anxiety, or numbness. Research shows people bereaved by suicide also experience intense feelings of shame, responsibility and guilt when compared with people bereaved by other sudden deaths. Understanding these emotions is helpful when you are supporting people bereaved by suicide.

Suicide as a traumatic loss

When a loved one takes their own life, family and friends often experience the death as traumatic.

Many people bereaved by suicide are haunted by relentless questions such as 'why did the person take their life?' and 'could I have prevented it?', as well as lots of 'what-if' and 'if only'. They might go over and over interactions and situations to see if they could have prevented the death from occurring.

In the early days and weeks, the most valuable response is a kind and listening ear. Most bereaved people will grapple with these questions for months if not years to come. Some reassurance can be helpful, but too quickly disagreeing with a person's sense of guilt can feel dismissive and potentially convey a sense that you are not able to listen.

The aftermath of a suicide is also particularly complex for a number of reasons. Given the stigma that still surrounds suicide, the family may be struggling to know what to say to their broader network of family and friends or community members. Sometimes the media might take an interest in the death, making it difficult for the family to grieve privately. In addition, some family and friends will be dealing with officials such as police and the State Coroner's Office.

There may also be families who feel a deep sense of shame and do not want to publicly acknowledge that the death was suicide. There can be family disagreements, with some wanting it to be acknowledged and others not.

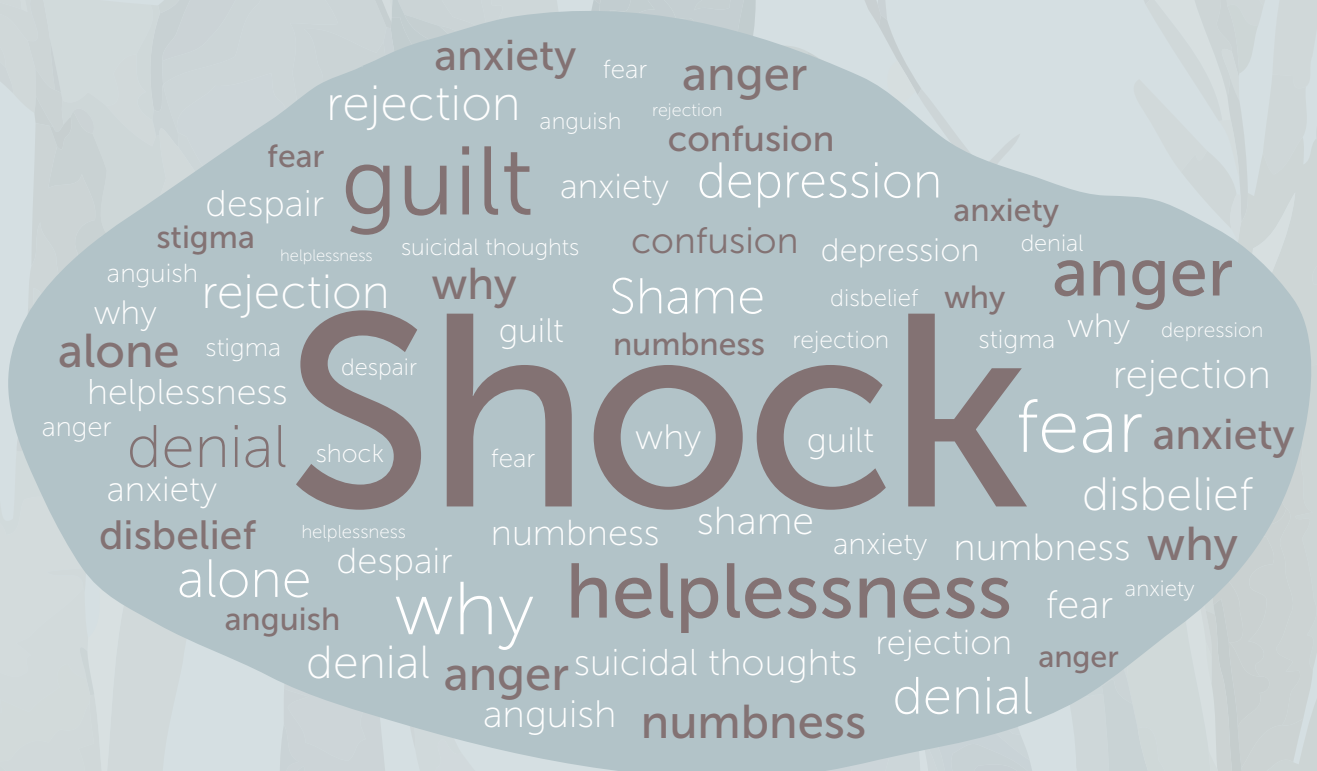
All of these issues can result in additional strain on family members and friends already struggling through a range of emotions at an immensely difficult time.

“ A death is considered traumatic if it occurs without warning; if it is untimely; if it involves violence; if there is damage to the loved one's body; if it was caused by a perpetrator with the intent to harm; if the survivor regards the death as preventable; if the survivor believes that the loved one suffered; or if the survivor regards the death, or manner of death, as unfair and unjust. ”

– Wortman & Latack (2015)

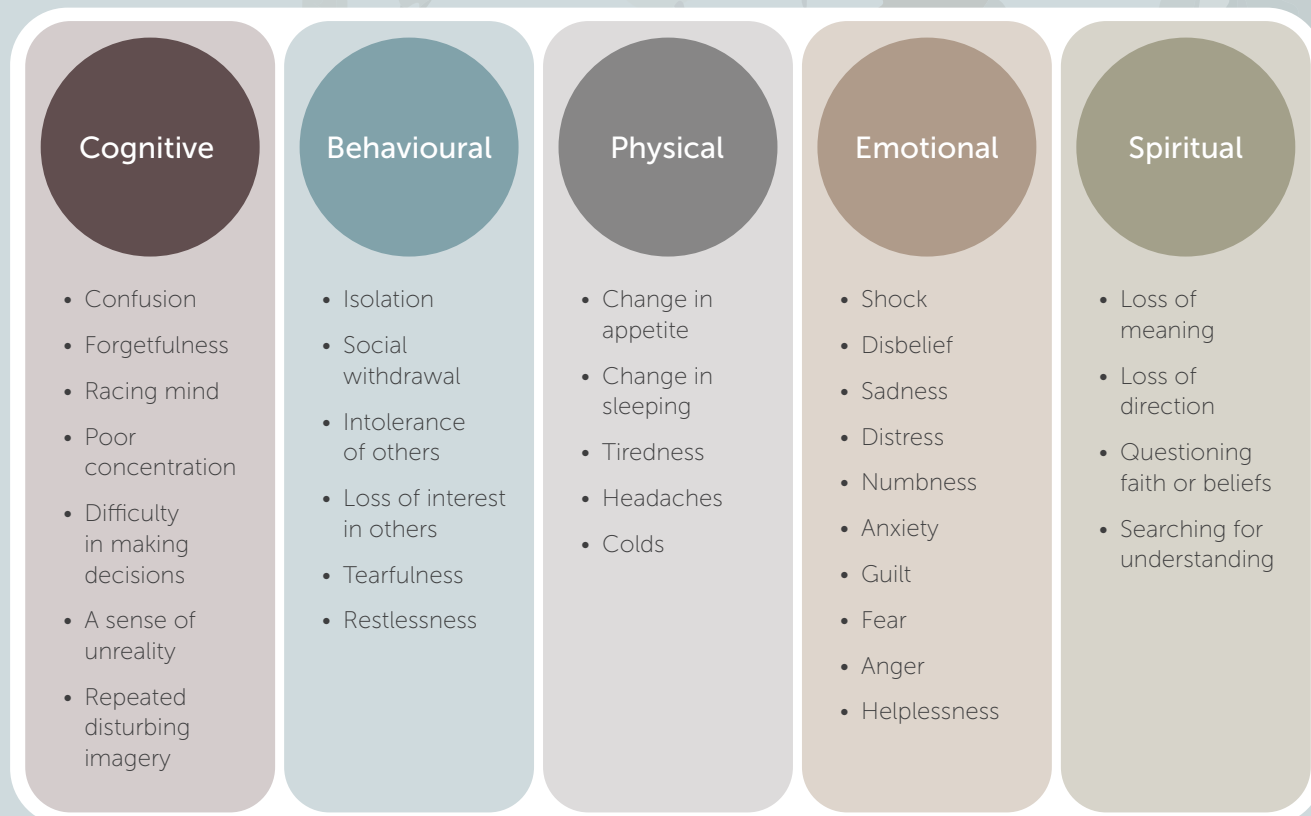
There is no right or wrong way to grieve ... just your way ... and grief has no timeline

As well as experiencing a range of emotions, grief can also manifest itself in physical symptoms, behaviour and thoughts. Grief and loss can also impact us spiritually. A kind and listening ear, as well as a non-judgemental approach are called for – skills that funeral directors already demonstrate. What can also assist is the confidence to advise and guide families through these first few days while preparing for the service – specifically, that it is okay to acknowledge the death was suicide by providing a safe environment to speak about the death.



Some of the emotions associated with suicide loss

Responses to bereavement by suicide



Physical, behavioural, cognitive, emotional and spiritual responses to suicide bereavement.¹

Young people bereaved by suicide

In Australia, suicide is the leading cause of death for young people. Over one-third of deaths in Australians aged 15-24 were due to suicide in 2022.² We know that bereavement is a risk factor for suicide. However, young people exposed to a suicide are at an increased risk of 'suicide contagion'. This is where one suicide in a school, community, or region increases the likelihood that others will attempt or die by suicide.

While this is a rare phenomenon, young people seem to be more vulnerable to suicide contagion than older people. This may be because young people identify more strongly with the actions of their peers, and because adolescence is a period of increased development, change and vulnerability, which in turn can increase the risk of suicide.

This makes it extremely important to ensure that young people know where to access the support they need. The funeral can be a good opportunity to share information on support that is available and encourage those that need support to seek help.

Standby Support After Suicide has developed a number of resources that may be helpful.

- Supporting Children and Young People
- Preparing Children for a Funeral
- Journals and Books for Supporting Children and Teens

www.standbysupport.com.au/resources

¹ www.jss.org.au/wp-content/uploads/2015/10/What_is_grief.pdf

² Australian Institute of Health and Wellbeing, Suicide and self-harm monitoring data, www.aihw.gov.au/suicide-self-harm-monitoring/data/suicide-self-harm-monitoring-data

Your role in supporting friends, family and suicide prevention

We know that bereavement by suicide or sudden death of a relative or friend is a risk factor to suicide.

As a funeral director, you provide an important early source of support and care to those bereaved or impacted by suicide loss. The close interaction you have with friends and family in the immediate aftermath of their loss puts you in an influential position to address the stigma that surrounds suicide and encourage family members to access support and practice self-care. These are 2 important factors that contribute to preventing suicides and can help those who have been bereaved to begin the recovery process.

Practical aspects of your role

UNDERSTAND THE EMOTIONS ASSOCIATED WITH SUICIDE GRIEF

Familiarise yourself with the wide spectrum of emotions that many people bereaved by suicide experience. This can help you reassure families that there is no right or wrong way to feel. It will also prepare you for the intensity of grief and the individual expressions of guilt, anger, shame or blame. Validating and normalising feelings can contribute to a person feeling heard, understood and supported.

LISTEN

Allow some extra time for consultations so that you can create the space and time for the bereaved person to open up if they want to, while being sensitive if they don't want to disclose further. Those bereaved by suicide may have no one else with whom to share their experience. Taking the time to listen, being present with the person, and allowing them to share their experience can be a great support.

It is not telling the story that causes upset, it is the story itself – the fact that someone they care about has died.

ENCOURAGE FAMILY AND FRIENDS TO ACCESS AVAILABLE SUPPORTS

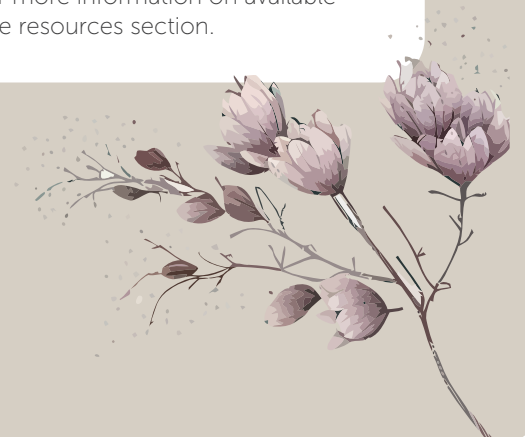
Families and friends may not know where to look for help or have the energy to seek out support. Familiarise yourself with the support services that are available for those bereaved by suicide and have information that you can share. Perhaps develop a handout, listing local, state-based and national support services.

ENCOURAGE THE FAMILY TO BE OPEN ABOUT THE CAUSE OF DEATH

Families can find it difficult to know what to say to friends following a death by suicide and may choose not to share the cause of death. Initially this may be easier. However, secrecy can compound feelings of guilt and shame and feed into the stigma around suicide. Encourage the family to be as open as they can manage. Demonstrating your own comfort level in talking about suicide can help the family to know it is okay for them to speak openly about their loss and its impact. Knowing the words to use can be helpful in encouraging open conversations. [Managing social stigma after suicide may be a useful resource.](#)

COMPLETE SUICIDE PREVENTION TRAINING

Comfort in talking about suicide often comes with training that provides accurate information about suicide and societal myths. Ensure that you and other staff have access to the training you need to be able to support those bereaved by suicide and at risk of suicide. In your work, you may well encounter people who are thinking about taking their own lives. Feeling more confident and informed will be very helpful in knowing how to respond. For more information on available training, see the resources section.



USING APPROPRIATE LANGUAGE

The language we use to describe suicide is very powerful and can either promote recovery or add to stigma.

Preferred language	Problematic language
Died by suicide; took their own life	Successful suicide; completed suicide; committed suicide
Suicide attempt; attempted to end their own life	Unsuccessful suicide; failed suicide bid
Increased rates of suicide; higher rates of suicide	Skyrocketing rates of suicide; suicide epidemic
A person who attempted or died by suicide; they died by suicide	Labelling terms associated with suicide methods
Tragic death; a tragedy	Set free; free from their demons; finally at peace; can rest at last
Refrain from using suicide out of context	Political suicide; suicide pass/ball (in sports); suicide mission
Content advice; the content includes discussion of suicide	Trigger warning

Everymind (2023). Our words matter: Guidelines for language use. Newcastle, Australia.

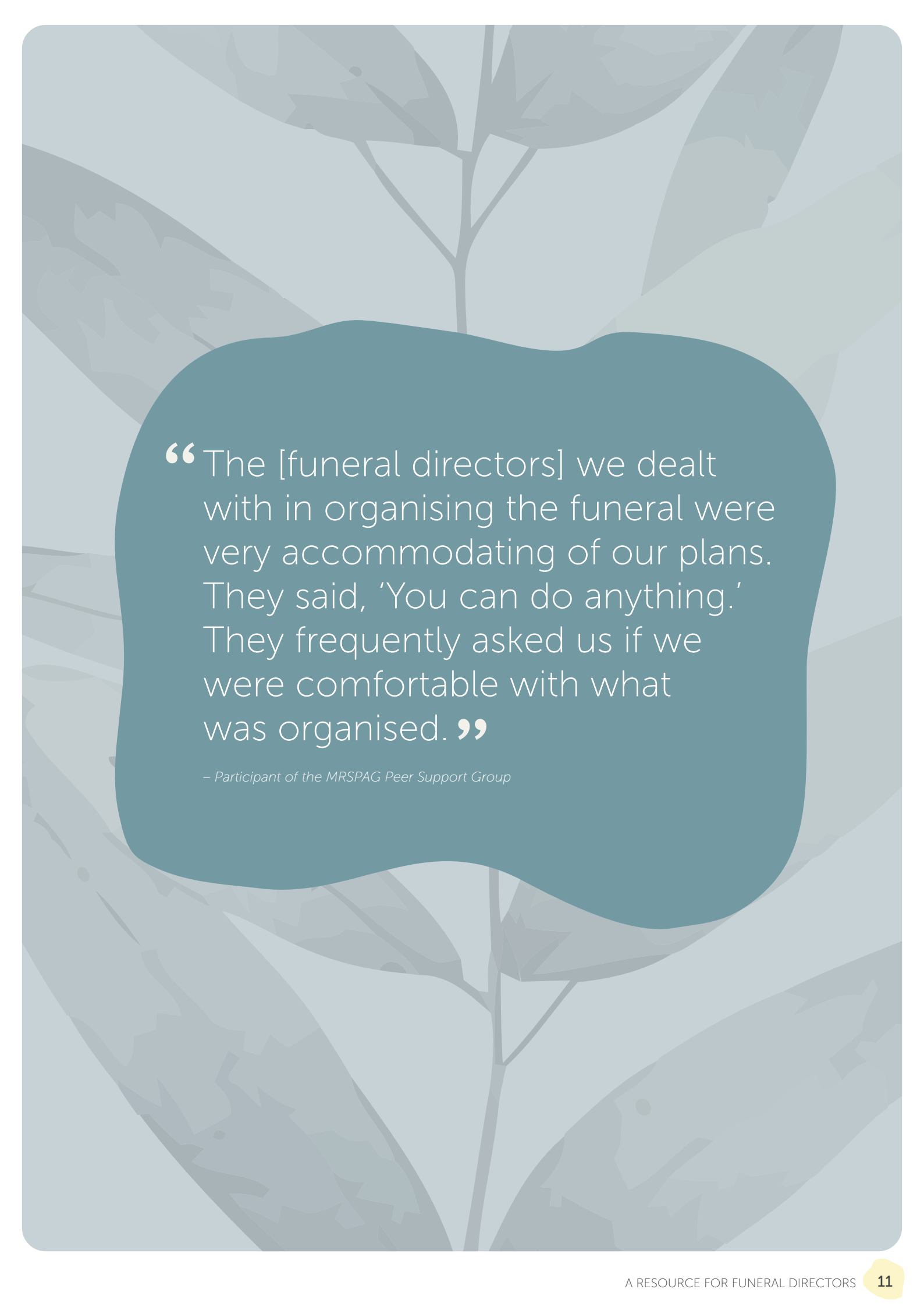
Words, particularly clichés, can be extremely painful for those bereaved by suicide. Language that uses a non-judgmental viewpoint is important in helping to reduce stigma and remove the barriers to talking openly about suicide.

For more information on language around mental illness and suicide, see Mindframe's language guide.



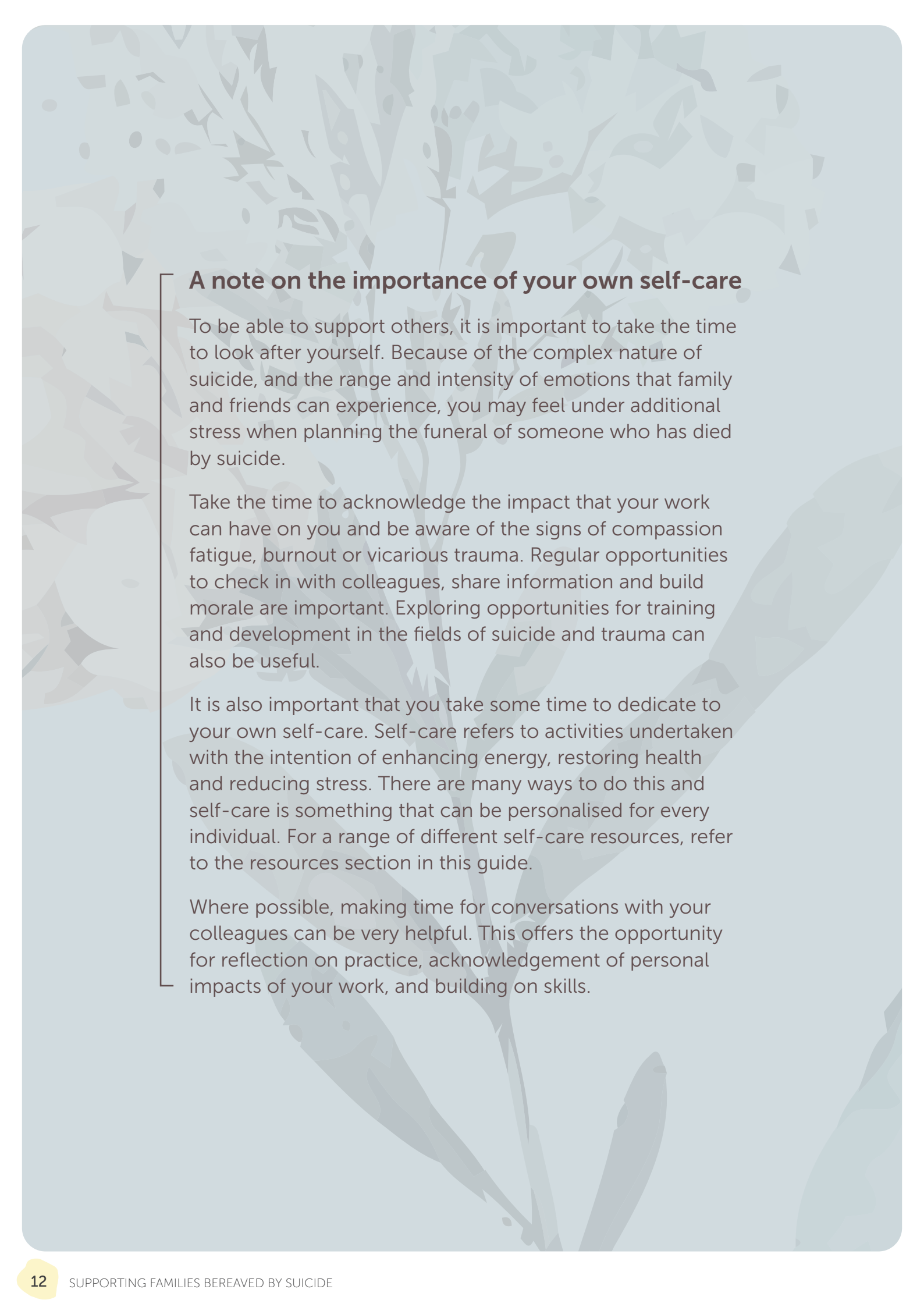
“When the celebrant (through the funeral director) found out it was a suicide, he looked into suicide bereavement. He asked if we wanted him to talk specifically about suicide during the funeral which we were so glad he did. We couldn't do it but felt the need to talk about 'the elephant in the room.'”

– Participant of the MRSPAG Peer Support Group



“The [funeral directors] we dealt with in organising the funeral were very accommodating of our plans. They said, ‘You can do anything.’ They frequently asked us if we were comfortable with what was organised.”

– Participant of the MRSPAG Peer Support Group



A note on the importance of your own self-care

To be able to support others, it is important to take the time to look after yourself. Because of the complex nature of suicide, and the range and intensity of emotions that family and friends can experience, you may feel under additional stress when planning the funeral of someone who has died by suicide.

Take the time to acknowledge the impact that your work can have on you and be aware of the signs of compassion fatigue, burnout or vicarious trauma. Regular opportunities to check in with colleagues, share information and build morale are important. Exploring opportunities for training and development in the fields of suicide and trauma can also be useful.

It is also important that you take some time to dedicate to your own self-care. Self-care refers to activities undertaken with the intention of enhancing energy, restoring health and reducing stress. There are many ways to do this and self-care is something that can be personalised for every individual. For a range of different self-care resources, refer to the resources section in this guide.

Where possible, making time for conversations with your colleagues can be very helpful. This offers the opportunity for reflection on practice, acknowledgement of personal impacts of your work, and building on skills.

The funeral arrangements



Handling the funeral arrangements for a person who has suicided can be a challenge, but it can also be an opportunity for your funeral home to help start the recovery process for family and friends and the broader community.

Treating the funeral arrangements and planning as if it were any other funeral can help the family and friends cope with the situation. Encourage the family to engage in the same rituals they would use to grieve any death.

“ Organising a funeral for our son gave us something to focus on and basically held us together for a while. During that time, we knew what we wanted to convey to anyone who came to his funeral; we wished to build up a picture of our son which was far more than that he was the young man who suicided (well, that was how we thought they would think of him and we knew he was far more than that).

The funeral directors who worked with us were flexible, accepting our changing ideas and contributed by suggesting and creating some audio-visual aspects we had no expertise in, providing the equipment required to show it and to hear the friends who banded together to sing and play a song our son loved.

They asked if we would like the funeral filmed which ultimately I am so grateful for as I didn't remember much of the day and it was there when I was ready, to watch it and appreciate how our boy was loved and celebrated. ”

– Participant of MRSPAG Peer Support Group

Family conflict following a suicide death

Regardless of the circumstances surrounding the death, complicated family dynamics, shifting roles, and different coping styles can test and challenge a family. After a suicide death, additional conflict may emerge because:

- Family members disagree about whether they will acknowledge the death publicly, and what to say to others.
- Family members have different explanations for why their loved one took their own life.
- The family expects one person to be strong for everyone else.

- There is blame directed at particular family members (which on occasions can result in them being excluded from attending the funeral).
- There is shame or discomfort about an aspect of the deceased person's life. This can occur if there were mental health issues or a history of drug and alcohol use.

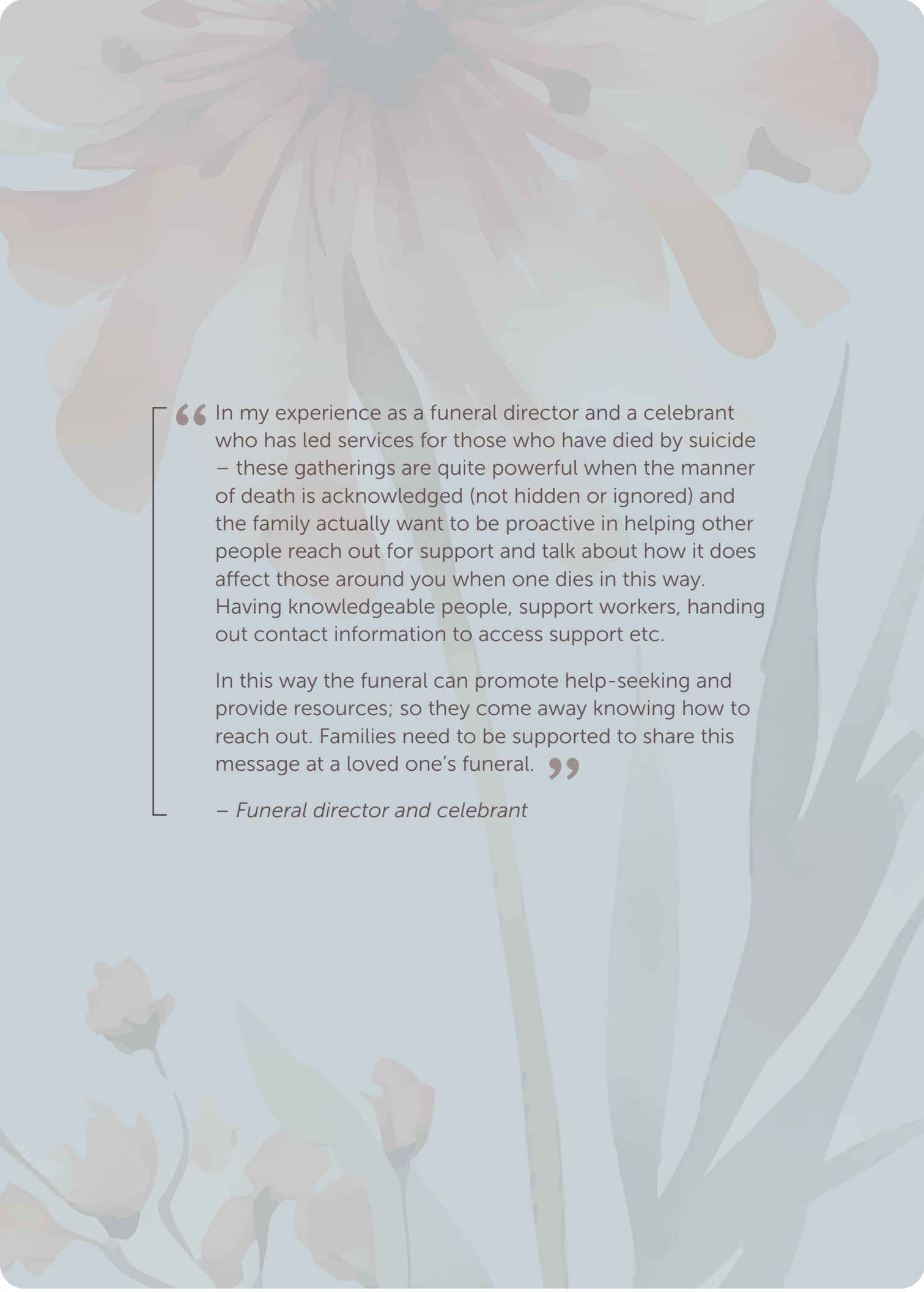
It is not your role to resolve these conflicts, but you may be able to remind family members and loved ones that everyone grieves differently. You can also remind them that they do not have to be alone, and encourage them to get the support they need for their own grief, from outside the family if necessary.

Suicide and religious beliefs

There are some cultures and faiths with strong views on suicide that may complicate grief and mourning for those bereaved by suicide. It can be particularly difficult when someone's personal faith or belief system opposes suicide.

Where a faith representative will be involved in conducting the funeral service, encourage the family to think about conveying messages that remember the life of the deceased and promote recovery of friends and community. Faith leaders have an opportunity to bring healing and comfort to the loved ones of the deceased person by framing their responses with sensitivity and compassion. The service is a time for healing, not judgment or condemnation.





“ In my experience as a funeral director and a celebrant who has led services for those who have died by suicide – these gatherings are quite powerful when the manner of death is acknowledged (not hidden or ignored) and the family actually want to be proactive in helping other people reach out for support and talk about how it does affect those around you when one dies in this way. Having knowledgeable people, support workers, handing out contact information to access support etc.

In this way the funeral can promote help-seeking and provide resources; so they come away knowing how to reach out. Families need to be supported to share this message at a loved one's funeral. ”

– *Funeral director and celebrant*



Vigils and Viewings

In our experience families deeply appreciate the opportunity to be reunited with the person who has died as the first step in the funeral planning process. In coming together with their person, the bereaved reclaim them and in doing so can begin the process of letting them go with dignity and with love. Commonly there is no impediment to seeing the body of a person who has died by suicide.

The funeral director needs to take special care of obvious injuries and may suggest families provide particular clothes such as a collared shirt or a scarf to gently conceal the extent of an injury. They also need to provide extra support than usual as family members and friends can be very cautious as they enter the viewing space. Ultimately though, the families we have cared for have found the vigil experience deeply healing and in the company of their person find themselves better able to think and make decisions.

When we didn't know that the last time we saw a person would be the last time we would see them, we can benefit enormously from starting the day again and reclaiming our person back into our fold before releasing them for the final time.

– *Natural Grace Holistic Funeral Care, Macedon Ranges Shire*

Practical suggestions for leading a funeral where death is by suicide

Adapted from "Recommendations for funeral services, memorials and remembrance activities for those who have died by suicide in Aotearoa-NZ", by Reverend Greg Hughson, Otago University, 2016.

- Have a well-prepared printed order of service agreed upon by close family and friends.
- Agree which family members and friends will speak beforehand. It is generally not a good idea to provide an open platform and to invite anyone present to speak. (The heightened emotions following a suicide can result in unwelcome or inflammatory comments.)
- Encourage family members to share in the service that the deceased has taken their own life.
- Advise speakers not to share the means by which the person died, during the funeral or memorial service or to speculate on the reasons for their death.
- Include contact details for relevant support services in the order of service.
- Consider whether you need to have a counsellor on hand at the service for people who might be extremely distressed and need immediate support.

- Review the lyrics of music selections to minimise the risk of friends and family misinterpreting them as glamourising or normalising death by suicide or showing insensitivity.
- Discuss with family members if they would like a recording of the funeral to listen to or watch with relatives or friends in the safety of their own home. They may find it difficult to recall details that are important to them later on.
- Advise the family to choose pallbearers with care. Given the potential for suicide contagion particularly by vulnerable teens and young adults, it is important for a family to consider this carefully. If they are intending to invite close friends of a young person who died by suicide to be pallbearers, we recommend the family have a conversation with them about whether this is right for them at this time. Participating in this way may be important and helpful for friends of someone who died, but it is important that they have a choice.

On the day

- Sit with close family and friends before the service begins and ask them for permission to commence the service.
- Leave some printed material on access to suicide support services, how to keep yourself and others safe, and grieving, at the back of the funeral venue for when people exit the service.



Messaging to convey in the service

The following points are adapted from “Recommendations for Memorials or Remembrance Activities for Those Who Have Died by Suspected Suicide” from Clinical Advisory Services Aotearoa.

- (With permission of the family) present the facts without going into detail on the means of suicide.
- Avoid referencing the state of ‘peace’ the deceased may have found through death (this can influence others who are vulnerable and dealing with psychological pain to also seek that peace or escape via death).
- Make a clear distinction between the positive accomplishments and qualities of the deceased and their final act of suicide.
- Present suicide as the worst possible outcome of mental health or other issues and do not to refer to it as a ‘choice’ but rather the person who died may have believed it was the only option to put an end to the suffering they were experiencing.
- Avoid normalising the suicide by interpreting it as a reasonable response to particularly distressful life circumstances.
- Reassure family, friends and other bereaved that they are not to blame.
- Provide information about resources for support for others who may be feeling a similar way as the deceased.
- Embed suicide prevention messages in the service (for example, mention how others may feel in distress and the importance of reaching out for help).
- Endeavour to normalise seeking professional help for emotional issues the same way one would seek help for physical problems.
- Avoid the suicide being seen as ‘successful’. Instead, use phrases such as ‘died by suicide’, ‘took his life’, ‘ended her life’. Refer to the language guide earlier in this booklet.
- Pay particular attention to young people. Ask them to look around and notice adults they can call on for help at this and other times of crisis. Consider pointing out specific adults who are particularly caring and that they can approach for help.



Resources

24/7 Supports

Beyond Blue

Depression, anxiety and related disorders

1300 224 636

Kids Helpline

Young people aged 5-25

1800 551 800

Lifeline

Crisis support, suicide prevention and mental health support

13 11 14

0477 13 11 14 (for Lifeline text)

MensLine Australia

Men with family and relationship concerns

1300 789 978

Suicide Call Back Service

Free professional phone and online counselling

1300 659 467

Switchboard

LGBTIQA+ phone peer support service

1800 729 367

(or webchat, 3pm to midnight www.qlife.org.au)

13 YARN

Phone support with a Lifeline-trained Aboriginal & Torres Strait Islander Crisis Supporter

13 92 76

Resources for those bereaved by suicide and those supporting them

Support After Suicide - Jesuit Social Services

Offers a range of resources including counselling, support groups and an online community of those bereaved by suicide.

www.supportaftersuicide.org.au

StandBy Support after Suicide

Provides free face-to face and telephone support to families, friends and communities who have been bereaved through suicide.

www.standbysupport.com.au

Survivors of Suicide Bereavement Association

Formed by people who have lost a loved one to suicide and offers peer support and other resources.

www.sosbsa.org.au

Griefline

A free counselling support service by phone:

1300 845 745

(6am-2pm, 7 days a week), SMS or online.

www.griefline.org.au

Conversations Matter

Is a set of resources to help you talk about suicide.

www.conversationsmatter.com.au

Grief Australia

Providing a range of bereavement support services, including access to counselling and support groups.

www.grief.org.au

Charlee

A website providing information about suicide prevention and bereavement from Switchboard VIC.

www.charlee.org.au/lgbtiqa-experiences-of-grief

Thirrili

Providing support to people bereaved by suicide through the Indigenous Suicide Postvention Service.

thirrili.com.au



Resources

Self-care websites

www.lifeline.org.au

Provides information on a number of self-help tools, including fact sheets and a coping kit.

www.beyondblue.org.au

Contains information on looking after yourself while supporting someone else.

Self-care apps and online support

Beyond Now

A safety planning app from Beyond Blue, enabling individuals to develop and implement their own safety plans when feeling overwhelmed.

www.beyondblue.org.au/get-support/beyondnow-suicide-safety-planning

ReMinder

Suicide Safety Plan helps someone to create a simple suicide safety plan.

www.emhprac.org.au/directory/reminder-suicide-safety-plan/

OpLife

By the Department of Veterans Affairs is designed for serving and ex-serving ADF personnel who are at risk of suicide, as a support to clinical care.

www.openarms.gov.au/op-life-app

Brighterside

By Black Dog Institute is a self-help program for adults experiencing suicidal thoughts.

www.blackdoginstitute.org.au/research-projects/brighterside

MoodGYM

A free, structured 5-module course covering information, assessments, self-help skills and exercises.

www.moodgym.com.au

MyCompass

A free resource with a focus on building resilience and good mental health providing tips and exercises to maintain good mental health.

www.mycompass.org.au

For younger people

ToolBox

Allows young people to work out health and wellbeing goals, then download recommended apps for each goal.

www.toolboxeducation.com

Bite Back

An online positive psychology program from the Black Dog Institute, designed to improve the overall wellbeing of young Australians between 13 and 16 years old.

www.biteback.org.au

headspace

Offers free online support and counselling to young people 12 - 25 and their families and friends.

www.headspace.org.au/online-and-phone-support

Niggle

From Kids Helpline, is a self-help app and toolkit focused on tracking and supporting mental, social and emotional wellbeing.

www.kidshelpline.com.au



Mental health and suicide prevention training

There is a range of suicide prevention and mental health training courses available to help you and your colleagues develop and build your knowledge on how you can support suicide prevention efforts in your community.

LivingWorks

Provides a range of courses that offer different levels of suicide prevention and intervention skills training. LivingWorks also provide courses for specific communities such as: LGBTQIA+, safeTALK and ASIST courses; Indigenous ASIST, safeTALK and safeYARN; and for a pastoral approach to suicide care - Start and Faith courses.

livingworks.com.au/who-we-train

- **Start**

Interactive training program that will give you the skills and knowledge to keep family, friends, co-workers, and others safe from suicide.

90 minutes - online

livingworks.net/training/livingworks-start

- **safeTALK**

Aims to assist you to recognise warning signs that someone may be thinking about suicide, engage with the person and connect them with resources to help them be safer from suicide.

4 hours - face to face

livingworks.com.au/training/livingworks-safetalk

- **ASIST**

Applied Suicide Intervention Skills Training (ASIST) is a 2 day in-person workshop where participants learn an evidence-based suicide intervention model to intervene and help prevent the immediate risk of suicide.

livingworks.com.au/training/livingworks-asist

Conversations for life

Provides learners with the information, skills and confidence to be ready, willing and able to have early conversations with people who are vulnerable or starting to withdraw.

4 hours - face to face or online

connetica.com.au/courses/conversations-for-life

Mental Health First Aid Training

Teaches you simple, practical first aid skills to help a person who is experiencing mental health problems, including those experiencing a crisis.

2 days - face to face or online

mhfa.com.au/take-course

Acknowledgements

We would like to acknowledge material in the following publications was used to develop this resource:

Recommendations for Memorials or Remembrance Activities for Those Who Have Died by Suspected Suicide

Clinical Advisory Services Aotearoa, 2011

Supporting Survivors of Suicide Loss: A Guide for Funeral Directors

Suicide Prevention Action Network
2008 (first edition)

Supporting Survivors of Suicide Loss: A Guide for Funeral Directors

Samaritans and Education Development Centre
2020 (second edition)

Finding the Words: how to support someone who has been bereaved and affected by suicide

Support After Suicide partnership, 2018

What is Grief? Understanding Suicide and Grief

Jesuit Social Services & Support After Suicide
(fact sheet)

Supporting a Person Bereaved by Suicide: What to Do

Jesuit Social Services & Support After Suicide
(fact sheet)

A Guide for Early Responders, Supporting Survivors Bereaved by Suicide

Winnipeg Suicide Prevention Network, 2016

Support after Suicide Booklet

Survivors of Bereavement by Suicide, 2019

Recommendations for funeral services, memorials and remembrance activities for those who have died by suicide in Aotearoa-NZ

Rev Greg Hughson, Otago University, 2016

Help is at Hand, Support after someone may have died by suicide

Public Health England and the National Suicide Prevention Alliance, 2015

Websites

StandBy

www.standbysupport.com.au

Support After Suicide

www.supportaftersuicide.org.au

Life in Mind Australia

www.lifeinmindaustralia.com.au

headspace

www.headspace.org.au

Everymind

www.everymind.org.au

Survivors of Bereavement by Suicide

www.uksobs.org

Whatsyourgrief

www.whatsyourgrief.com





In the early days and weeks,
the most valuable response is
a kind and listening ear.
Most bereaved people will
grapple with these questions
for months if not years to come.



Supporting families

bereaved by suicide