



Public Health
Agency

Bereavement support guide for managers

Dealing with the sudden death of a service user



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Background

This Guide has been developed to provide support and information to managers assisting staff who have been directly affected or impacted by the sudden death of a client or service user through suspected suicide or substance use.

This Guide acknowledges that responding to the death of a client or service user is challenging and that grief is very individual. It draws on real life experiences from individuals within the community, voluntary and statutory sector in Northern Ireland, to outline the steps and processes that, when implemented, can help organisations, staff and volunteers manage and respond to such a loss.

The Guide has been coproduced by the Public Health Agency (PHA), the Protect Life Implementation Groups (PLIGs) and the Drug and Alcohol Coordination Teams (DACTs). This Guide includes input from Managers and representatives from community, voluntary and statutory organisations involved in providing mental health, emotional wellbeing, suicide prevention and substance use services. Their contribution, through workshops and shared learning, have helped ensure the Guide reflects a compassionate, relevant and practical approach to supporting staff within their organisation.

While this Guide was developed for use following a death by suspected suicide or substance use, it can be adapted for use in a range of settings and circumstances, offering flexible and supportive guidance tailored to the needs of organisations, staff and volunteers.

The terms 'client' and 'service user' are used interchangeably. However, it is acknowledged that these terms may not always be appropriate depending on the context or relationship, and organisations are encouraged to use terminology that best reflects their environment.

Strategic context

This Guide seeks to support the wellbeing of staff working in mental health, emotional wellbeing, suicide prevention, self-harm and substance use services and aligns with:

Protect Life 2 (PL2): A Strategy for Self-Harm and Suicide in Northern Ireland (2019-2027)

Theme three: Supporting Compassionate Responses to Suicide

- **Objective 7:** Ensure the provision of effective support for those who are exposed to suicide or suicidal behaviour.

Action 7.2: Provide a consistent, compassionate approach to supporting those bereaved/affected by suicide.

Mental Health Strategy (2021-2031) (MHS)

Theme 2: Providing the right support at the right time.

Preventing Harm, Empowering Recovery A Strategic Framework to Tackle the Harm from Substance Use (2021-31)

Outcome D: People are Empowered and Supported on their Recovery Journey

Action D6: Learning from support provided in relation to deaths by suicide, the PHA will develop material and services for those bereaved by substance use. Acknowledging the complexity of these issues, these should be built into existing bereavement supports and not a stand-alone.

Outcome E: Effective Implementation & Governance, Workforce Development, and Evaluation & Research Supports the Reduction of Substance Use Related Harm

Action E5: The PHA will continue to deliver a programme of workforce development in relation to substance use, in line with national standards such as DANOS, etc. This would include the need for a trauma-informed approach and appropriate training on stigma associated with substance use.

Purpose

- Support staff wellbeing by providing a clear structured approach to grief, trauma and stress following the death of a client or service user
- Ensure a compassionate, coordinated response that acknowledges the emotional impact on staff
- Create a psychologically safe environment that helps reduce the long-term impact on staff
- Maintain continuity and quality of care for other clients/service users during difficult times

Principles

- Respond with compassion and empathy to the emotional needs of staff with understanding and sensitivity
- Communicate clearly, timely and accurately to help staff feel informed and supported
- Value inclusivity and respect, recognising that each person may grieve in their own way
- Offer timely and appropriate help and support for staff
- Encourage leadership in grief support that is confident, transparent and emotionally aware to guide and lead teams with confidence
- Respect confidentiality and boundaries

Aims of Guide

- Help staff recognise and express grief in a safe environment
- Provide managers with practical tools and approaches to respond with consistent care and compassion
- Reduce the emotional burden on staff through proactive support
- Foster a workplace culture of openness and mutual care that can respond constructively to loss and adversity
- Support staff transition back to daily work

Who is this Guide for?

Challenging incidents, such as sudden death can significantly impact an organisation and its people. This Guide offers a structured, trauma-informed model for responding to such events. It outlines three key stages, from preparation to recovery, to help organisations create compassionate and practical policies and procedures.

This Guide is intended for managers, staff and volunteers in community, voluntary, statutory or private sector organisations, or those who are self-employed. It is specifically designed to support those affected by the death of a person by suspected suicide or through substance use. The content provides adaptable guidance to help develop appropriate responses that reflect the organisational structure and culture and staff needs.

How to use this Guide

This Guide provides a model for responding to sudden deaths. By working through the three stages outlined, organisations will have agreed, written policies and procedures for responding to incidents which may occur. This will support managers and organisations to respond appropriately and effectively during an emotive and difficult time.

For organisations

- Mandate staff to develop policies and procedures
- Review and agree tailored content
- Approve and adopt policies and procedures
- Support staff training and feedback

For managers

- Lead policy development by using the structured approach within the Guide to develop and implement clear written policies and procedures
- Tailor the Guide's content to suit the specific needs of the organisation and staffing structure
- Use checklist provided as a roadmap to embed a consistent, caring and coordinated approach
- Ensure communication with staff
- Provide training for staff to ensure understanding of roles and responsibilities
- Identify and include additional tools e.g. sample communication guides etc. to meet specific staff and organisational needs

For staff

- Support development and implementation of policies and procedures
- Engage in training and feedback processes
- Follow policy and procedures to ensure incidents are responded to appropriately

Benefits of implementing the Guide

Implementing this Guide will support managers to be prepared and respond with compassion and empathy to the needs of staff during a difficult time. This will help reduce distress and promote staff wellbeing in the event of a sudden death.

A structured and compassionate approach can lead to:

For the organisation:

- Retention of skilled and experienced staff
- Reduced absenteeism and improved wellbeing
- A trauma-informed, supportive organisational culture
- Better governance and preparedness for future incidents

For managers:

- Clear guidance on supporting staff after a traumatic event
- Improved confidence in handling sensitive conversations
- Training opportunities for early identification of distress
- A framework to maintain team cohesion and morale

For staff:

- A safe space to process grief and trauma
- Validation of emotional responses and permission to grieve
- Access to internal and external support services
- Reduced risk of vicarious trauma or compassion fatigue

Resources

A list of resources has been included **within the Guide**. This is not intended to be exhaustive. Organisations are encouraged to add to this list based on the specific needs of their staff, local support services and relevant professional bodies.

Tailoring resources ensures that support remains accessible, relevant and responsive to those affected by the death of a client due to suspected suicide or substance use.

Supporting staff after a sudden death

When a person dies by suspected suicide or due to substance use, staff who supported them may experience profound emotional reactions. These deaths are often sudden, shocking, and traumatic, leaving staff vulnerable to a range of emotional and psychological responses. As a manager, it can be challenging to know how best to support your team during such a distressing time.

Emotional responses may surface immediately or emerge weeks or months after the event. By responding with compassion and understanding, managers can help foster a supportive workplace, strengthen team cohesion, protect staff wellbeing, and retain experienced professionals.

Emotional response

Experiencing the Impact

Staff may feel an overwhelming array of emotions following the sudden death of a service user. These can include:

- Shock, grief, and despair
- Guilt or blame, both self-directed and perceived from others
- Helplessness, vulnerability, and fear that a similar event might happen again
- Anxiety, frustration, and isolation
- A sense of failure or inadequacy in their professional role

Some individuals may feel they are not entitled to grieve or that they must suppress their emotions to appear strong or capable. Others might withdraw, avoid discussing the death, or feel unsure how to process their experience or talk about it with peers.

Responses of others

Do they blame me?

After such a loss, staff may also experience difficult interpersonal dynamics, including:

- Feeling scrutinised or judged by colleagues, managers, or external agencies
- Perceived or actual blame from the family of the deceased
- Worry that peers question their competence or involvement
- Anxiety about being held accountable, even when no wrongdoing occurred

This atmosphere can intensify feelings of guilt or fear, particularly if communication is lacking or organisational support is unclear.

Internal responses

Am I ok?

In addition to external pressures, staff can internalise distress in ways that may affect their wellbeing:

- Self-doubt and a questioning of their professional competence
- Internalised blame and a heightened sense of personal responsibility
- Emotional symptoms such as low mood, anxiety, and irritability
- Physical symptoms like headaches, fatigue, sleep disturbances, or changes in appetite

These responses can go unnoticed if the workplace culture discourages open emotional expression or if staff are not equipped to recognise early signs of burnout or trauma¹.

Impact on practice

How do I practice now?

The impact of a death by suspected suicide or substance use can leave staff with a heightened awareness of risk, and may cause them to:

- Feel hyper-vigilant or anxious in their future practice
- Avoid working with high-risk individuals due to fear or self-doubt
- Feel uncertain or fearful about being monitored or evaluated more closely
- Struggle with decision-making or experience 'paralysis' in similar cases

Such impacts can erode professional confidence and effectiveness if left unaddressed².

¹ Causer et al. (2019)

² Sandford et al. (2020)

Managerial response

What can you do?

Managers play a crucial role in helping staff recover and continue to practice safely and confidently. A trauma-informed and responsive approach is essential.

This involves:

- Acknowledging the emotional impact and validating staff experiences
- Creating a safe space for open conversations about the event and its impact
- Offering timely support, including supervision/clinical supervision, debriefing sessions, and access to counselling or peer support
- Recognising signs of trauma or burnout and checking in regularly
- Fostering a culture of empathy, learning, and non-judgment

Resources such as the [Safeguarding Board for Northern Ireland's Trauma Informed Practice Toolkit](#) can help managers develop a deeper understanding of trauma-informed approaches in the workplace.

By approaching such difficult events with empathy and care, managers can help their staff navigate grief and trauma in a healthy, constructive way ultimately contributing to a more resilient and supportive organisational culture.

Step one: Being prepared

A management team needs to be prepared in the event that a person dies by suspected suicide or through substance use while being supported by their organisation. Preparation includes having clearly defined roles for suicide prevention and mental health at work, along with established policies, procedures and monitoring requirements. These should be clearly communicated to staff, implemented consistently, and integrated into existing management systems.

Preparation should begin with the establishment of clearly defined policies and procedures which detail both what to do in the event of a death, and strategies for supporting staff. This will enable appropriate and consistent actions to be taken, while demonstrating compassionate leadership and a strong commitment to staff wellbeing. Additionally, fostering an open and transparent culture, free from blame and fear, should be promoted within your organisation.

Creating a culture that promotes psychological safety, openness, and transparency is just as important as procedural readiness. A blame-free environment encourages early help-seeking behaviour and helps to reduce the stigma around mental health and substance use issues.

It is essential that all staff are made aware of these policies and receive adequate training to understand their roles in the context of mental health and crisis management. Policies should be living documents, reviewed regularly and adjusted based on staff feedback and changes in best practice.

The following steps are recommended to help prepare for such an event. However, it is recognised that it may not always be possible to follow them in order:

Have you thought about?

- How your staff would like to receive this news? Who is best placed to deliver this message with sensitivity and credibility?
- What is your communication plan for external stakeholders and media inquiries?
- Do your social media guidelines provide clear direction on how staff should post about the incident, if at all?
- Have you reviewed your staff support systems recently? Are they easily accessible?

These may include:

- Mental health and suicide prevention training
- Flexible working arrangements for impacted staff
- Peer support networks
- Self-help resources, digital wellbeing tools and community-based support
- Lifeline
- Access to Employee Assistance Programmes (EAPs)

Being prepared

Policy roles and responsibility	What this means	What this might mean in practice	Notes
1.1 Policy development The organisation has a clear up to date policy and procedure outlining staff roles and responsibilities.	Policies clearly define what is expected of each staff member following the loss of a client or service user. Policies clearly outline detail of what to do in the event of a death, and strategies for supporting staff.	<ul style="list-style-type: none"> • Develop or update policies to specify staff roles. • Ensure all staff have access to these documents. • Use role descriptions in training and induction. 	
1.2 Awareness and training All staff are made aware of, and receive training on, relevant policies and procedures to ensure consistent understanding and application.	All staff are made aware of relevant policies and receive training to ensure consistent practice.	<ul style="list-style-type: none"> • Delivery of regular training on policies and procedures. • Include policy awareness in induction for new staff. • Use reminders to reinforce key messages. 	
1.3 Designation of liaison roles A designated liaison person(s), are identified and named within organisation procedure to coordinate response, support and communication.	A specific individual(s) is identified to coordinate response, support and communication, and this is documented in policies and procedures.	<ul style="list-style-type: none"> • Appoint a liaison person(s) and include their details in policy documents. • Communicate this role to all staff. • Ensure the liaison person receives appropriate training. 	
1.4 Role clarity Roles with responsibilities for nominated liaison person(s) are clearly agreed and documented.	The responsibilities of the liaison person(s) are clearly defined and agreed.	<ul style="list-style-type: none"> • Meet with the liaison person(s) to discuss and document their role. • Provide ongoing support and supervision. • Review the role periodically to ensure it remains effective. 	

Training and development

Training and support	What this means	What this might mean in practice	Notes
1.5 Training implementation Appropriate training identified and delivered to all relevant staff including line managers and liaison person(s) focusing on supportive conversations and responding to those impacted.	Staff receive targeted training to equip them with the skills needed to support others, especially after difficult events.	<ul style="list-style-type: none"> • Identify training needs through consultation, supervision or appraisal. • Provide relevant training. • Evaluate training effectiveness. 	
1.6 Support identification Organisations should identify and make available appropriate internal and external support for staff.	The organisation maps out available support for staff which is accessible within and outside the organisation.	<ul style="list-style-type: none"> • Compile a list of support services. • Make this information easily accessible for all. • Update the list regularly. 	
1.7 Resource awareness Staff should familiarise themselves with available resources, including further sources of support.	Staff know where to find information about support resources and how to access them.	<ul style="list-style-type: none"> • Staff are provided with a resource directly or signposting guide. • Information on available resources is including in induction, training and staff meetings. • Staff receive regular reminder about available supports. • Display a list of available resources in offices/places of work. 	

Step two: If a death happens

The death of a client or service user though suspected suicide or substance use can have an emotional and professional impact on staff who have worked with or provided support to the individual. Grief is a normal experience after bereavement which can affect everyone differently. It is important to recognise the wide range of reactions staff may experience such as shock, grief, guilt or self-blame and/or professional and practical impacts such decreased job satisfaction, compassion fatigue or changes in practice or team dynamics.

Your organisational response should begin with open, honest, and empathetic communication. Leadership should address the situation calmly, acknowledge the loss, and validate staff emotions. Avoid speculation, and ensure all information shared is factual and respectful.

Supporting affected staff requires both immediate and ongoing actions. Providing education on the signs and effects of grief can empower staff to recognise their own needs and those of their colleagues. Managers must take care of their own wellbeing too, modelling self-care and setting an example for a compassionate response.

In the unfortunate circumstance that a death has occurred, there are a number of steps you can take to support staff.

Have you thought about?

- Offering information and education on bereavement³ e.g.
 - How to recognise signs of grief⁴
 - The effects of grief
- Establishing a clear, factual, proactive and empathetic communication strategy
- Encouraging staff to engage with support and help
- Regular signposting of available resources
- Creating or updating a social media policy⁵
- Ensuring staff have adequate time in relation to recording and reporting information
- Consider reallocating work to other colleagues to support impacted staff

3 [Bereavement | Minding Your Head](#)

4 [Bereavement | Minding Your Head](#)

5 [Samaritans' Media Guidelines](#)

- Self-care for managers and nominated liaison person/s
- The training needs of managers e.g. ASIST/SAFETalk
- Offering staff an Employee Assistance Programme (EAP)⁶
- Providing a safe physical and emotional space in the workplace for staff to take time out of their work to look after their wellbeing and access support
- Managers should be aware of the potential for vicarious trauma and be able to recognise the signs in staff impacted by a sudden death. [Vicarious trauma: signs and strategies for coping](#)
- Identify and approach staff who may be affected and proactively reaching out to them on a regular basis
- Ensure staff are aware of adverse incident recording and reporting processes

6 EAP is a workplace benefit program designed to provide confidential and professional assistance to employees who are dealing with personal or work-related problems that could affect their wellbeing. EAPs are offered by employers to support their employees' mental health, emotional wellbeing.

If a death happens

Communication and support	What this means	What this might mean in practice	Notes
2.1 Communication Organisations agree clear and specific messages which can be shared internally and externally.	The organisation agrees general details which are included within internal and external messages. These should be clear, consistent and empathetic and focus on the wider factors associated with suicide, and highlight help and support available.	<ul style="list-style-type: none"> • Communication templates are developed and agreed. • Tailored messages are developed for internal and external use. 	
2.2 Identify staff affected Organisations have an agreed process to identify and approach staff who may be affected.	A process is in place to identify which staff members may be directly or indirectly affected by the death of a client or service user.	<ul style="list-style-type: none"> • Review case files to determine staff involved in the person's care. • Speak with managers and team leads to identify impacted staff. • Make staff aware of who they can speak to, should they be impacted by the death. 	
2.3 Sensitive notification Staff are notified sensitively following the death of a client.	Notification about the death is made with empathy and respect, including with staff who are absent e.g. on leave or working remotely.	<ul style="list-style-type: none"> • Use direct communication methods e.g. face to face where possible or via telephone. • Contact all relevant staff. 	
2.4 Balance individual and team needs Organisations consider both the needs of individuals and the needs of the team.	Both the emotional needs of the individual and the functional needs of the wider team are considered in the response.	<ul style="list-style-type: none"> • Provide space and time for team discussions or collective acknowledgements of the loss. • Offer individual support sessions. 	

Communication and support	What this means	What this might mean in practice	Notes
2.5 Information and resources Staff are provided with relevant information and resources.	Staff are promptly provided with relevant and accurate information that the death has occurred and provided with information and access to emotional and practical support resources.	<ul style="list-style-type: none"> • Ensure information is shared in writing and verbally. • Share information immediately and at a later date. 	
2.6 Support discussion Support options are discussed with staff.	Staff have the opportunity to discuss how they are feeling and what support they may need, including possible work adjustments.	<ul style="list-style-type: none"> • Hold one to one meetings with affected staff. • Explore temporary changes in workload or hours. • Document any agreed changes. 	
2.7 Administrative support Organisations and managers recognise and acknowledge the need for additional administrative requirements.	Recognition is given to the extra administrative burden and support is offered to handle these tasks.	<ul style="list-style-type: none"> • Allocate additional time or assistance to complete required tasks. • Provide cover for colleagues if needed. 	
2.8 Check-ins Organisations carry out frequent check-ins with affected staff.	Continued emotional support is provided through regular check-ins. These are carried out in a safe private space both immediately after the death and in the following weeks or months.	<ul style="list-style-type: none"> • Set agreed check-in frequency. • Provide quiet, comfortable, private areas for conversations. 	

Communication and support	What this means	What this might mean in practice	Notes
2.9 Anniversary awareness Organisations are aware of significant anniversaries, and check in with staff around these dates.	Significant dates, such as the anniversary of the death, are acknowledged sensitively, with support offered to those affected.	<ul style="list-style-type: none"> • Remind staff of supports available. • Check in with affected staff. 	
2.10 Adverse incident process Ensure Serious Adverse Incident processes are followed.	The organisation ensures that formal Serious Adverse Incident processes are followed.	<ul style="list-style-type: none"> • Ensure both organisational and funder reporting protocols and timelines are followed. • Include lessons learned in the review process. 	

Step three: Moving to a position of growth

After a loss, it's important not only to support recovery but to enable growth. Every person processes grief differently and in their own timeline. Once the immediate response has passed, organisations should look toward fostering resilience, learning from the experience, and creating stronger systems for the future.

This stage involves active reflection and collective healing. Encourage open discussions with staff about what supports were effective, what could have been done differently, and what is needed moving forward. Use this feedback to refine internal processes and shape a more trauma-informed workplace culture.

Supporting milestone moments such as anniversaries, birthdays, or memorials with sensitivity and awareness can aid in healing and signal that the organisation continues to care beyond the initial incident. Integrating learning into future planning can also be a powerful way to honour the memory of the person who died.

Have you thought about?

- Reviewing the process to identify learning from staff including what supports helped
- Conducting debriefings or reflection sessions to capture staff insights
- Facilitating opportunities for staff to express personal and team needs related to healing, remembrance and milestone events
- Reviewing your organisational culture to ensure it promotes ongoing support and psychological safety
- Follow advice for public memorials following a sudden death i.e.
 - [Advice for families on public memorials following a sudden death that is a suspected suicide | HSC Public Health Agency \(hscni.net\)](#)
 - [ComKit](#)
- Dedicating protected time for learning and staff engagement activities, such as wellbeing days, reflective workshops, or peer-led discussions

Moving to a position of growth

Organisational learning and continuous improvement	What this means	What this might mean in practice	Notes
3.1 Review and learning process The organisation carries out a structured review to initiate and sustain a learning culture ensuring all relevant incidents and processes are examined for improvement opportunities.	The organisation systematically examines incidents, processes or events to identify strengths, weaknesses and areas for improvement.	<ul style="list-style-type: none"> • Conduct a formal review after significant events or on a regular schedule. • Use structured methods e.g. debriefs to gather insights. • Ensure all relevant staff are involved and feel safe to contribute. 	
3.2 Staff engagement in learning Appropriate staff are consulted on how learning is collected, shared and embedded using a variety of methods such as surveys, focus groups and individual conversations.	Staff are consulted on the best way to gather and disseminate learning, ensuring the process is inclusive and effective.	<ul style="list-style-type: none"> • Hold meetings or send out surveys to ask staff how they prefer to share and receive information. • Use a mix of methods e.g. team meeting, online platform or anonymous feedback. • Document agreed methods and review them periodically. 	
3.3 Sharing and collating learning Learning should be systematically collated and shared with all relevant staff to promote transparency and collective improvement.	Learning points are saved in a central location and shared with all relevant staff to foster a culture of openness and continuous improvement.	<ul style="list-style-type: none"> • Summarise key findings from reviews and discussions. • Share learning points e.g. through newsletters or meetings. • Encourage staff to discuss and reflect on these points in their teams. 	
3.4 Policy and procedure amendment Policies and procedures are amended to reflect new learning, ensuring organisational practices remain current and effective.	Policies and procedures are updated to incorporate new learning, ensuring that improvements are embedded into organisational practice.	<ul style="list-style-type: none"> • Review current policies in light of new learning. • Make necessary amendments and communicate changes to staff. • Ensure updated documents are easily accessible. 	

Organisational learning and continuous improvement	What this means	What this might mean in practice	Notes
3.5 Facilitation of reflective conversations Organisations facilitate conversations about milestone events, remembrance, and memorialisation to support emotional wellbeing and collective healing.	The organisation supports staff in marking significant events or anniversaries.	<ul style="list-style-type: none"> • Discuss remembrance events with staff. • Open conversation about loss and its impact. • Offer or remind those affected of available supports. 	
3.6 Periodic reviews Organisations schedule and carry out periodic reviews of policies and procedures to ensuring ongoing relevance and effectiveness.	Regularly schedule reviews to ensure policies and procedures remain relevant and effective	<ul style="list-style-type: none"> • Set a schedule for reviewing key documents. • Involve staff in the review process. • Update documents as needed and communicate changes. 	

Conclusion

Addressing a death by suspected suicide or substance use within your organisation is among the most difficult challenges a management team can face. However, with preparation, compassion, and strong leadership, it is possible to navigate this crisis in a way that supports your staff, honours the person who has died, and strengthens your organisational culture.

Being prepared means more than having policies in place, it is about cultivating a workplace environment where mental health is prioritised, communication is open, and everyone feels safe to seek support. When a death occurs, timely and sensitive actions are crucial in supporting grieving staff and preventing long-term psychological distress. As your team moves forward, integrating learning and fostering resilience ensures that something constructive can emerge from tragedy.

Ultimately, by approaching this issue with empathy, transparency, and a commitment to continuous learning, your organisation can model the very values that make it a safe and supportive place for both staff and the people they serve.

Support Resources

[Advice for families on public memorials following a sudden death that is a suspected suicide | HSC Public Health Agency \(hscni.net\)](#)

Guidance for families bereaved by suspected suicide who, while remembering their loved one, would like advice on reducing the impact of memorials on other vulnerable people in their community. It was developed by experts in the field of mental health and suicide prevention, and is based on worldwide evidence and research aimed at reducing the risk of further suicidal behaviour.

[Advice for communities, groups and schools on public memorials following a sudden death that is a suspected suicide | HSC Public Health Agency](#)

Guidance for communities, groups and schools who have lost someone they know to suspected suicide. It is intended to encourage consideration of the bereaved family and to offer guidance on reducing the impact of memorials on other vulnerable people in their community. It was developed by experts in the field of mental health and suicide prevention, and is based on worldwide evidence and research aimed at reducing the risk of further suicidal behaviour.

[Adult mental health and wellbeing](#)

A selection of carefully curated mental health and wellbeing apps that offer valuable self-help resources and tools which can be a good source of information and advice at a time when you might need it.

[Bereavement NI](#)

Information and support if you are experiencing grief and bereavement or helping other people who are bereaved.

[ComKit](#)

ComKit is an empathetic communications toolkit to support families, communities, organisations, reporters and political representatives in what to do and say at a time of heightened suicide concern. It includes tips for managing public memorials and media engagement.

Concerned about suicide

This leaflet contains information on what you can say and do to help someone who may be thinking of suicide.

Directory of services

Directory of services to help improve mental health and emotional wellbeing.

Help is at Hand

This booklet offers practical and emotional support following a possible death by suicide, helping individuals cope with grief, understand official procedures, and access guidance for themselves or others affected by bereavement.

Lifeline

Northern Ireland's crisis response helpline

Call: 0808 808 8000

Textphone: 18001 0808 808 8000

Textphone can be accessed using the [**Relay UK App**](#).

British and Irish Sign Language users can also use the [**SignVideo app**](#).

If English is not your first or preferred language, Lifeline can access translators to [**speak to you in your preferred language**](#).

Minding your head

Minding your head has a resource library, information, advice and support to help people in Northern Ireland look after and improve their mental health and wellbeing, and find out what to do in a crisis. This includes a searchable directory of bereavement services across Northern Ireland.

Psychological first aid

Online training course. Psychological first aid provides the knowledge and skills to understand reactions to crises, and empowers people to help others and apply the same skills to their own life.

Recovery Colleges

Recovery colleges are available in all HSCT areas with courses and workshops co-designed and co-delivered by people with lived experience of mental and physical health challenges, health care professionals and carers.

Courses and workshops are open to everyone aged 16 yrs + and this can include service users, carers, family, friends, students – anyone that has an interest in mental health and general wellbeing.

Both face to face and online opportunities are available.

Substance use

Information on Northern Ireland's Drug and Alcohol Coordination Teams (DACTs) which are made up of statutory and community agencies with an interest in, or need to, address drug and alcohol issues.

There is a DACT for each Health Trust area in Northern Ireland, and each has a Connections team.

Safeguarding Board for Northern Ireland (SBNI)

Awareness raising training modules and resources on understanding the impact of adversity and trauma to support practitioners across Northern Ireland.

Stress control

Stress control classes for anyone living in Northern Ireland who is feeling overwhelmed by stress and wants to regain control of their life.

Samaritans' media guidelines

Samaritans' media guidelines for reporting suicide and online resources reinforce industry codes of practice, supporting the highest standards of coverage of suicide.

Glossary

Term	Definition
Compassionate leadership	Compassionate leadership involves a focus on relationships through careful listening to, understanding, empathising with and supporting other people, enabling those we lead to feel valued, respected and cared for, so they can reach their potential and do their best work. There is clear evidence compassionate leadership results in more engaged and motivated staff with high levels of wellbeing, which in turn results in high-quality care (West 2021) ⁷ .
Drug and Alcohol Coordination Team (DACT)	<p>Five multi-agency partnerships (Drug and Alcohol Coordination Teams) exist across the region co-terminus with each HSC Trust.</p> <p>Drug and Alcohol Coordination Teams (DACTs) are comprised of community, voluntary and statutory agencies with an interest in, or need to, address drug and alcohol issues in the Trust area.</p>
Protect Life Implementation Group (PLIG)	<p>Five multi-agency partnerships (Protect Life Implementation Groups) exist across the region co-terminus with each HSC Trust.</p> <p>Protect Life Implementation Groups (PLIGs) are comprised of community, voluntary and statutory agencies with an interest in, or need to address suicide prevention issues in the Trust area.</p>
Postvention	<p>The term postvention describes activities developed by, with, or for people who have been bereaved by suicide, to support their recovery and to prevent adverse outcomes, including suicide and suicidal ideation.</p> <p>(Support after a suicide: A guide to providing local services by Public Health England, Oct 2016)</p>
Serious adverse incident	A Serious Adverse Incident (SAI) is defined as any event or circumstance that led or could have led to unintended or unexpected harm, loss or damage.

7 [What Is Compassionate Leadership? | The King's Fund \(kingsfund.org.uk\)](#) accessed 9th April 2024.

Term	Definition
Trauma	Trauma results from an event, series of events, or set of circumstances that is experienced by an individual as harmful or life threatening. While unique to the individual, generally the experience of trauma can cause lasting adverse effects, limiting the ability to function and achieve mental, physical, social, emotional or spiritual wellbeing.
Traumatic bereavement	Traumatic bereavement is when the natural grieving process is disrupted as a result of the trauma of the death of a friend or family member, leading to lasting negative impact on wellbeing and everyday functioning ⁸ .
Vicarious trauma	Vicarious trauma is a process of change resulting from empathetic engagement with trauma survivors. Anyone who engages empathetically with survivors of traumatic incidents, torture, and material relating to their trauma, is potentially affected, including doctors and other health professionals. British Medical Association (2024)

8 [What is traumatic bereavement? - UK Trauma Council](#)

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