Suicide prevention and postvention guidance

Checklists for managers and people professionals

About this guide

This guide, which has been developed by The Fire Fighters Charity in conjunction with Nottingham Trent University, is designed for managers and people professionals, for example those working in human resources (HR), to provide an overview of good practice about how to develop suicide prevention and respond at work to both suicide risk and after a suicide (known as postvention). This guidance may also be helpful after an attempted suicide. It is aimed at anyone with supervisory or leadership responsibilities, and it reflects, where evidence is available, on the fire and rescue service (FRS) context. This guide begins by setting the context and importance of these roles in managing suicide prevention and postvention within the organisation.

Would you know how to develop suicide prevention and postvention in the workplace? An essential list of **General Questions for your Organisation** will guide you in shaping the workplace and facilitate appropriate courses of action.

Two detailed **checklists for prevention and postvention** follow, outlining what to look out for and how to ensure that there is effective leadership and procedures in place. **Additional resources** for accessing immediate and longer-term support are provided, and reference to additional information, including through the Fire Fighters Charity, to suit your needs.

The guide's purpose is to provide both **managers** and **people professionals** with quick and easy access to information about:

- understanding suicidal thoughts and suicide;
- identifying suicide risk factors and warning signs;
- strengthening protective factors;
- talking about suicide, responding and signposting support;
- building healthy and constructive organisational cultures;
- eliminating stigma;
- using language surrounding suicide responsibly;
- managing after a suicide (postvention); and
- recognising the importance of self-care when supporting others.

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The role of managers and people professionals in suicide prevention and postvention

Managers

As the accountable officer or manager, it is never easy to approach someone you sense needs help, particularly in a work environment where asking for help may be perceived as more complicated. Leaders typically wear many hats and may be expected to mentor, motivate, appraise, delegate and discipline staff. This balancing act can be challenging to navigate in managing people and suicide, and it is okay not to feel sure about what to do initially.

Where it is possible to foster a team culture of trust and safety, and team members feel a sense of freedom to talk about what they are going through, leaders can make a difference. Good leadership is being observant, checking in periodically, asking team members how they are, actively listening, showing genuine concern, opening the door through conversation, and offering to help with accessing support.

People professionals

People professionals are at the centre of organisational life, overseeing the entire employee lifecycle and supporting the mission and vision of the organisation. Managers and staff rely on people professionals for their expert knowledge of the organisation's policies and their skill in communicating these to staff. They play a crucial role in suicide prevention and postvention management, spanning a wide range of general and specific responsibilities from HR policy and decision makers, leaders, or suicide prevention specialists.

People-focussed interventions empower and support staff to thrive in their roles and employee welfare is at the heart of this area of leadership. Implementing the organisation's duty of care is never easy, but it is an essential skill, especially in work environments where employees might not readily seek help for a variety of reasons.

Having a clear suicide risk and postvention response action plan overseen by senior leadership can make the difference in providing effective suicide prevention and postvention at the right time. Proactive efforts delivered through HR, Occupational Health (including external providers), Employee Assistance Programmes (EAP) and local public health teams are good examples of suicide prevention initiatives that could help to keep people safe.

Senior Leadership, managers and people professionals understand that the best employees feel safe and supported. They make staff suicide awareness urgent, create the space for access to training and support (including for those providing support) and provide organisational guidance on what to do when risk is identified or in the aftermath of an event.

Section A: General questions for your organisation

Keeping the following professional/organisational questions in mind may help to prevent suicide.

1. Am I cultivating a compassionate culture in which people feel safe to talk about their personal experiences and concerns?

A compassionate and kind culture provides an environment that promotes good mental health. Some good-practice examples of providing a psychologically safe working environment include:

- where there is a closed-tight team dynamic, such as is common within the fire and rescue service, prompting colleagues to keep an eye out for each other, encouraging and proactively supporting those who need help and opening the door for conversation where there are signs of risk/concern;
- demonstrating empathy, acknowledging the reasons that new staff and those close to retirement may not want to talk about their struggles and opening the door for safe conversation;
- helping and supporting staff who are struggling with perceived job-related failure/defeat to meet goals or to "find a win", which can sometimes enable them to psychologically reset and find motivation to keep going amid other challenges;
- acknowledges individual experience and differences and creates a safe and trusted space to talk about concerns, work stressors and suicide.
- making steps to enhance the sense of inclusion for everyone, including for people with protected characteristics, who can find it harder to fit in and develop close bonds and connections with their teams, which can increase isolation and inhibit sharing concerns.

2. Do I understand experiences of suicide?

It is important to understand that everyone's experiences of suicide will be unique to them, and the circumstances and presentation are likely to be individual. Suicidal thoughts commonly stem from an individual combination of personal vulnerabilities, stressors or life events, a sense of failure, defeat or loss of status, coupled with a feeling of being trapped. Protective factors support someone to not experience suicidal thoughts or act upon them and strengthening them can support suicide prevention.

The most common risk factors, life events, warning signs and protective factors associated with suicide should be known, and the myths need to be debunked. These are outlined in Section B1 on page 8.

3. How am I facilitating staff engagement in appropriate training and awareness opportunities as part of the organisation's mental health framework or remit?

The most valuable tool in suicide prevention is for managers and staff to feel confident in identifying people who may be struggling and to talk to them – including about suicide – and signposting them to specific sources of support and/or intervention. It's important that everyone is aware that directly raising concerns about suicide will not make an individual in crisis more likely to take their own life, but may enable them to express how they are feeling and explore options.

Do you and the staff know how to:

i. **identify, talk with and refer someone who is having suicidal thoughts or showing signs that they need help?**
ii. **gauge how extreme the level of concern is?**
iii. **Options when the support offered is declined?**
iv. **draw upon the appropriate language for suicide?**

Guidance and resources are outlined in Section B1 on page 7.

4. Where can I refer people to access support?

A manager needs both to understand the workplace options and be able to signpost and facilitate access to available support for those who may be struggling and at increased risk of suicide.

i. **what do we have in place within the organisation to provide immediate support to people at increased risk of suicide?**
ii. **do I know what resources and options are available locally – including out of hours**
iii. **know how to appropriately facilitate support.**

Managers are not employed or qualified to provide suicide prevention support, however, there are likely to be avenues to support available through other providers within your organisation such as, HR, occupational health departments or EAPs. Not all of these afford access to immediate support, but a listing of crisis lines can be found here. Further information regarding skills for responding to need and signposting to support are available on the Fire Fighters Charity webpages. In the event of a disclosure of suicidal feelings or a suicide attempt, it important to create a supportive environment for the person on their return to work or during any absence, and the guidance in this document can help you to do this.

In brief, in the event of an imminent risk, the emergency health services should be the first port of call. In general, the staff member should be encouraged to contact their GP and/or other support options and it may help to offer to advocate or facilitate access if the person agrees. You can refer staff to sources of support, including crisis lines for urgent help.

Managers also need to be provided with their own support structures and reinforcement of the importance of self-care when managing a suicide-related event.

5. How am I supporting the development of a suicide prevention organisational culture?

Everyone has a part to play in suicide prevention across all people, organisations, and levels of influence. Suicide prevention is everyone's concern, and it is possible to prevent suicides but can be difficult to achieve. Approaches should be underpinned by the best available evidence and reflected widely in the culture and environment within which they operate. It's important to pay attention to changes in the organisational health and culture, as well as how external factors such as cost of living pressures may be impacting people.

i. **Do the wider health and wellbeing approaches dovetail and articulate how they can support suicide prevention?**
ii. **Suicide stems from a complex interaction of factors – is the organisation's approach multi-faceted, multi-layered, trusted and coherently promoting a safe environment?**
iii. **Anyone can be affected by suicide – are the approaches proactive, able to flex, inclusive, accessible to all and responsive?**
iv. **Are we actively tackling stigma and assumptions about suicide?**
v. **Do our resources (policy, training, structures, services) consider and prioritise the prevention of suicide and not only rely on reactive systems?**

6. Do I understand how to respond after a death by suicide (postvention)?

The death by suicide of someone in the workplace can be extremely hard for everyone, and using the good practice postvention response can help ensure that staff are supported and that any negative impacts are minimised.

i. **Do I know how to respond should a team member die by suicide?**

Guidance and resources for postvention are outlined in Section B2 on page 19.

ii. **Do our policies reflect sensitivity and preparedness to suicide prevention and postvention?**

For people professionals and managers, it is important both to prepare and to embed suicide prevention and postvention across all policy and practice. This includes, for example: considering reasonable adjustments for those experiencing thoughts of suicide, attempted suicide or affected by suicide; developing postvention policies and template communications for after a death or attempted suicide; updating the language that is used on forms, policy documents and work conversations to include reference to mental as well as physical health.

iii. **Do we have a way to learn from deaths by suicide?**

Learning from deaths is routine in many sectors. Systems for reviewing data, coroner outcomes and engaging with lived experience can support organisational reflection on the effectiveness and appropriateness of the current prevention strategy and resources. Engagement with the local authority's public health teams and suicide prevention action plan can support access to advice and resources for these activities.

Section B: Suicide Prevention and Postvention Checklists

The work of a manager sits within the context of the organisational culture, and it involves building relationships, applying policies and procedures and making the best use of allocated resources to support the optimal performance of your team. If you manage people, you are accountable both to your team and to the organisation. With this understanding, we have collated two lists of core information that provide signposting regarding good practice in both suicide prevention (Section B1) and postvention, i.e. after a death by suicide (B2).

Section B1: Suicide Prevention Checklist

The following table gives a brief overview of suicide prevention practice and provides signposting to additional resources relevant to its key elements.

Sections are relevant to both managers and people professionals. Sections or items highlighted in darker green relate to factors that are organisation-wide or policy related and may be mostly relevant to people professionals.

Issues to pay attention to	Further detail including FRS context	Additional resources
Suicide risk factors Risk factors are characteristics, conditions, behaviours and experiences associated with an increased likelihood of suicidal thoughts/feelings. Research suggests that a combination of life experiences, feelings of being defeated, worthless or a failure coupled with feeling trapped, can lead to suicidal thoughts. Suicide is often grounded in an accumulation of multiple experiences rather than one single event. The following list of common factors is not exhaustive, and the relevant factors and experiences will be **personal to each individual**, as anyone can experience suicidal thoughts. Common risk factors include: • expressed current or previous suicidal ideation; • a history of self-harm or suicide attempts; • people who identify as male (this does not exclude people of other genders);[1] • previous or current mental health concerns. • previous or current thoughts of suicide	[1]Men are three times more likely to die by suicide, and they may be less likely to seek help due to stigma around mental health. [2]People working in the fire and rescue service (FRS) are more likely to be exposed to suicide. [3]Although not a common factor, shift work and being on call can add complexity, including sleep disturbances and disruptions to family life. [4]Minority groups – those who do not hold the majority identity – can experience additional stressors and isolation, or they may try and "fit in" to the detriment of their wellbeing. There may be additional	Website: Suicide prevention.

Issues to pay attention to	Further detail including FRS context	Additional resources
Life experiences and triggers Common life experiences linked to suicide include: • the death of a loved one, including by suicide; • relationship breakdown (both during and after); • physical illness or injury; • exposure to suicidal behaviour in others;[2] • work-related changes,[3] e.g. reduction of responsibilities, going part-time, loss of work/redundancy or retirement or facing disciplinary action/investigation; • issues with other people, including abuse, conflict, discrimination and social isolation;[4] • financial loss or hardship; • traumatic events with lasting effects, such as a road traffic incident or a workplace injury.[5]	organisational factors such as issues with bullying, a lack of fairness and diversity and organisational handling of concerns. [5]Evidence suggests that extreme trauma, in which a person's role identity is threatened or they cannot use their usual coping approaches, can be detrimental to wellbeing. Strong identification with the role of "rescuer" can also be a barrier to support.	

Issues to pay attention to	Further detail including FRS context	Additional resources
## Protective factors Protective factors are **personal** or **environmental** characteristics that can help people to cope and so reduce the likelihood of suicide. These include: • a person's willingness to speak about their mental health; • an environment in which individuals feel safe talking about their mental health; • being offered the opportunity to express their feelings, including talking about their suicidal thoughts; • a supportive social network that includes colleagues, friends and family;[1] and feeling connected. • access to professional support when in need, such as from a mental health professional; • engagement with interests, work or hobbies; • feeling a sense of control or that things will change; • feeling valued.	[1]A tight and closed network is reported as being common within the FRS, and evidence suggests that this can support resilience.	

Issues to pay attention to	Further detail including FRS context	Additional resources
## Warning signs Warning signs are indicators that someone may be thinking about suicide. The most critical signs to be aware of are those that indicate a more immediate risk of suicide. These include: • talking or having thoughts about ending their life, or saying they "can't go on"; • feeling hopeless about their future or that nothing can/will change; • having serious or overwhelming emotional pain or distress – this could include feeling worthless or defeated by life, feelings of anger, anxiety or guilt, as well as sadness; • changes in their interactions with others or withdrawing from people or places; • "getting their affairs in order", e.g. giving away possessions or making a will; • saying goodbye to those around them; • Sudden improvement in mood after a period of distress or emotional pain. There are signs that may indicate more general concerns about mental health and wellbeing, and these may be more subtle signs of a risk of suicide that should be explored with the individual. **The most important thing is to try and identify changes in the individual's presentation.** Common signs might include: • physical changes (tiredness, appetite and weight changes, tension); • psychological changes (tearfulness, low mood, loss of motivation, mood swings, anger); • behavioural changes (increased smoking or drinking, lateness, changes in sleeping).		Website: Suicide prevention

Issues to pay attention to	Further detail including FRS context	Additional resources
Talking about suicide with individuals There are opportunities to identify if an individual may be at increased risk of suicide. These include ensuring that policies and management practice promote: • identifying warning signs (see above); • conducting workplace stress risk assessments; • conducting regular wellbeing checks. Whenever a wellbeing concern is raised, this should be explored by asking open-ended wellbeing questions with respect and compassion, and without judgement. A detailed guide to talking about suicide is available on the Charity website [add link]. **With any significant concern, you should ask a direct question about suicide, e.g. "Are you thinking about suicide?".** **It is important to recognise that asking someone whether they are having thoughts of suicide will not put the idea in their head.**	Employees may be concerned about disclosing thoughts of suicide and mental health difficulties due to concerns about career progression, perceptions of a lack of competence in the job role or a lack of trust in management. Therefore, relying solely on disclosure is not recommended. Further information about having a conversation about suicide is provided on the Fire Fighter Charity website.	The World Health Organization's document Preventing suicide at work: Information for employers, managers and employees The Business in the Community document Reducing the risk of suicide: A toolkit for employers. Website: Talking to someone about suicide

Immediate response to a concern, and available support

If a concern is identified, ask the person about this compassionately, and be proportionate in your response to a disclosure.

In the event of a concern about an imminent risk of suicide:

- call the emergency services or encourage them to attend A&E;
- if possible, do not leave the person alone, and try to reduce their access to methods of suicide (e.g. sharp objects or rooftops);
- talk to the person to help draw their attention back to the world;
- do not promise confidentiality;[1]
- ask if there is anyone they would like to speak to or if they have a suicide safety plan (if so, encourage them to use it).[2]

More commonly, the concern is not immediate, and the following actions should be undertaken:

- provide appropriate referral to any workplace services, e.g. employee assistance programme or TRiM;
- encourage the individual to contact their GP and/or wider support services[3], offering to facilitate or advocate for them where necessary and agreed by the person.
- share concerns with others, as appropriate, in consultation and agreement with the individual (e.g. professionals, family, line manager);
- provide signposting and support, as appropriate, to colleagues;
- make suitable considerations regarding their work responsibilities and whether suitable workplace adjustments be put in place (including attending support/intervention appointments);
- the person/people managing the activities or providing support should also be offered and/or seek their own support.

If the person declined support and you remain concerned about them, then it is important that you are proactive in checking in, offering support and

[1]Health and safety legislation applies within the workplace, and information should be shared appropriately, e.g. informing HR, occupational health and a person's line manager. Within the workplace, data-sharing restrictions from the GDPR apply unless there is an emergency, e.g. a serious and imminent risk to themselves or others.

[2]A safety plan is a tool developed in preparation for a crisis. Further information about safety plans is available on the Charity website.

Note: there is no requirement to share information when a concern is identified outside of the workplace, except where it raises safety concerns in the workplace or to others.

[3]Detailed information on how to access further specialist support for suicide is provided on the Charity webpage. Individuals may have preferences regarding their support options, and providing a range of options may therefore increase the likelihood of them accessing support.

The Chartered Institute of Personnel and Development (CIPD)'s guide, Responding to suicide risk in the workplace.

The CIPD's guide, Supporting mental health at work: Guide for managers.

Website:

Keeping someone safe

Accessing further support

Safety planning

Sources of support.

Issues to pay attention to	Further detail including FRS context	Additional resources
following local policies. A number of support services can be contacted for further advice.[3] Although time away from work can be beneficial for some people, for others being in work and connected with the work support network may support recovery. The risk assessment and adjustments should be considered in liaison with the person, on an individual basis.		

Issues to pay attention to	Further detail including FRS context	Additional resources
## Organisational support **In the event of a concern or suicide attempt being identified, the organisation should ensure that:** • there is provision of accessible and suitable support, and that this has been signposted, or referrals made, for all relevant staff and family, where appropriate; • the person/people managing the activities or providing support are also offered their own support; • reflection is undertaken regarding the effectiveness and ease of the response and current policy. • That managers and others' managing any suicide-related scenario or event are aware of the importance of self-care and how to access appropriate support. Further guidance is available on the Charity website [add link].		Website: Sources of Support
## Tackling Stigma There are several stigmas or misconceptions around suicide that can affect its effective prevention. These include misperceiving suicide as being a sign of weakness or being shameful.[1] Options for tackling stigma: • encourage conversations about mental health and suicide in the workplace and generally; • review career and job-related policies to ensure that there are no hidden consequences of disclosing mental health difficulties or suicidal ideation or behaviour on career progression; • engage with lived experience to inform policies; • provide proactive, accessible and opt-out[2] support and services.	[1]Within organisations (or individuals) with a strong masculine culture, there can be a belief that sharing mental health concerns may prevent career progression or that it may be viewed as a sign of weakness. [2]"Opt-out" means that everyone is provided the support (e.g. if a concern is identified or after an event) and can decline, rather than being required to seek it.	Samaritans website: Myths about suicide.

Issues to pay attention to	Further detail including FRS context	Additional resources
Language Language can reinforce or diminish stigma. Therefore, our choice of language matters when talking about suicide, and it can support open conversation. Terms appropriately used to refer to suicide: • death or died by suicide; • suicide attempt; • person at increased risk of/affected by suicide; • take one's life; • suicidal thoughts. Phrases to avoid: • commit suicide (it is no longer a criminal offence); • cry for help; • successful or unsuccessful suicide attempt; • suicide victim; suicide epidemic; suicide prone	In an environment where suicide may be stigmatised, the need for non-stigmatising language that opens the conversation about suicide is of greater importance.	Booklet by the Government of Canada, Language matters: Safe communication for suicide prevention.

## Organisational culture A suicide-protective culture has the following features. Leadership involvement Leadership should include: • role-modelling healthy behaviour. • creation of a suicide prevention and postvention strategy and action planning; • demonstrating commitment to suicide prevention by embedding principles within new and existing policy and governance; Organisational characteristics Promote an inclusive, open and compassionate work culture that: • supports staff health and wellbeing; • promotes help-seeking by providing accessible support options and creating a safe space to talk; • has a zero-tolerance policy for and effective management of bullying, harassment and discrimination; • builds staff competence in providing support; • is culturally sensitive and reflects minority needs.[1] Workplace adjustments Adjustments should be made to: • reduce relevant work-related stressors and wellbeing concerns; • minimise job or financial insecurity, ambiguity in job expectations, role conflict demands, effort–reward imbalance or perception of high workload or underutilisation of skills; • have concern for the wellbeing of anyone involved in disciplinary, dismissal, redundancy or return-to-work procedures. • ensure that clear and compassionate policies are applied for mental health.	Organisational culture can be a powerful tool that acts as a protective factor when there are close relationships among the members that create resilience and solidarity. [1]The FRS has a predominance of men and people from White British backgrounds, which shapes the organisational culture. Within any limited-diversity organisation, minority populations (including people of colour, women, non-binary people and other groups) are at increased risk of exposure to bullying, harassment and discrimination.	The Health and Safety Executive's Management Standards workbook.

Training and awareness

The following is a list of recommendations for important features of organisational training and awareness campaigns.

Develop knowledge, including:

- statistics around the risks;
- awareness of suicide prevention approaches;
- warning signs and risk factors (but this should be balanced with understanding protective factors);
- signposting relevant national and/or local charities and services;
- challenging myths and misconceptions around suicide;
- providing deeper exploration and understanding of the reasons for thoughts of suicide or self-harm.

Consider attitudes and encourage action around suicide prevention, including:

- examining attitudes about the efficacy of suicide prevention, with an exploration of prevention strategies;
- building confidence and self-preparedness to increase the likelihood and intent to collaboratively intervene and belief in control over intervention behaviour – training should include skills-based activities.

Have targeted, simple and clear messages:

- the content must clearly communicate its message;
- materials must be easy to understand;
- materials must be credible to the target audience and acknowledge relevant diversity without complicating or undermining their message.

Have a theoretical basis that clearly articulates the desired outcome, accounts for predictors or contributing factors for the desired outcomes and has clear goals that align with evidence

Challenging barriers to help-seeking

Issues to pay attention to	Further detail including FRS context	Additional resources
Campaigns should contain messages that reference barriers to accessing help and overcoming them. These might include: • *assurance of anonymity, e.g. "seek help anonymously";* • *a reduction of perceived bureaucracy as a barrier – indicate how easy it is, and indicate the availability of internal help;* • *a reduction of fear of stigmatisation and judgement;* • *addressing fears of losing agency/efficacy (especially in a work sense);* • *addressing depressive symptoms as barriers to access;* • *considering fear/apprehension related to long waiting lists;* • *addressing the fear of being labelled as mentally unwell or unstable; understanding that people might not want to be forced into identifying with mental health issues.*		

Section B2: Suicide Postvention Checklist

Postvention **refers to actions that are taken after a death by suicide.** It is a critical aspect of responding to all of those who are affected by a suicide, as it can help the recovery process for these individuals and the workplace community, and it can reduce the likelihood of clusters.

Postvention, to a greater or lesser extent, covers all people who are aware of a suicide, including those who knew the individual, witnessed the suicide or became aware of it from reports. There is a raised risk of future suicidal behaviour (and therefore suicide clusters) and trauma for everyone affected by a suicide.

This section provides an overview of a response framework for managers that can be used to support good practice in postvention after a suicide.

There are two good-quality resources available that can be suggested to anyone affected by suicide:

The Help is at Hand booklet is a resource for people who have been bereaved through suicide or other unexplained death, and for those helping them. The guide can be viewed online or downloaded

First Hand is an organisation that is there for anyone affected by witnessing the suicide of a person they did not know. This may be because someone happened to be at a particular location or because their job involves responding to these incidents.

Communication is often a crucial element after any death, and Box 1 provides additional, more detailed, guidance on how to communicate after a suicide.

General response framework for suicide postvention[1]

The following steps are recommended as actions that managers and/or people professionals can take after a death by suicide. Some of these principles can also be applied to a suicide attempt.

Acute/immediate phase

Immediately after a death by suicide, common reactions include mixed emotions (e.g. sadness with anger), shock, grief and they may include someone questioning whether they could have prevented the suicide, leading to guilt or anxiety.

Coordinate. Contain the situation; preferably a senior manager should coordinate the response including engagement with the family, colleagues of the deceased and practical implications. [Note that this is not a family liaison officer which is allocated by the police]. This should preferably be someone who did not know the individual well. Plan for a period of disruption and adjustment.

Further details on communication are provided in Box 1 below.

Notify with respect. Communicate news of the death while protecting the privacy of the deceased employee and their loved ones.

Communicate. Reduce the potential for contagion and misinformation by getting in front of the news and being proactive and measured in communication.

Support. Establish and provide appropriate immediate support, including work adjustments, a safe place and time for staff to talk. Sensitively promote the available support on offer including wellbeing services for affected staff including signposting helplines. Ensure support is provided to managers around having conversations with staff about the death. Compassionately review the wellbeing of each person affected by the death. Where appropriate, offer practical assistance to the family, e.g., regarding financial matters or funeral arrangements.

Opt-out instead of opt-in support provision (i.e. everyone is provided the support but may decline) may be beneficial due to the potential stigma regarding help-seeking after a suicide.

[1] Source (adapted): Carson J Spencer Foundation, Crisis Care Network, National Action Alliance for Suicide Prevention and American Association of Suicidology (2013). *A manager's guide to suicide postvention in the workplace: 10 action steps for dealing with the aftermath of suicide*. Denver, CO: Carson J Spencer Foundation.

Box 1: Good practice for communicating after a suicide.

The style and content of communication after a suicide are important when informing employees and others of a suspected suicide and to support the postvention approach. Good practice includes:

Who should communicate about the death?

- ✓ individuals should, where possible, be prepared (and if possible, trained) to communicate the news, with HR and line managers understanding how to communicate with the family.
- ✓ when the person is known, the news can be best received coming from a peer or team leader, or someone with similar lived experience.
- ✓ organisation-wide or external communications are best provided by a senior manager.
- ✓ those communicating should receive wellbeing support following difficult conversations.

Who should be communicated with?

- ✓ consult with the deceased's next of kin and, where possible, respect their wishes.
- ✓ broaden the circle first to inform those who would have known the individual e.g. their team and manager before the wider workplace;
- ✓ where possible, send out communication to the wider workforce at an early opportunity that an event has occurred (even if you can't share circumstances or details) to reduce unhelpful speculation, contacts, social media posts or pressure on team members or the deceased family.
- ✓ ensure key stakeholder are informed prior to the media;
- ✓ if communicating with a child, do not delay too long. Communication should be honest, consistent, and appropriate to age and comprehension level.

How should communicate?

- ✓ share in the most personal and sensitive way possible & using 'person-first' language.
- ✓ people should, where possible, be informed in person, unless this would lead to extended delay – think carefully about who breaks the news to groups of staff.
- ✓ allow time for questions.

What should be communicated?

- ✓ give clear and supportive information in both internal and external communications;
- ✓ don't engage in conjecture about the death or mention the method of the suspected suicide.
- ✓ outline what actions are being taken and where to access support.
- ✓ it is suggested that colleagues/employers are asked to limit their social media posts about the death.

Leadership and strategy

- ✓ visible leadership can make a difference – acknowledging that it's OK to be affected, reassure and that you might not have all the answers.
- ✓ have a communication strategy regarding how information will be passed on and how to talk about suicide safely.

Media communication

- ✓ there are protocols and guidelines related to media reporting of suicide so ensure your communications team are aware of these and able to enforce them with news outlets.
- ✓ where there is local press interest, liaise with the family to agree communication messages.

Short-term/recovery phase

The grieving process and its emotions can be complex, and perceptions of the person choosing to die can lead to a sense of rejection or anger. The stigma and emotions around suicide can be difficult to navigate when little informal support is provided.

Link. Identify staff who have been affected and link them to additional support resources, referring those most affected to professional bereavement support or other services. Organise a sensitive and appropriate tribute for the deceased employee, remaining mindful of the implications of the choice of location e.g., at a workplace.

Comfort. Support, comfort and promote healthy grieving and processing among staff who have been impacted by the person's suicide. Encourage open conversations about suicide including managers expressing any personal impacts and coping strategies as well as signposting colleagues to support options. Ensure that those managing or providing support are also provided with appropriate support.

Funeral arrangements should be considered in liaison with the family and colleagues including providing appropriate logistical and practical support.

Restore. Bring staff back to the importance and value of the work they do as part of the team and be a visible presence to staff. Offer moral support to facilitate and encourage the return to usual operational activities. Support may include continued active listening, providing time away from work (including for the funeral) and considering temporary work change requests e.g. incident types or alternative duties. Sensitively co-ordinate the practicalities such as clearing lockers.

Lead. Build and sustain trust and confidence in organisational leadership through ongoing management of the situation. Throughout any investigations or inquest, provide information and ensure support. The government has written A Guide to Coroner Services for Bereaved People, which may be of help.

A people-management-led postvention initiative can provide information to both staff and their loved ones regarding healthy grieving to help destigmatise conversations among employees (e.g. sharing stories of what has helped them through the difficult time).

In the rare event of a suicide cluster[2], to convene a Suicide Cluster Response Group and develop a plan in line with PHE guidance.

Longer-term/reconstructing phase

Honour. Prepare for people's reactions around the anniversary of a death by suicide and other milestone dates in consultation and inclusion of family and friends of the deceased.

Sustain. Collate and translate data and learning about deaths and postvention activity into a suicide prevention communication programme and embed this in policy. Review and address any community risk factors through a public health approach including linking in with local public health teams and suicide prevention action plans.

Evidence suggests that stigma around suicide, even after its occurrence, may still hinder changes in organisational culture and postvention, and this should be considered when implementing long-term policy and practice actions.

[2] A suicide cluster usually includes 3 or more deaths; however, 2 suicides occurring in a specific community or setting (for example a school) in a short time period should also be taken very seriously in terms of possible links and impacts (even if the deaths are apparently unconnected), Identifying and responding to suicide clusters (publishing.service.gov.uk)

Additional postvention resources

Postvention Guidance

Ambulance service employee suicide postvention toolkit | Samaritans

A manager's guide to suicide postvention in the workplace | Action Alliance

Responding to suicide risk in the workplace| Chartered Institute of Personnel and Development - Postvention Guidance

A guide to compassionate bereavement support | Chartered Institute of Personnel and Development

NHS employee suicide: a postvention toolkit to help manage the impact and provide support Suicide Postvention Standard Operating Procedure Project | International Association of Fire Fighters

| NHS Confederation - Samaritans

Crisis management in the event of suicide | Business in the Community - Public Health England - Samaritans

Identifying and responding to suicide clusters (publishing.service.gov.uk)

Support

A Guide to Coroner Services for Bereaved People | Ministry of Justice

General Information

Work-related suicide report | HSE Workplace Health Expert Committee

Engaging People with Lived Experience: A Toolkit for Organizations | Suicide Prevention Resource Centre

Samaritans' Media Guidelines on reporting on suicide

Appendix A: Card with support options

Appendix B: Evidence Review

An academic and policy evidence review on suicide prevention and postvention was completed to underpin the development of this good practice guidance. A summary of the key recommendations and elements of good practice are provided in this overview document.

Slade et al, (2022) Academic and policy evidence review on suicide prevention and postvention.

Academic and policy evidence revie

Nottingham Trent University were commissioned by the Fire Fighters Charity to undertake this project to design and deliver actionable and evidence informed pre- and post-vention suicide guidance to fit the needs and context of beneficiaries of the Charity. The project was led by Professor Karen Slade with support from Dr Jessica Dunn, Professor Rowena Hill, Rich Pickford, Lindsay Thurston, Tadgh Tobin, Borna Loncar and Sally Lopresti. Please see their project page for more information.