



# Post-Suicide Response Guide



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Disclaimer:

Mental illness is diagnosed by a healthcare professional such as a doctor. This guide does not provide medical advice or replace a professional health crisis intervention in the work place.

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# Summary and Trigger Warning

This guide includes references to suicide and its impact on witnesses and colleagues. This content may be distressing to some readers and therefore, we ask that you take care when reviewing the material and consider whether it's appropriate to view at this time.

Although many organisations are doing great work in building positive mental health in and through their own workplaces, and whilst we advocate for the creation of workplace cultures that emphasise prevention, we know that deaths by suicide may still occur. Therefore, in order to support organisations through that challenging time, we have created this Post-Suicide Response Guide.

The aim of this guide is to assist employers, including HR teams and managers, to support individuals following the loss of a colleague to suicide. Although no two instances of loss are the same, this guide aims to provide recommendations for responding to suicide which are flexible, person-centred, and empathetic. Through being prepared, businesses can create workplace environments where everyone feels supported at all times.

## About Us

We are a leading UK charity established in 2017 to enable organisations, of any size, to improve the impact that work has on the mental health of their workforce.

Working alongside our partners, sector leaders and growing community of Supporters, our work is delivering effective change across construction, transport and logistics, fire and security, energy, manufacturing, farming and agriculture, and their wider supply chains.

We bring industry insight, expertise, and effective interventions to drive that important **preventative** approach, reducing the stigma and starting conversations about mental health. We work across hundreds of workplaces to complement any tertiary measures they already have in place, such as an Employee Assistance Programme (EAP). Importantly, our proactive approach enables individuals to understand how, when and where they can get support before they reach crisis point. We undertake research to ensure we remain up to date and adapt our programme accordingly to meet the needs of the sectors we work in.



# Introduction

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This guide has been created to assist employers, including HR teams and managers, to support individuals following the loss of a colleague to suicide. Although no two instances of loss are the same, this guide aims to provide recommendations for responding to suicide which are flexible, person-centred, and empathetic. Through being prepared, businesses can create workplace environments where everyone feels supported at all times.

Traumatic events can have a significant impact on individuals, both at work and at home, and in the case of suicide, whether someone has witnessed an incident, or lost a colleague, its impact (both physically and emotionally) is devastating. The impact of suicide may be felt not only by those directly involved but also by the wider team, and thus an understanding of how to support one another is crucial.

## The Importance of Trauma-Informed Approaches

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A trauma-informed approach to suicide is crucial as it recognises the potential impact of the event on individuals, families, colleagues and communities, and it aims to help prevent further harm. The key phrase here is 'recognises the potential impact' as the impact of suicide is broad, affecting individuals to varying degrees.

By adopting a trauma-informed approach, employers acknowledge its wide-ranging impact and provide appropriate support to affected individuals. Where appropriate, directing individuals to trauma-informed care is crucial, as clinicians can identify the signs and respond by integrating this understanding into their practice, helping to prevent re-traumatisation and reduce secondary stress.

# The Impact of Suicide Exposure

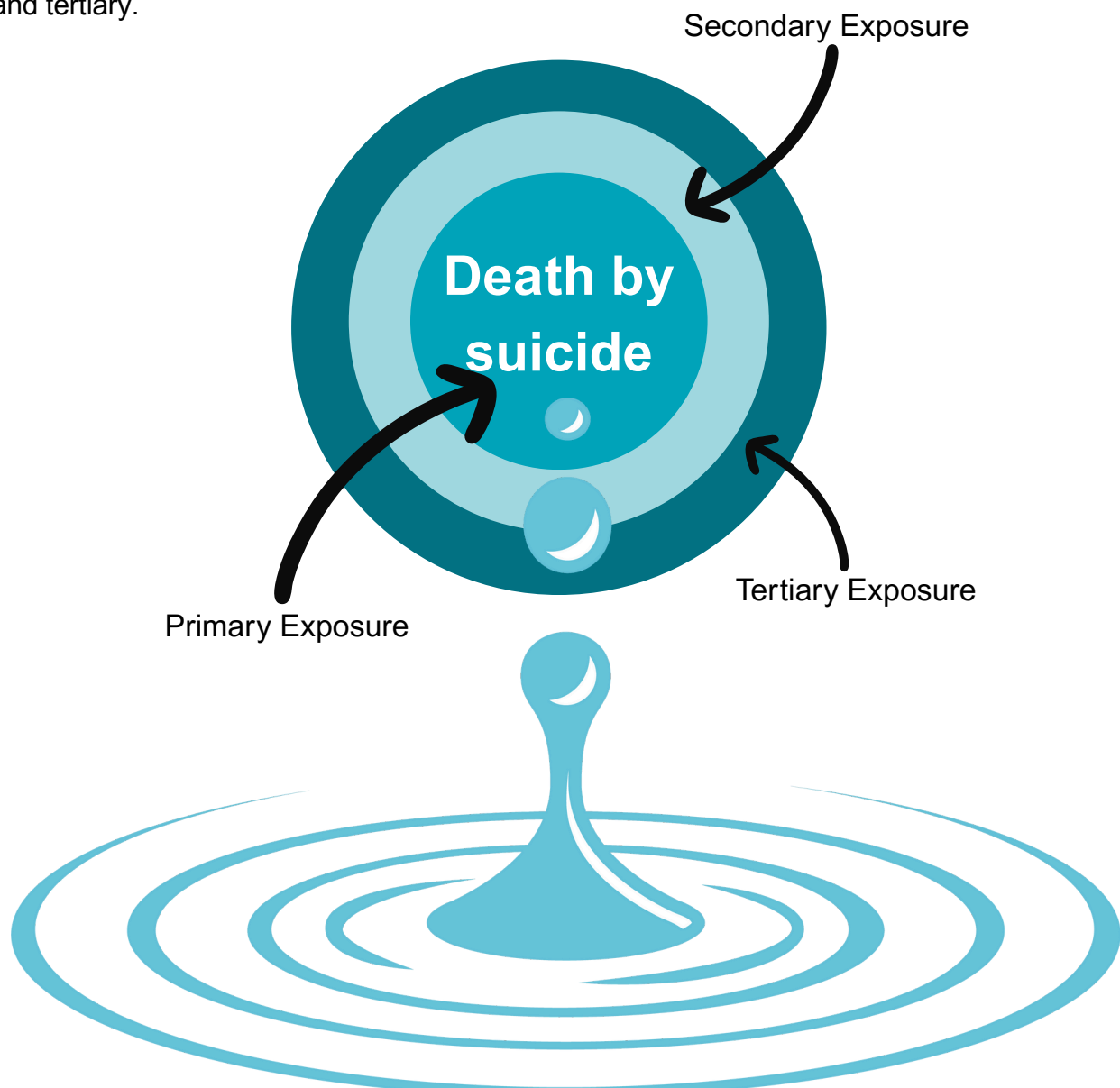


# The Impact of Suicide Exposure:

## The Wider Impact of Suicide

The impact of suicide has been described as a wave effect. If you drop a pebble in a pond, the waves ripple outwards. The ripples closest to the pebble are bigger and as they move away from the centre, although still present, they get less prominent. In this analogy, the pebble in the water is an instance of suicide and the ripples it causes represent the effects of suicide exposure on other people. The closer waves are those individuals who are directly impacted by the exposure; family members or witnesses to the incident, and the ripples further out represent colleagues, communities, first responders, close friends, healthcare workers etc.

The diagram below shows the three categories or ripples of exposure: primary, secondary and tertiary.



# The Wider Impact of Suicide (cont.)

Exposure	Impact Group
<b>Primary</b> (These individuals often experience intense grief, trauma, guilt and psychological distress).	<ul style="list-style-type: none"><li>• Immediate family members.</li><li>• Close friends.</li><li>• Partners.</li><li>• Those who found the body or were present at the time of death.</li></ul>
<b>Secondary</b> (This group may not have had a deeply personal relationship but can still experience shock, sadness, or vicarious trauma. Their grief may be unacknowledged or minimised, leading to disenfranchised grief - also known as hidden grief).	<ul style="list-style-type: none"><li>• Friends.</li><li>• Extended family.</li><li>• Coworkers/peers.</li><li>• Neighbours.</li><li>• First responders (police, paramedics) who attended the scene.</li></ul>
<b>Tertiary</b> (The emotional impact tends to be lower for individuals. Some may feel disturbed, curious, or unsettled, especially if the suicide is public or occurs in their community).	<p>People who did not know the individual personally but are affected indirectly, such as:</p> <ul style="list-style-type: none"><li>• Members at the same school or workplace, including HR, training teams etc.</li><li>• Social media followers.</li><li>• Members of the same religious or social group.</li><li>• Mental health providers or crisis workers hearing about the suicide in a professional context.</li></ul>

What is important to note is that the boundaries between these levels/ripples are not always rigid. A person may experience primary-level distress with secondary or even tertiary exposure. This could be due to unique individual factors such as an individual's own vulnerabilities or history with suicide. It is also crucial to recognise that all exposure levels can carry risk for distress, therefore, all individuals should be offered support in some form, and responses should consider the impact of primary, secondary and tertiary exposure.

Before support is discussed, it is also important that we understand impact in more detail, using a model known as the Continuum of Survivorship (**Cerel et al., 2014**).



## The Wider Impact of Suicide (cont.)

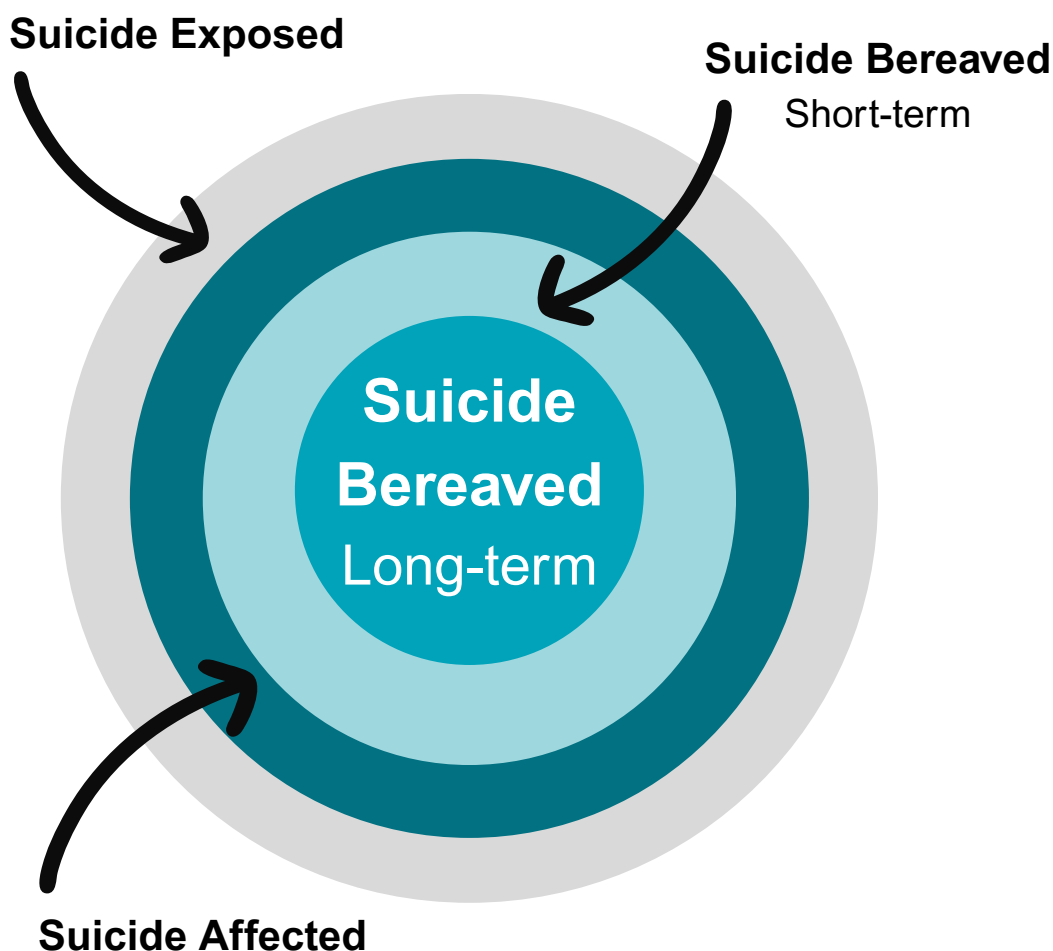
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The continuum model of survivorship is a framework which is used to describe the varying degrees to which individuals can be affected by a suicide. Rather than treating all exposure as the same, the continuum model recognises that impact ranges from, those exposed to suicide, through those who are affected by it, and finally to those who are bereaved by it, in the short- or long-term. In this model, the primary, secondary and tertiary levels of exposure fit within the 'suicide exposed' level of the model.

## The Impact of Suicide: The Continuum of Survivorship

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The diagram below clearly shows the impact of suicide:



# The Continuum of Survivorship (cont.)

As you can see, suicide exposure affects a broad population and as we move inwards on the diagram, the affected populations grow smaller.

Exposure	Description	Impact
<b>Suicide Exposed</b>	Individuals who are aware of the suicide but had no personal relationship with the deceased.	<ul style="list-style-type: none"><li>• First responders.</li><li>• Witnesses.</li><li>• Distant family.</li><li>• Close friends.</li><li>• Colleagues.</li><li>• Healthcare workers.</li><li>• Community members.</li><li>• Neighbours.</li></ul>
<b>Suicide Affected</b>	Those who knew the deceased and experience significant distress, though not necessarily bereavement.	<ul style="list-style-type: none"><li>• First responders.</li><li>• Witnesses.</li><li>• Distant family.</li><li>• Friends.</li><li>• Colleagues.</li><li>• Neighbours.</li></ul>
<b>Suicide Bereaved: Short-Term</b>	Individuals who had a close relationship with the deceased and experience intense grief for a short period.	<ul style="list-style-type: none"><li>• Distant family.</li><li>• Friends.</li><li>• Colleagues.</li></ul>
<b>Suicide Bereaved: Long-Term</b>	Those who continue to experience profound grief and life disruption over an extended period.	<ul style="list-style-type: none"><li>• Close family.</li><li>• Close friends.</li></ul>

For your teams, the impact of suicide can range from 'exposed' to 'long-term' depending on that individual's relationship with the deceased. Just as it is crucial to be aware of the level of exposure individuals have had, it is also crucial to be aware of the impact of that exposure, as individuals may be 'affected', 'short-term' or 'long-term' bereaved.

## The Continuum of Survivorship (cont.)

Exposure Level	Emotional Response	Physical Response	Behavioural Response
<b>Primary</b>	<ul style="list-style-type: none"> <li>• Sadness.</li> <li>• Despair.</li> <li>• Intense grief.</li> <li>• Guilt.</li> <li>• Blame (“I should’ve realised/done something”).</li> <li>• Shame.</li> <li>• Isolation.</li> <li>• Anxiety (including panic attacks).</li> <li>• Nightmares or flashbacks.</li> </ul>	<ul style="list-style-type: none"> <li>• Sleep disturbances.</li> <li>• Fatigue.</li> <li>• Loss or increase in appetite.</li> <li>• Headaches.</li> <li>• Chest pains.</li> <li>• Muscle tension.</li> <li>• Difficulty concentrating.</li> </ul>	<ul style="list-style-type: none"> <li>• Withdrawal.</li> <li>• Avoidance of places or people.</li> <li>• Hypervigilance.</li> <li>• Avoidance of responsibilities/reminders.</li> <li>• Searching for answers.</li> <li>• Engaging in risky behaviours.</li> <li>• Crying.</li> <li>• Shouting/short temper.</li> </ul>
<b>Secondary</b>	<ul style="list-style-type: none"> <li>• Shock/disbelief.</li> <li>• Sadness.</li> <li>• Guilt.</li> <li>• Confusion about how to grieve (“Should I feel this way? Do I have the right?”).</li> <li>• Fear for loved one’s wellbeing.</li> </ul>	<ul style="list-style-type: none"> <li>• Sleep disturbances.</li> <li>• Muscle tension.</li> <li>• Headaches.</li> <li>• Temporary lack of concentration/motivation.</li> </ul>	<ul style="list-style-type: none"> <li>• Talking more about mental health.</li> <li>• Engaging in group activities (memorials, tributes).</li> <li>• Short-term avoidance of people or places.</li> <li>• Checking in more frequently with friends or colleagues.</li> <li>• Temporarily engaging in risky behaviours.</li> </ul>
<b>Tertiary</b>	<ul style="list-style-type: none"> <li>• Brief sadness.</li> <li>• Unease/discomfort.</li> <li>• Curiosity.</li> <li>• Indirect fear (“Could this happen to my friends/family/ coworkers?”).</li> </ul>	<ul style="list-style-type: none"> <li>• Restlessness.</li> <li>• Mild sleep disturbances.</li> </ul>	<ul style="list-style-type: none"> <li>• Increased social media engagement regarding suicide.</li> <li>• Asking questions.</li> <li>• Attending events (memorials, tributes).</li> </ul>

Key to note: Support should be tailored not just by exposure level, but by individual response and resilience factors. This is because a person with secondary or tertiary exposure can still experience intense grief, depending on personal factors.

# Suicide Exposure Support



# Suicide Exposure Support

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**Disclaimer:** *It is important that wherever suicide is concerned, you use sensitive, clear, and non-stigmatising language in all internal communication around the incident and avoid graphic details or speculation (please see **Appendix E and F** for communication templates).*

The following support guidelines should be implemented in coordination with (but not limited to) the following departments: Human Resources, Health and Safety, Wellbeing, and Marketing/Communications.

All plans should be unique to the individual that they were created to support, therefore they should be regularly reviewed and revised to reflect lessons learned, and evolving best practices.

## Universal Support Recommendations: For Individuals

Although support should be tailored to suit the unique circumstances faced by individuals, there are several universal recommendations which are important to consider.

- Ensure that communication involves non-stigmatising language, for example, stating that an individual has "died by suicide" instead of "committed suicide".
- Avoid overexposure to details of the death in communications or media. For example, be transparent with what has happened, but avoid sharing details regarding the means by which an individual ended their life.
- Acknowledge the diversity and complexity of grieving processes and communicate this to your workforce, considering factors such as culture, personal experience and pre-existing trauma which may impact bereavement.
- Encourage help-seeking: Normalise therapy, peer support, and open dialogue to ensure a culture that engenders openness and minimises barriers to support.
- Ensure post-incident support (postvention) transitions into prevention, through incorporating suicide prevention training, and promoting ongoing mental health initiatives/training.

## Universal Support Recommendations: Communication

Before communicating that an individual has died by suicide, it is important to be mindful of the way that it is communicated.

- Always check with the family (or next of kin) before disclosing the cause of death.

# Suicide Exposure Support (cont)

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- Avoid phrases such as “passed away suddenly,” particularly as transparency should be a priority. If the family is comfortable with the cause being shared, stating ‘[**First Name**] is believed to have died by suicide on [**day**]' is clear, concise and mitigates instances of speculation.
- Consider tailoring the message for different audiences, for example, the individual's immediate team should receive different messaging to the wider organisation due to the potential impact of the suicide for such individuals. Verbal communication may be more appropriate for immediate team members (see **Appendix E**) whereas email correspondences to the wider organisation may be most appropriate (see **Appendix F**).
- The initial messaging should offer support, but future correspondences in the month following should also offer ongoing support/access to services.
- It is important that information regarding signposting and EAPs are provided in a verbal and written format, so it may be beneficial to provide handout documents to your team following discussions.

## Universal Support Recommendations: For Managers

It is important to recognise the emotional impact of supporting others, and the responsibility placed upon managers to ensure the wellbeing of their teams. Managers are at an increased risk of becoming accidental counsellors and therefore are exposed to vicarious trauma (caused through being exposed to the trauma of others).

It is important that your organisation acknowledges the emotional toll of supporting others and encourages peer-to-peer support for managers. One way could be through allowing managers to meet regularly and check-in with one another either in-person or online. It is important to provide relevant signposting and access to support through EAPs or NHS services where required.

It may also be beneficial to ask managers whether they feel equipped to support their teams and whether they feel any training would be beneficial.

# Primary Exposure Support

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The emotional impact of primary exposure can be incredibly high and support needs can often be intensive and long-term. For this reason, any initial communications regarding support should be verbal and involve a collaborative process which allows for the individual to state what support they feel will be beneficial. Please see **Appendix B** for the Primary Exposure Support Checklist, which will aid in monitoring the support offered to individuals, post-incident.

Support for primary exposure can be divided into three main areas: immediate crisis support, follow-up care and practical support. It is crucial to note that proactive steps are important to ensure that information is readily available to be distributed to those effected. A handout document detailing support services and an intranet page or email displaying relevant links may be beneficial to collate.

## 1) Immediate Crisis Support (Confidential Support Services: Short-Term Support)

Individuals who experience primary exposure should be offered immediate crisis support. Following exposure, it is important that you check on the welfare of affected individuals and then provide access to relevant services. The following list provides examples of support individuals should be signposted towards, but it is in no way limited to these services (see **Appendix A**):

### **Samaritans: 116 123**

Samaritans offers 24/7 support for people who are in despair or experiencing suicidal thoughts. Individuals can call any time for confidential emotional support during a suicide crisis or when distressed by a colleague's suicide.

### **National Suicide Prevention Helpline UK: 0800 689 5652**

**Website:** <https://www.spuk.org.uk/>

National Suicide Prevention Helpline UK helps anyone who may be struggling with their mental health and/or thoughts of suicide. The helpline is open from 6pm to midnight every day. The listening service is also available via social media and face-to-face out in the community.

### **Mates in Mind Text Line: Text "BEAMATE" to 85258**

A free, 24/7 mental health support service via text message. Employers may recommend this discreet option for employees who prefer not to talk.

# Primary Exposure Support (cont.)

## NHS: 111 (Option 2)

If an individual needs help following suicide exposure, but it is not an emergency, they can get help from NHS 111 online, or through calling 111 and selecting the mental health option.

## Cruse Bereavement Support: 0808 808 1677

Open Monday, Wednesday, Thursday, Friday – 9.30am – 5pm and Tuesday – 1pm – 8pm.

A bereavement helpline run by trained bereavement volunteers, who offer emotional support to anyone affected by grief.

## 2) Immediate Practical Support

It is important that individuals receive immediate practical support to reduce instances of distress following primary exposure. Grief is as unique as a fingerprint and therefore it is important that you do not enforce any of these steps without asking the individual what they need. Support should be person-centred and led by the affected individual through a collaborative process. Asking questions such as, “what will help you right now?” or “what’s going through your mind?” can be a great way to begin discussions around practical support.

- **Contacting Support Networks:** Following an instance of primary exposure, it is important to ensure the continuation of support for individuals. Offering to contact friends or family members can be a crucial support strategy. Particularly where an individual is going to return home, ensuring that they have a support network to go home to is important.
- **Time Off Work:** Offer paid compassionate leave or flexible time off without stigma to allow space for emotional processing, attending funerals, or seeking help. It is also important that an individual is aware of the plan following their return and how this will be facilitated. Whilst this is not crucial in the first couple of days, it is important to check-in with the individual during their time off, ask how they are feeling and let them know that when they are feeling ready to return to work, that planning will take place to support them.
- **Immediate Distribution of Responsibilities/Adjustments:** It is important to offer to relieve individuals of any responsibilities immediately and distribute their workload. Through doing so, individuals may feel less pressure and therefore less obligation to remain in work following primary exposure.
- **Emergency Referral Pathways:** Ensure HR/managers/wellbeing leads/ambassadors are able to signpost or even refer individuals to urgent NHS mental health services or their GP, if necessary.



# Primary Exposure Support (cont.)

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## 3) Access to Professional Care

### (Trauma-Informed Responses: Long-Term Support)

- **Employee Assistance Programme (EAP)** (If applicable): If your organisation has an Employee Assistance Programme which offers 24/7 counselling services and trauma support, it is important that individuals are aware that this is available to them. It is also important that this information is provided in multiple formats, both written and verbal, so that the individual may reflect and refer to the information provided when away from the workplace, if required. Where suicide is concerned, EAPs may offer:
  - Immediate telephone counselling for affected employees.
  - Referrals for further therapy.
  - Critical incident stress debriefing (if part of the package).
  - On-site counsellors or psychologists.
  - Guidance for managers on postvention support (e.g., talking to staff, reducing stigma).
- **Occupational Health Team Involvement:** In larger workplaces, you may have an occupational health team who can provide on-site or referred psychological support after a suicide incident. If this is the case, please ensure that they are aware of the situation and seek advice.

## 4) Follow-Up Care

There are a number of steps you can take post-incident, to ensure that you are supporting an individual following their return to work.

- **Return to Work Planning:** Develop personalised reintegration plans, including temporary changes in workload, environment, or responsibilities and the completion of individual stress-risk assessments.
- **Flexible Working or Phased Return:** Offer adjusted duties, reduced hours, or remote work options to accommodate emotional recovery and reduce stress. Ensure that any appointments can be attended without impacting pay, including any inquests/tribunals/legal processes. Whilst suicide is not a legal concept itself, all fatalities must be investigated and therefore individuals may be asked to provide statements or attend hearings.

## Primary Exposure Support (cont.)

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- **Check-ins:** A trusted, trained manager should check in regularly. Follow-up/check-ins are important, but managers should ask the individual if they would like these to be via email, Teams calls or face-to-face discussions. Then, follow-up 48 hours post-incident, one-week, one-month, three-months and finally six-months post-incident. At the six-month mark, it is important that they ask the individual if they would like to continue their check-ins, or whether they would like to combine them with their annual appraisals (if applicable).
- **Memorial Awareness:** Make a note of anniversaries or triggering dates and create a plan for support around them, for example, allowing for flexible working arrangements or alterations to responsibilities on those occasions.

### 5) Organisational Considerations

- **Training for Managers and Teams:** This includes general mental health awareness training, more specific suicide prevention training, and the importance of post-incident support for managers.
- **Policy Updates:** Review and improve bereavement and crisis response policies, including specific post-incident guidance.

## Secondary Exposure Support

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The emotional impact of secondary exposure, although not as high as primary, can still be incredibly impactful, including emotions such as shock, sadness and grief. Problematically, for those who experience secondary exposure, their grief may be unacknowledged or minimised, leading to hidden grief, which if left unsupported can have significantly negative consequences. For such individuals, it may be beneficial for initial communication to be verbal, followed by email check-ins or signposting reminders.

### 1) Immediate Crisis Support (Confidential Support Services)

Please refer to the primary exposure recommendations regarding confidential support services and see **Appendix A**.

# Secondary Exposure Support (cont.)

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## 2) Individual Support

- **Employee Assistance Programme (EAP)** (If applicable): If your organisation has an Employee Assistance Programme which offers 24/7 counselling services and trauma support, it is important that individuals are aware that this is available to them. It is also important that this information is provided in multiple formats, both written and verbal, so that the individual may reflect and refer to the information provided when away from the workplace (if required).
- **Flexible Working/Role Adjustments**: Offer adjusted duties, reduced hours, or remote work options to accommodate emotional recovery and reduce stress.
- **Education**: Provide educational materials regarding grief and trauma, including those which seek to normalise the reactions that people may be having.
- **Debriefs**: Offer structured voluntary debrief sessions facilitated by a trained individual. This requires preparation and proactivity to ensure individuals are trained appropriately. One form of training is critical incident stress debriefing, which may be important to consider.
- **Check-Ins**: Ensure that one-to-ones with managers feature a wellbeing element, where managers ask how an individual is feeling both in and outside of work, and offer any adjustments (see **Appendix D**). Where group meetings are concerned, it is important to allow for individuals to check-in, normalising wellbeing discussions and breaking the stigma associated with mental health.

## Tertiary Exposure Support

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Tertiary exposure can have a range of emotional impacts from minimal to unexpectedly strong. The support needs of individuals who experience tertiary exposure can therefore vary. Although they should be less in-depth/individualised, they should still signpost towards available support. This support can be via email.

### 1) Communication

It is important that community communication occurs, whereby individuals are made aware of the incident (see **Appendix F**). It is also important the communication is transparent but sensitive, for example, stating what has happened but avoiding details such as how an individual ended their life.

It is important that communication encourages conversations to take place and highlights the support available (see **Appendix A**).

# Tertiary Exposure Support (cont.)

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## 2) Education

Provide educational materials regarding grief, trauma, suicide prevention and coping. For example, **sharing coping strategies or health routines may be beneficial for individuals.**

## 3) Debriefs

Offer structured voluntary debrief sessions facilitated by a trained individual. This requires preparation and proactivity to ensure individuals are trained appropriately. One form of training is critical incident stress debriefing, which may be important to consider.

## 4) Check-Ins

Please refer to the secondary exposure recommendations regarding check-ins and see ***Appendix D.***

# Organisational Considerations



# Organisational Considerations

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It is important that organisations not only respond to instances of suicide on an individual level, but that they are able to reflect on the organisation as a whole. Following instances of suicide, there are several considerations which are as follows:

## 1) Adjust and Review Policies

It is recommended that organisations consult relevant policies and ensure that they are up to date, relevant and flexible. Key policies to review (but not limited to) are the:

- **Mental Health and Wellbeing Policy:** Evaluate whether the policy includes all relevant information, including access to mental health support (e.g., your EAP), tools for early intervention and supportive work culture initiatives, such as peer support or wellbeing champions.
- **Health and Safety at Work Policy:** Evaluate whether the policy includes clear guidance/procedures for managing mental health crises, enables the identification and management of risk factors (workload, bullying etc.), and whether the policy aligns with legislation (Occupational Health and Safety Laws etc.).
- **Employee Conduct and Performance Management Policy:** Review how performance concerns are managed (is there a support-focused approach before disciplinary action?) and are managers equipped with the skills to distinguish between signs of stress/poor mental health and underperformance?
- **Bereavement Policy:** Evaluate whether the bereavement policy is adaptable and considers individual circumstances.
- **Absence and Leave Policy:** Evaluate whether the policy is flexible, details return-to-work processes clearly and allows for the management of mental health-related absences sensitively and confidentially.
- **Flexible Working Policy:** Evaluate whether the policy is accessible and inclusive and consider whether the procedure to request flexible working is clear, timely and supportive.

## 2) Consider Training Options

Educating teams is a really important step for both intervention and prevention following a suicide, and training can take many forms.

- **Start the Conversation (STC):** Mates in Mind offers STC which provides individuals with a facilitated learning experience, whereby they gain an understanding of the factors that can impact mental health and the importance of starting conversations.

# Organisational Considerations (cont.)

- **Manage the Conversation (MTC):** We also offer MTC which is a half-day workshop which provides line managers with the skills and confidence to listen to and talk with someone who feels that they need to share a concern regarding their mental health. The course looks at how to create a workplace culture that can support staff to be more open about their mental health, how to have conversations about mental health, how to support someone experiencing mental ill-health and shares tips on staying well at work whilst supporting colleagues appropriately.
- **Mental Health First Aid Training (MHFA):** Mates in Mind also deliver MHFA training which teaches people to recognise the signs that someone may need support with their mental health and offer help on a first aid basis. A trained Mental Health First Aider in your workplace can start productive conversations about mental health, be a role model for how to manage mental health, promote greater understanding of the importance of mental health, and play a significant part in ending stigma and discrimination around mental health in the workplace.

*To find out more about these courses, and book places, please visit:*

*<https://www.matesinmind.org/training-and-resources/mental-health-and-wellbeing-training>*

## 3) Become a Supporter: Mental Health Awareness

Mates in Mind offer a comprehensive Supporter programme which supports organisations to create cultures that engender openness, promote mental health awareness, build tailored mental health plans and implement effective interventions. Supporters have **exclusive access to a range of resources, training (including STC) and support**. They also have access to an **organisational assessment** which will help them to determine the gaps which may be preventing them from reaching their desired goals. It provides insights into an organisation's knowledge, practices, and/or skills. Knowing what is working well and what needs to be developed is an important step towards reaching an organisation's mental health and wellbeing goals, and could also save a life.

*For more information, please visit the website:*

*<https://www.matesinmind.org/supporting-us/become-a-supporter>*  
*or email: [support@matesinmind.org](mailto:support@matesinmind.org)*

# Appendices





# Appendix A: Support Services

## Confidential Support Services

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Signposting can be hard, but it can be helpful to say: **“I am so grateful that you have found the strength to reach out to me, this is the first step. Please continue to speak to someone, there are people and places that can help. Do you know of any other helplines you can call?”**

### **Emergency Services: 999**

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If you or someone you know has seriously harmed themselves or has disclosed that they are in immediate danger, call 999.

### **Samaritans: 116 123**

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The Samaritans offer 24/7 support for people who are in despair or suicidal. They offer a safe place for you to talk any time you like, in your own way about whatever is getting to you.

### **National Suicide Prevention Helpline UK: 0800 689 5652**

**Website:** [www.spuk.org.uk/](http://www.spuk.org.uk/)

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National Suicide Prevention Helpline UK helps anyone who may be struggling with their mental health and/or thoughts of suicide. The helpline is open from 6pm to midnight every day. The listening service is also available via social media and face-to-face out in the community.

### **Mind Infoline: 0300 123 3393 (or text 86463)**

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The team at Mind can provide information on a range of topics including types of mental health concerns, where to get help, medication and alternative treatments.

### **Campaign Against Living Miserably (CALM): 0800 58 58 58**

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CALM provide a helpline for men in the UK who are down, feel as though they have hit a wall, who need to talk or who need information and support. The helpline is open from 5pm-12am 365 days a year and they also offer a webchat service between the same hours.

### **Prevention of Young Suicide (Papyrus): 0800 068 41 41**

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Papyrus provides confidential help and advice to young people and anyone worried about a young person. Their HOPElineUK service is staffed by trained professionals who give non-judgemental support, practical advice and information to; children, teenagers and people to the age of 35. You can also email them at [pat@papyrus-uk.org](mailto:pat@papyrus-uk.org) or text 07786 209 697.

# Appendix A: Support Services (cont.)

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## **Workplace Mental Health Support Service (WMHSS): 0300 456 8114**

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Provided by Remploy, in partnership with Access to Work, WMHSS offers a free and confidential support service to help you remain in your job when it is being affected by stress, anxiety, depression or other mental health issues. If you are finding work difficult or you are absent from work, their advisors can support you to make a wellbeing plan and support you with workplace adjustments, including how to get support from your employer.

## **Mates in Mind Text Line: Text “BEAMATE” to 85258**

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A free, 24/7 mental health support service via text message. Employers may recommend this discreet option for employees who prefer not to talk.

## **NHS 111 (Option 2 - Mental Health Support)**

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If you need help urgently for your mental health, but it is not an emergency, get help from NHS 111 online, or call 111.

# Specific Confidential Support Services

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## **Frank: 0800 7766 00**

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Confidential information and advice about drugs and substance abuse. The 24-hour helpline will not show on phone bills.

## **National Gambling Helpline: 0808 8020 133**

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Whether you are looking for treatment, advice, or you just want to talk to someone about your – or someone else’s – gambling, there’s lots of support available, including a free helpline open 24/7.

## **MoneyHelper: 0800 138 7777**

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MoneyHelper is a government-backed service that helps you with money and pension issues. You can use online tools, calculators, guides and phone support to put you in control, with free, impartial help that is quick to find, and easy to use.

## **StepChange: 0800 138 1111**

**Website:** [www.stepchange.org/](http://www.stepchange.org/)

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StepChange provide a comprehensive debt advice service. The team help people with debt problems take back control of their finances and their lives, with free debt advice.

# Appendix A: Support Services (cont.)

## Men's Peer Support Groups

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### **Andy's Man Club**

**Website:** [www.andysmanclub.co.uk](http://www.andysmanclub.co.uk)

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Peer-to-peer support for men, aiming to reduce stigma around mental health.

### **MenSpeak Men's Groups**

**Website:** [www.mensgroups.co.uk](http://www.mensgroups.co.uk)

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Safe spaces for men to share and support one another.

## Counselling Services

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### **NHS Talking Therapies**

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If cost is a concern, please seek free support from the confidential services listed in the section above, but also, if necessary, through making a self-referral to the NHS talking therapies. Please be aware, there is a waiting list for this service:

<https://www.nhs.uk/mental-health/talking-therapies-medicine-treatments/talking-therapies-and-counselling/nhs-talking-therapies/>.

### **Scotland NHS 'Living Life'**

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This is a free telephone talking therapies service for people experiencing low mood, depression, anxiety or a combination of symptoms. Individuals can refer themselves by phoning 0800 328 9655 (9am-9pm Mon-Fri), where they may be called for an assessment and then receive 4-6 talking therapies sessions via telephone. Please be aware, there is a waiting list for this service: <https://www.nhs24.scot/how-we-can-help/living-life/>.

### **Wales NHS 'Silver Cloud'**

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People across Wales can access free online therapy without needing to go through their GP. Individuals aged 16 and over experiencing mild to moderate anxiety, depression or stress can sign-up for a 12-week course of Silver Cloud online therapy via their smartphone, tablet, laptop or desktop computer:

<https://nhswales.silvercloudhealth.com/onboard/nhswales/>.

# Appendix B: Primary Exposure Support Checklist

Support	Specifics (What was offered/discussed, any concerns)	Start Date	Review Date
<b>Immediate Crisis Support</b> (Support services/confidential line).			
<b>Practical Support</b> (Support networks contacted, time off, role adjustments etc.).			
<b>Access to Professional Care</b> (EAP, Occupational Health etc.).			
<b>Follow-Up Support</b> (Return to work planning, role adjustments, check-ins).			
<b>Other</b>			

# Appendix C: Organisational Checklist

Strategies	Y/N	Start Date	Review Date
<b>Proactive:</b> <i>Ensure signposting documents are correct and up to date, including information regarding EAPs or private healthcare benefits.</i>			
<b>Proactive:</b> <i>Ensure email templates/communication scripts are up-to-date and tailored to suit the relevant audiences (immediate team/wider organisation etc.).</i>			
<b>Proactive:</b> <i>Ensure bereavement and sickness policies are accessible and up to date.</i>			
<b>Proactive:</b> <i>Create/provide managers with check-in templates for one-to-one/group meetings (see <b>Appendix D</b> for an example)..</i>			
<b>Identifying Support Needs: Primary Exposure</b> <i>Reach out to those who experienced primary exposure and arrange meetings immediately to offer support (paid time off, role adjustments, calling family/support networks).</i>			
<b>Identifying Support Needs: Secondary Exposure</b> <i>Reach out to those who experienced secondary exposure and arrange meetings immediately to offer support (role adjustments etc.).</i>			
<b>Identifying Support Needs: Tertiary Exposure</b> <i>Communicate to the wider organisation via email and offer support.</i>			
Other			

# Appendix D: Check-In Meeting Template

<b>Name:</b>	<b>Date:</b>
<b>Role:</b>	<b>Project/Site:</b>

**Wellbeing Check-In**  
*(Example questions: How are you feeling today, how have you been this week, any worries or concerns, annual leave booked, activities outside of work?)*

**Workload Check-In**  
*(Current responsibilities, workload concerns, what are you enjoying?)*

**Career Progression**

**AOB**

# Appendix E: Immediate Team Communication Template

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Thank you all for meeting with **[me/us]** this **[morning/afternoon]**, I have some difficult news to share and appreciate you all being here. I am deeply sorry to tell you all that **[Full Name]** is believed to have died by suicide on **[Day]**.

I know this may come as a shock to you all and wanted to let you know that you are not alone. Please know that support is available from **[amend as necessary]** our EAP/support services and we are creating a space for anyone who wants to come together to talk on **[day/time]**.

We know that this will affect everyone differently but want to let you know that we are here to support you. If you need to take time away from work, or need adjustments to your role, or just want to talk privately, please do reach out to **[me, your manager, HR]**.

This is a time to take care of yourselves and each other, so check-in and please do not hesitate to reach out to us for support.

# Appendix F: Wider Organisation Communication Template

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Good **[Morning/Afternoon]**

It is with deep sadness that we share the news that our colleague and friend, **[Full Name]**, has passed away. **[First Name]** is believed to have died by suicide on **[Day]**, and our thoughts are with **[his/her/their]** family, friends, and everyone who knew and worked with **[him/her/them]**.

We know this news will come as a shock and may be deeply upsetting. Please remember that you are not alone as you process this loss. We want to encourage everyone to take the time they need and to support each other. If you're struggling or need someone to talk to, please consider reaching out to the resources available:

## **Samaritans: 116 123**

The Samaritans offer 24/7 support for people who are in despair or experiencing suicidal thoughts. Individuals can call any time for confidential emotional support during a suicide crisis or when distressed by a colleague's suicide.

## **National Suicide Prevention Helpline UK: 0800 689 5652**

**Website:** [www.spuk.org.uk/](http://www.spuk.org.uk/)

National Suicide Prevention Helpline UK helps anyone who may be struggling with their mental health and/or thoughts of suicide. The helpline is open from 6pm to midnight every day. The listening service is also available via social media and face-to-face out in the community.

## **Mates in Mind Text Line: Text "BEAMATE" to 85258**

A free, 24/7 mental health support service via text message. This is a discreet option if you prefer not to talk.

## **NHS: 111 (Option 2)**

If you need help following suicide exposure, but it is not an emergency, you can get help from NHS 111 online, or through calling 111 and selecting the mental health option.

## **Cruse Bereavement Support: 0808 808 1677**

Open Monday, Wednesday, Thursday, Friday – 9.30am – 5pm and Tuesday – 1pm – 8pm. A bereavement helpline run by trained bereavement volunteers, who offer emotional support to anyone affected by grief.

*[continued on next page]*



# Appendix F: Wider Organisation Communication Template (cont.)

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[Keep or remove as appropriate:] We also have our Employee Assistance Programme which offers **24/7 counselling services/trauma support** which you can access by .....  
[Include links, numbers etc.].

We will be arranging [optional: **a time for staff to come together, remembrance or support session, one-to-one meetings with managers**], and will share more information soon.

In the meantime, if you have questions or would like to talk, please do not hesitate to reach out to **[HR contact/personnel manager]**.

Please take care of yourselves and each other during this difficult time.

Kind Regards

**[NAME]**

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