



Suicide Postvention in the Workplace

Supporting Organisations and Employees

Authors: Professor Gail Kinman and Professor Neil Greenberg

With contributions from: Dr Rosie Allister, Dr Rachel Gibbons,
Dr Adrian Neal, Dr Ruth Riley, Dr Rebecca Torry and Dr Emma Wadey

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Introduction

The term 'suicide postvention' refers to the actions taken by an organisation to provide effective support in a sensitive manner after a death by suicide. It aims to promote recovery and prevent further adverse outcomes.

This resource provides evidence-informed guidance and recommendations for organisations to respond to the death by suicide of a colleague, or the unexpected death of a colleague from other causes. The guidance draws on high-quality sources from research and practice and was developed through consultation with experts from various fields. It aims to help organisations navigate the complexities and sensitivities involved in such tragic events, ensuring they provide the support required to maintain a healthy and compassionate workplace.

The resource should be useful for occupational health practitioners, well-being leads, HR professionals, managers, and policy makers. It addresses several important issues in the aftermath of a workplace death by suicide, such as immediate response approaches, communication protocols, support mechanisms for affected individuals, and long-term considerations for fostering a supportive work environment. The resource emphasises the importance of a respectful and compassionate approach, recognising the profound impact that suicide can have on the workplace and on the individuals within it.

While this guidance is relevant for the sudden, unexpected death of a colleague from other causes, it is important to acknowledge the unique challenges presented by suicide. The stigma often associated with a death by suicide can complicate the grieving process and the overall organisational response. The suicide rate is higher in some occupations than others, with health professionals, agricultural workers and veterinarians at particular risk.^{1,2} Additional guidance for such organisations is provided at the end of this resource.

It should be noted that, initially, the cause of death is often unclear, and only a coroner can officially confirm suicide after conducting an inquest. Following the approach taken by other postvention guidelines,³ this resource provides guidance for situations where there is substantial evidence for suicide as the cause of death and when the community – i.e. colleagues, relatives and friends – is responding to what is believed to be a death by suicide and experiencing the associated impact and emotions. However, whether or not an unexpected death is eventually categorised as a suicide, the information within this resource should be useful.

1. Roberts, S. E., Jaremin, B. & Lloyd, K. (2013). High-risk occupations for suicide. *Psychological Medicine*, 43(6): 1231–40. <https://pubmed.ncbi.nlm.nih.gov/23098158/>
2. ONS. Suicides by occupation, England: 2011 to 2015. <https://www.gov.uk/government/statistics/suicides-by-occupation-england-2011-to-2015>
3. Samaritans and the NHS Confederation (2023). NHS Employee Suicide: a postvention toolkit to help manage the impact and provide support. <https://www.nhsconfed.org/system/files/2023-03/NHS-employee-suicide-postvention-toolkit.pdf>



Ten recommendations: summary

1. While death by suicide is rare, there is a legal obligation for organisations to plan how to manage outcomes which pose a substantial risk to workers' mental health.⁴ Organisations should consider how they would respond if they experienced a death by suicide; larger organisations should assemble a trained and resourced postvention team in advance. All organisations should, however, take account of the actions suggested below and foster a compassionate suicide-aware culture.
2. Work out your organisational plan on how to respond to the death and put it in place, including how to break the news. While existing guidelines can be helpful, there is no one-size-fits-all approach because every situation is unique. Staff who need to be informed may be on leave or have left the organisation, while others may be employed on a temporary basis or on placements. Arrange time off for the funeral and the processes that follow. Think about how to manage any media enquiries.
3. All staff, including supervisors/leaders, should offer a timely, caring and considerate response, making extra time to offer support to colleagues and receive support themselves.
4. Expect, but try to avoid or mitigate, scapegoating. Self-blame or blaming someone else are common responses. Accept that no one is to blame and reassure others that this is the case.
5. Avoid knee-jerk reactions. Instead, pause and find time for yourself and others to think about and discuss responses to the death. Remember that everyone's response is individual, so flexibility is needed. Some people will want to be with colleagues in the immediate aftermath, while others may wish to go home. Employers should consider carefully whether staff in safety-critical or emotionally demanding roles are fit to continue to work, even if they are willing to do so.
6. Communicate clearly and frequently with the team, managers and wider colleagues, including discussion of the support options available. Ensure there are opportunities for people to access support over the longer term and help them do so if required. Provide ongoing guidance and reassurance about any investigations or an inquest.
7. Consider the family/loved ones. Make contact to identify their wishes regarding communication and messaging. Consider cultural differences. Give thought to the best person to maintain contact and how it should be done. Having a single point of contact can be helpful, but make sure they are well supported.
8. Consider how best to manage boundaries. A desire to be under- or over-involved is common after a death by suicide. A useful question to guide boundaries is "What would you do if the death was by another cause?"
9. Be wary of non-evidence-based initiatives (such as psychological debriefing), including those offered by people who may have the best intentions and want to help. Also consider whether interventions are actually required and, if so, when they should be delivered. Take advice from Human Resources or Occupational Health if needed.
10. Discuss how best to remember and honour the person who has died, with input from staff (and family, if appropriate). Options include a condolence book, a memorial event or fundraising for a relevant charity. Be sensitive about when you do this. Consider how to move forward, while still honouring and remembering the colleague.

4. CIPD. (2021). Responding to suicide risk in the workplace: A guide for people professionals. https://www.cipd.org/globalassets/media/knowledge/knowledge-hub/guides/responding-to-suicide-risk-in-the-workplace-guide-June2021_tcm18-96241.pdf



Recommendation 1:

Ensure your organisation is prepared

While suicide is rare, there is a legal obligation for organisations to plan how to manage outcomes which pose a substantial risk to workers' mental health. Organisations should consider how they would respond if they experienced a death by suicide; larger organisations should assemble a trained and resourced postvention team in advance. All organisations should, however, take account of the actions suggested below and foster a compassionate suicide-aware culture.

"It would have been very helpful at the time to have had guidance. Looking back now, it would have been great if there was a policy ... something written down somewhere that you could refer to."⁵

Organisations are legally required to safeguard their employees' well-being. Their responsibilities include fostering a safe and healthy work environment, providing access to mental health resources, and ensuring people feel supported and valued. Furthermore, clear leadership in times of crisis can reinforce and build trust, confidence and cohesiveness in the workplace. Bereavement by suicide is complex, unpredictable and can be overwhelming. A lack of preparedness for dealing with the death by suicide of an employee can complicate the grieving process and perpetuate the stigma surrounding this issue. Managers, in particular, often report being unsure of how to respond following a workplace suicide, and fear of "doing the wrong thing" and "letting people down" can bring about feelings of shame and embarrassment.

It is prudent for all organisations, regardless of size or industry, to proactively prepare for the possibility of a death by suicide within their workforce. This is particularly important for larger organisations, as they are more likely to encounter deaths by suicide and sudden deaths compared to smaller ones. Being prepared involves thinking about this topic and ideally assembling a trained and well-resourced postvention capability. By having considered the potential impacts of a death by suicide within a workforce and establishing a postvention capability in advance, organisations will be ready to respond effectively and compassionately if such an event occurs. There is no one 'correct' way to respond to a death by suicide, but careful planning can ensure timely and appropriate care is provided.

Preparation involves several actions:

Training staff: Organisations should identify and train key personnel to lead the response effort. This training should include how to anticipate and respond to workers' immediate mental health needs, crisis intervention, and employing sensitive and compassionate communication strategies to support grieving employees.

Resource allocation: Adequate resources, including access to professional advice from occupational health professionals, mental health staff and/or employee assistance programmes, should be readily available. These resources are crucial for providing immediate and ongoing support to affected employees who need more than the often-helpful informal support from supervisors, colleagues, family and friends.

Developing a response plan: A comprehensive response plan should be in place, articulating the steps to be taken immediately following a death by suicide. This plan should include communication protocols, support mechanisms for employees, and procedures for maintaining workplace continuity and safety.

5. Riley, R., Causer, H., Spiers, J., Chew-Graham, C. A., Efstathiou, N., Gopfert, A., Grayling, K., Maben, J. & van Hove, M. (2023). Postvention Guidance: Supporting NHS staff after the death by suicide of a colleague. University of Surrey. <https://www.surrey.ac.uk/sites/default/files/2023-08/uos-suicide-postvention-brochure.pdf>



Recommendation 1 (cont.):

Ensure your organisation is prepared

Involving all stakeholders: The core response group should include senior leaders, HR and legal teams, occupational and mental health professionals, employee representatives, communication specialists, health and safety officers, IT and administrative support, and training and development teams. However, to promote shared responsibility and appreciate diverse perspectives, it is helpful to engage stakeholders from different roles and backgrounds in creating a response plan for a colleague's death by suicide.

Fostering a psychologically safe and supportive culture: An organisational culture that encourages openness about mental health issues can help with both suicide prevention and postvention efforts. Employees should feel confident that they can seek help without stigma or repercussions.

Ensuring diversity and inclusion are considered: Suicide is a sensitive topic that is perceived differently across cultures and spiritual belief systems. People who work closely together may have quite different beliefs, so it is important to recognise and respect diverse views on suicide. Provide educational materials that explain perspectives on suicide and, where necessary, give employees access to culturally and spiritually appropriate support. Be flexible with workplace practices to accommodate different mourning rituals and traditions. Involve equality and inclusion leads in postvention planning and ongoing support to ensure wider diversity and inclusion issues are considered.

By implementing these proactive measures, organisations not only meet their legal obligations but also demonstrate their genuine commitment to employee well-being during a particularly challenging time. This preparation can significantly mitigate the impact of a colleague's death by suicide, by helping the organisation and its employees navigate the aftermath with care and sensitivity.



Recommendation 2:

Make sure your plan is practical and deliverable

Work out your organisational plan on how to respond to the death and put it in place, including how to break the news. While existing guidelines can be helpful, there is no one-size-fits-all approach because every situation is unique. Staff who need to be informed may be on leave or have left the organisation, while others may be employed on a temporary basis or on placements. Arrange time off for the funeral and the processes that follow. Think about how to manage any media enquiries.

“We need standard paragraphs that one could use in this sort of situation. Because of individual circumstances, you might tweak it, but it gives you something on which to base some communication so you do not have to think of it from scratch.”⁶

As highlighted above, organisations should prepare for the possibility of a death by suicide by thinking about what they would do before it occurs, including potentially establishing a trained and resourced postvention team to lead a response effort. Organisations should also form a comprehensive response plan detailing the steps to be taken in the aftermath of a colleague's death by suicide. This plan should include communication protocols, employee support mechanisms and procedures for workplace continuity and safety. It is also useful to prepare communication templates, such as initial notifications and referrals to support services, which can be tailored. This preparation provides an effective and compassionate framework for managing the challenging aftermath of a colleague's death by suicide. The following points summarise how to develop and implement an organisational plan following a colleague's death by suicide, but more guidance is provided later in this resource.

Taking first steps: Assemble the core postvention team, making sure key personnel such as representatives from HR, senior management, and mental health professionals are available, whether on-site or remotely. Assign a spokesperson (or spokespeople) responsible for managing all communication, ensuring they have a clear understanding of their roles and responsibilities. Ideally, these individuals should already be trained in crisis communication and media handling and be familiar with the support services and mental health resources available to employees.

Breaking the news: Prepare a sensitive and clear statement informing employees about the person's death. Include essential details such as their name and their role within the organisation but avoid discussing the cause of death unless it is necessary – and agreed by the family. Extend condolences to the employee's family, friends and colleagues, and emphasise the importance of respecting the family's privacy during this difficult time. Also inform colleagues about the available support services and resources and how to access them, regardless of their location.

Notifying staff: If possible, prioritise face-to-face communication with teams directly affected. Ensure all employees, including those who are on leave, remote workers, and those on temporary assignments or travelling for business, are informed. Phone calls provide a personal touch for key team members and close colleagues who are not physically present, but follow-up calls may be needed to provide ongoing support and address any concerns. Emails can be effective for informing a larger group of colleagues quickly and enabling them to process information at their own pace. However, it is crucial to use previously prepared statements consistently across all communication methods to prevent confusion or misinformation. See below for more information on communication.

6. Luce, A. et al. (2024). Quite simply they don't communicate: a case study of a National Health Service response to staff suicide. *Medical Humanities*, 50: 116–124. <https://mh.bmj.com/content/50/1/116>



Recommendation 2 (cont.):

Make sure your plan is practical and deliverable

Handling compassionate leave: Establish a policy promoting mutual support among employees and encourage managers to be sensitive to requests for limited time off to grieve and to attend funeral and memorial services, ensuring such absences do not affect workers' paid leave entitlements. Wherever possible, arrange for temporary cover or redistribute tasks to manage the workflow during this period so essential tasks are completed and the workload is managed effectively.

Managing media enquiries and external communications: Deaths by suicide can be considered newsworthy, so preparation may be needed for any media interest. Develop a clear and concise media statement that strikes a balance between transparency and sensitivity, providing essential information while respecting the privacy of the individuals involved. Designate a single spokesperson to handle all media enquiries, with consistent and accurate messaging. Advise employees not to speak to the media without prior authorisation and provide them with a standard response to use if approached. Monitor social media channels for any public comments or speculation related to the incident and respond promptly to misinformation. Samaritans provide useful media guidelines and online resources for reporting suicide.⁷

7. Samaritans' media guidelines for reporting suicide.
<https://www.samaritans.org/about-samaritans/media-guidelines/media-guidelines-reporting-suicide/>



Recommendation 3:

Leaders should aim to respond with care

All staff, including supervisors/leaders, should offer a timely, caring and considerate response, making extra time to offer support to colleagues and receive support themselves.

“Suddenly I was in charge of everyone’s feelings and was expected to carry on as normal.”⁸

Feeling supported in the immediate aftermath of a traumatic event is crucial for promoting coping mechanisms and facilitating recovery. Responding to a colleague’s death by suicide requires a collective response to foster a sense of care and solidarity within the workplace community. All staff members, regardless of their position, should, especially in the early stages, prioritise supporting colleagues who may be grieving or struggling emotionally. Listen to their concerns, offer a shoulder to lean on and reassure them that they are not alone. The following guidance may be helpful:

Creating a safe space: The death of a colleague by suicide can evoke a range of emotions, including shock, confusion, sadness, guilt and anger. Leaders play a pivotal role in setting the tone for the organisation’s response to such a tragic event. Through demonstrating empathy and compassion, they can establish a safe space for open dialogue and emotional expression and reassure staff that grief responses are normal and understood.

Signposting to support services: It is important staff members are aware that accessing informal support from colleagues, supervisors, friends and families can be helpful. However, leaders should also remind staff about other evidence-based support options available, such as staff counselling services, support groups, and other mental health resources. If an organisation provides such support, it should be available during all working hours, including different shift patterns. Encouraging information sharing can help build a culture of support, mitigate feelings of isolation and promote collective resilience.

Ensuring line managers are trained and adequately supported: Line managers have a complex and often highly demanding role to fulfil following a death by suicide. They may feel a sense of responsibility for helping team members come to terms with the sudden death and may also be tasked with supporting those who are grieving, by listening empathically and without judgement. Managers may also be required to identify team members who are particularly affected and guide them to appropriate sources of support. It is therefore crucial managers are not only knowledgeable about procedures and resources, but also feel adequately skilled to support others as well as themselves. In the aftermath of a colleague’s death by suicide, it is important to recognise that managers may make decisions to refer individuals or mobilise resources driven by anxiety or fear rather than careful deliberation.

Leading by example: Following a colleague’s death by suicide, managers and other support staff may prioritise the welfare of their team members over their own. However, they must acknowledge how the event is affecting their own well-being and seek support if they need it. This will not only normalise help-seeking but also encourage others to prioritise their mental health during a challenging time. Organisations should establish clear and accessible support channels for managers and other support providers, such as regular check-ins with more senior colleagues and HR. Access to informal, trusted sources of support can also be beneficial.

8. Kinman, G. & Torry, R. (2020). Responding to the death by suicide of a colleague in primary care. <https://www.som.org.uk/responding-death-suicide-colleague-primary-care-postvention-framework>



Recommendation 4: Avoid blame and / or scapegoating

Expect, but try to avoid or mitigate, scapegoating. Feelings of self-blame or blaming someone else are common responses. Accept that no one is to blame and reassure others that this is the case.

“Death by suicide can be a potent cause of anger. People expect to feel sadness after the death of a person who is close to them, but anger can cause confusion, anxiety and shame, as it may be considered an inappropriate response.”⁸

Following a death by suicide, it is helpful to be aware of the potential for individuals to blame themselves or scapegoat other people. Feelings of guilt or blame often coexist with intense grief and confusion. It is not uncommon for individuals to question whether they, or others, could have done something to prevent the loss. Questioning whether they or others missed signs of distress or failed to provide sufficient support to their colleague can heighten the already intense emotions associated with grief.

A death by suicide in the workplace can also serve as a ‘flashpoint’ for workplace grievances, exacerbating existing tensions such as stressful working environments, bullying and harassment, and leadership failures. While it is understandable for people to search for reasons for the death, or for someone to hold accountable, proactive measures can be taken to prevent or minimise these unhelpful behaviours. By demonstrating empathy, understanding and support, organisations can foster a more compassionate and healing environment for all those affected by such a tragedy.

The following guidance may be helpful:

Avoiding blame: Suicide is a complex phenomenon typically influenced by a combination of factors, including mental health challenges, environmental stressors and personal circumstances. Recognising that no single person or causative factor bears sole responsibility for the outcome helps counteract the tendency towards scapegoating and guilt. Encouraging employees to practise self-compassion and seek support from trusted friends, family, or mental health professionals can help them manage any feelings of self-blame or guilt. Moreover, engaging in open discussions about emotions and experiences can alleviate the burden of guilt and provide valuable perspective and understanding.

Providing information clearly and consistently: Addressing suicide with openness and honesty is crucial for mitigating gossip and speculation and thereby minimising the risk of scapegoating. Transparent communication from management that acknowledges the loss and provides information wherever possible helps curb the spread of rumours and misinformation.

Offering reassurance: Reassure those affected by the death that no one is to blame for what has occurred. Encouraging individuals to express their feelings and concerns in a safe and non-judgemental environment can help foster healing and understanding.

Promoting mutual empathy and compassion: Highlighting the importance of mutual support and solidarity in times of loss can help mitigate the tendency to assign blame. By fostering a culture of understanding, organisations can create an environment where scapegoating is less likely to occur.

Providing information about suicide: Raising awareness about suicide and its complexities can help prevent scapegoating. By enhancing understanding of the interrelated factors that influence suicidal behaviour and emphasising the importance of compassion and support, individuals can be better equipped to respond in a more constructive and empathetic manner.

8. Kinman, G. & Torry, R. (2020). Responding to the death by suicide of a colleague in primary care. <https://www.som.org.uk/responding-death-suicide-colleague-primary-care-postvention-framework>



Recommendation 5: **Recognise that people will respond differently**

Avoid knee-jerk reactions. Instead, pause and find time for yourself and others to think about and discuss responses to the death. Remember that everyone's response is individual, so flexibility is needed. Some people will want to be with colleagues in the immediate aftermath, while others may wish to go home. Employers should consider carefully whether staff in safety-critical or emotionally demanding roles are fit to continue to work, even if they are willing to do so.

"In terms of support, the right person is needed at the right time in the right place. They need to recognise that people's reactions are different, so different input is needed."⁸

When a death by suicide occurs, it is natural to feel the need to take immediate action. The shock and emotional turmoil associated with suicide can instigate a sense of urgency to act swiftly, whether to offer support, manage the situation, or communicate with those affected. However, acting impulsively can result in decisions that may not be beneficial or considerate to everyone affected. Taking a moment to pause and allow space for yourself and others to gather accurate information and process the event is important. In doing so, you can formulate thoughtful and deliberate responses, which is crucial for effective postvention. This approach ensures the response plan addresses immediate needs for emotional support, accurate communication, and safety, while considering long-term support structures that accommodate people's diverse support needs.

The following guidance may be helpful:

Understanding a colleague's perspective: The death of a colleague to suicide presents a unique form of grief, given their significant presence in the team's daily lives and the deep professional and personal connections formed. Colleagues may struggle to articulate their grief, however, if the relationship does not fit conventional categories such as family ties and non-work friendships. Understanding the distinct nature of this grief is essential when considering postvention support, because these relationships can be profound and impactful.

Recognising diverse reactions: Everyone will react differently to traumatic events such as death by suicide. Many individuals will feel compelled to discuss the event, seek solace from colleagues or friends and process the event together. Others will prefer solitude or the familiarity of their home environment. It is essential to accommodate these different needs to give effective support. Allow employees to take a reasonable amount of time off if they need to return home or be with family. Provide options for remote work or adjusted schedules if helpful.

Arranging a private area: Providing a dedicated space at work allows people to gather together, express their feelings, and receive and offer support. The space should prioritise safety and privacy so individuals feel secure and comfortable. If possible, it should be secluded, comfortably furnished, and equipped with amenities such as tissues and water. Creating a tranquil atmosphere with soothing décor and soft lighting can also be helpful. Additionally, providing resources such as contact details for staff support services and materials related to coping strategies can help people manage their emotions and seek support if they need it. Allocate space for staff who want to engage in spiritual practice.

8. Kinman, G. & Torry, R. (2020). Responding to the death by suicide of a colleague in primary care. <https://www.som.org.uk/responding-death-suicide-colleague-primary-care-postvention-framework>



Recommendation 5 (cont.):

Recognise that people will respond differently

Assessing employee fitness to continue working: Employers should prioritise assessing the impact of the event on employees, especially those in safety-critical roles, at least initially. People often see work as a distraction from grief, but in the case of the death of a colleague, work can serve as a constant reminder of the loss. While colleagues may express a desire to 'carry on' after a colleague's death by suicide, it is essential to assess their mental and emotional well-being. The shock and emotional burden following such an event can compromise people's judgement and concentration, heightening the risk of accidents or errors in roles that demand intense focus and responsibility. Moreover, the effort of continuing to meet intense workplace demands, especially emotional demands, amidst grief can exacerbate emotional reactions. It is advisable to evaluate the fitness of employees in critical roles and to seek occupational health advice when managers feel out of their depth.



Recommendation 6: Regular communication is essential

Communicate clearly and frequently with the team, managers and wider colleagues, including discussion of the support options available. Ensure there are opportunities for people to access support over the longer term and help them do so if required. Provide ongoing guidance and reassurance about any investigations or an inquest.

“Proactive communication with affected staff members must be continued in the weeks and months after the death so that they know how and where to access ongoing support.”⁵

Respond promptly and sensitively to an employee's death by suicide. Providing clear and consistent communication that addresses the emotional needs of the workforce can help mitigate the significant emotional trauma that suicide can cause. Inadequate or inconsistent responses may exacerbate the overall impact of the traumatic event, increase distress, and fuel speculation and gossip. Open communication helps destigmatise suicide, alleviate feelings of isolation, and support employees in managing their grief. In some cases, the circumstances surrounding a death by suicide may be uncertain or ambiguous. Avoid making assumptions or drawing conclusions without verified information. The following guidance may be helpful:

Providing regular updates: Regularly updating the team, managers and other colleagues helps manage rumours, reduce uncertainty and provide a sense of stability. This demonstrates the organisation is proactive and caring in its response. Updates should include information about the situation, while respecting privacy and sensitivity, as well as details of actions taken by the organisation. Refrain from disclosing sensitive information without the family's consent and from discussing the details of the suicide if that is their wish.

Increasing awareness of support options: Ensuring all employees are aware of the available support options is crucial for effective postvention. Provide contact information for specific staff support measures, such as any peer support processes, facilitated staff support groups, and access options to talking therapies, which may be available through an employee assistance programme (EAP).

Providing ongoing support: Staff will need support in the immediate aftermath of the death, and some will need it for longer. Workplaces are likely to benefit from supporting interpersonal activities, such as group communication, following a colleague's death by suicide. Staff should also be reminded of the usual workplace support options as well as any established in the aftermath of the death. Providing a list of external resources can help employees find the type of support that best suits their needs.

Offering reassurance: After a colleague's death by suicide, there may be investigations or an inquest. If appropriate, offer ongoing guidance and reassurance to employees about these processes to alleviate any fears and uncertainties. This guidance should give information on what the investigation entails and why it is necessary, and show the organisation's commitment to transparency and support while maintaining confidentiality where appropriate. Supporting colleagues who may be called to provide evidence is particularly important since this can cause anxiety.

5. Riley, R., Causer, H., Spiers, J., Chew-Graham, C. A., Efstathiou, N., Gopfert, A., Grayling, K., Maben, J. & van Hove, M. (2023). Postvention Guidance: Supporting NHS staff after the death by suicide of a colleague. University of Surrey. <https://www.surrey.ac.uk/sites/default/files/2023-08/uos-suicide-postvention-brochure.pdf>



Recommendation 6 (cont):

Regular communication is essential

Training managers in effective communication: This should raise awareness of the emotional impact of a death by suicide, including common reactions and challenges faced by employees. As with any emotionally charged topic, managers must be sensitive and convey support and understanding when discussing the suicide. They should acknowledge the loss, offer condolences and express the organisation's commitment to supporting employees through the grieving process. During such conversations, emphasise the importance of respecting individual beliefs and using neutral language. Providing supervisors with active listening skills training can help them appreciate colleagues' perspectives without judgement and encourage open communication.

Using templates for communication: Templates can help ensure messages are clear, compassionate and consistent following a colleague's death by suicide. Preparing templates for an initial announcement, follow-ups, and information on relevant support services can guide managers and leaders in how to address sensitive topics. These templates can be tailored to fit the needs and cultural context of teams and the organisation so information is handled thoughtfully and respectfully.



Recommendation 7: **Consider the impact on the family and their wishes**

Consider the family/loved ones. Make contact to identify their wishes regarding communication and messaging. Consider cultural differences. Give thought to the best person to maintain contact and how it should be done. Having a single point of contact can be helpful, but make sure they are well supported.

“The family wanted to be open with everyone about the cause of death, and the tragedy of it. They wanted the struggle of depression to be better understood.”⁸

When a death by suicide occurs, all communication and support should be handled with great sensitivity and care. It is essential to understand the needs and preferences of the employee’s family and loved ones. A single point of contact, possibly somebody who is known to the family, can offer a sense of familiarity, but input from professionals might be needed. HR professionals can act as a bridge between the family and the workplace, coordinating support and communication. Typically, informal support from managers, colleagues, family and friends will help most employees. However, for those who struggle to access such support or who face persistent, intense distress, it may be beneficial to seek more formal counselling. Grief reactions can last many months but usually decrease over time, with exacerbations likely on anniversaries. Formal medical interventions, including referral to external grief counsellors, will offer more specialised support for the important minority whose experiences of grief do not lessen over time.

The following guidance may be helpful:

Understanding the family’s preferences: Contacts must respect the family’s need for space and be prepared to receive and provide information at their pace. Respect the family’s wishes concerning privacy and ensure any detailed information about the suicide, particularly that which is not already public knowledge, is not disclosed without their explicit consent. Ask the family about their preferred method of communication regarding their loved one’s death, whether face-to-face discussions, phone calls, emails or letters. Subsequent communication should respect their preferences for ongoing updates, including funeral arrangements and memorial events. Make sure all workplace communication about the employee’s death is managed sensitively and in line with the family’s wishes.

Deciding on the right person to make contact: Having a designated point of contact (although this may be better facilitated by a team to accommodate absences) for communicating with families after a loved one’s death by suicide is very helpful. No one should feel forced to undertake this role. The chosen individual(s) should volunteer for the role, have insight into the grieving process, demonstrate strong communication and empathic listening skills, and be emotionally prepared to navigate this sensitive situation. No specific category of worker is inherently best suited for this role, although some HR professionals may have received training to fulfil it effectively. People who have previous experience in this role and are willing to undertake it again are likely to offer valuable insights and skills. HR professionals can address practical issues such as workplace benefits, payroll and pensions. If multiple contacts are involved, their roles and responsibilities should be clearly defined and all information to and from the family carefully coordinated.

8. Kinman, G. & Torry, R. (2020). Responding to the death by suicide of a colleague in primary care. <https://www.som.org.uk/responding-death-suicide-colleague-primary-care-postvention-framework>



Recommendation 7 (cont.):

Consider the impact on the family and their wishes

Supporting the contact person: Ensure the individual (or team) contacting the family has a support system to mitigate the emotional impact. Reaching out to grieving families is emotionally challenging, so it is important to acknowledge and validate any sadness, compassion fatigue or distress. Access to counselling services or formal supervision can help people process emotions safely and confidentially. Establishing a peer support system within the workplace enables individuals to connect with colleagues who share similar experiences. Encourage managers to check in regularly with those supporting grieving families, to express gratitude for their efforts. Training in stress management and self-care techniques can help individuals cope with the emotional demands of this challenging role, establish boundaries and avoid burnout.

Considering cultural and religious sensitivities: Recognise that different cultures have different expectations and boundaries regarding expressions of grief. Supporting a colleague's family after a suicide requires cultural sensitivity. Begin by gaining insight into their cultural and spiritual beliefs. Respect their communication preferences and use appropriate language. Wherever possible, provide access to, or information about, support services and support groups that are sensitive to the family's cultural and spiritual needs. If deemed appropriate – and welcomed by the family – participate in or support their mourning rituals as a gesture of solidarity and respect. Regularly review and update your approach based on feedback and cultural considerations.



Recommendation 8: Pay careful attention to boundaries

Consider how best to manage boundaries. A desire to be under- or over-involved is common after a death by suicide. A useful question to guide boundaries is “What would you do if the death was by another cause?” .

“Stigma is often at the heart of some of the reasons why people do not take action. I think nobody would not want to support somebody, but often we are frozen by fear and stigma at all levels.”⁵

In the aftermath of a death by suicide, people can become overly involved – or withdraw completely. Some will feel compelled to offer constant support or take on responsibilities beyond their capacity, while others will struggle with feelings of helplessness or discomfort. Colleagues may see a failure to reach out to the family as insensitive or uncaring. Nonetheless, however well meaning, contacting the family without adequate preparation or sensitivity can intensify their distress during an already difficult time. It can also lead to miscommunication or misunderstanding, which then creates tension and confusion. Therefore, it is crucial for organisations, managers and colleagues to navigate boundaries effectively and offer respectful, appropriate and sustainable support.

The following guidance may be helpful:

Navigating complex emotions: Managers or colleagues may experience feelings of guilt or responsibility and question whether they missed warning signs or could have prevented the death in any way. Concerns about saying or doing the wrong thing can lead to hesitancy or avoidance in both offering or seeking support. This uncertainty can blur boundaries and create confusion about the appropriate level of involvement. When dealing with colleagues who wish to be overly involved after a colleague’s death by suicide, it is helpful to acknowledge their good intentions. Express appreciation for their concern and willingness to offer support, while also encouraging them to talk through their emotions to alleviate the urge to take potentially counterproductive actions.

Setting clear boundaries: Clarify what support is needed, by whom, and who will be responsible for specific tasks. Assign roles in a way that distributes responsibilities appropriately and avoids overwhelming any one individual. Clearly communicate the boundaries set by the bereaved family regarding contact and support (see above).

Make sure everyone understands and respects these limits, although employers are not responsible for employees’ behaviours outside of work. Managers and leaders should model appropriate levels of involvement and maintain boundaries.

Questioning perspective: By considering how we would naturally respond in a less stigmatised situation we can gain perspective on people’s reactions to a death by suicide. Asking yourself “What would I do if the death was due to another cause?” can help neutralise the stigma surrounding suicide and allow individuals to approach the situation with a clearer mindset and a more balanced emotional response. Reflect on how support would be offered in a non-suicide-related death scenario and aim for similar levels of consistency and presence. Recognise the significance of maintaining boundaries while still offering compassion and assistance.

5. Riley, R., Causer, H., Spiers, J., Chew-Graham, C. A., Efstathiou, N., Gopfert, A., Grayling, K., Maben, J. & van Hove, M. (2023). Postvention Guidance: Supporting NHS staff after the death by suicide of a colleague. University of Surrey. <https://www.surrey.ac.uk/sites/default/files/2023-08/uos-suicide-postvention-brochure.pdf>



Recommendation 8 (cont.):

Pay careful attention to boundaries

Encouraging balanced involvement: Give examples of appropriate ways to offer support to those affected by the suicide. If deemed appropriate by the organisation's designated point of contact, extend condolences to the family by sending a thoughtful card or message. Suggest structured ways for workers to channel their energies, such as contributing to a memorial fund or charity that aligns with the family's wishes. Encourage a level of involvement that enables individuals to offer meaningful support without neglecting their own needs. Setting boundaries for the time and energy spent on supporting others can help people recognise that self-care is essential for being able to help long term.

Engaging in self-reflection: Assess people's intentions and motivations for offering support, ensuring actions stem from genuine compassion rather than from personal discomfort or a desire to 'fix' the situation. Be open to adjusting the approach taken based on feedback from those involved, including the deceased's family. Strive to develop an understanding of people's needs and boundaries, to enable an evolving response that best supports those affected. People should be encouraged to recognise their personal limits and seek support from trusted friends, colleagues, or other available support options (e.g. GP/EAP/mental health professionals) if they are persistently distressed or overwhelmed.

Monitoring and follow-up: Regularly check in with colleagues who are involved to ensure they are coping well and not neglecting their own well-being. Maintaining open communication channels will help colleagues feel valued while they navigate supporting others.



Recommendation 9: Choose your interventions with care

Be wary of non-evidence-based initiatives (such as psychological debriefing), including those offered by people who may have the best intentions and want to help. Also consider whether interventions are actually required and, if so, when they should be delivered. Take advice from Human Resources or Occupational Health if needed..

“Knowing that support was there was very helpful and reassuring. We had a functional team and did a good job of supporting each other.”⁸

Encountering a death by suicide within the workplace can have a long and complex legacy. The impact on colleagues will depend on the nature of their relationship with the person who has died, the method of suicide, the location, and the timing. Nonetheless, there is often no discernible impact beyond what might be considered ‘normal’ after such an event, and significant mental health problems, such as depression, anxiety and PTSD, are thankfully uncommon. It is therefore important to approach formal post-suicide interventions with caution, particularly those lacking evidence-based support, such as psychological debriefing. Although these interventions are often driven by compassionate intention, they can be ineffective or even harmful. A thoughtful and informed approach can help organisations support employees through the challenging aftermath of a death by suicide.

Understanding the risks of non-evidence-based interventions: Psychological debriefing, or immediate trauma counselling, is not recommended, particularly right after a traumatic event. Forcing individuals to discuss their trauma in a structured setting before they are emotionally ready can impede natural coping mechanisms and contribute to heightened anxiety, stress and a sense of being overwhelmed. Non-evidence-based interventions can be ineffective in preventing long-term psychological harm.

Appreciating the need for evidence-based interventions: Before implementing any formal intervention, the specific needs of the affected individuals should be assessed. Factors such as people’s coping mechanisms, how they have been affected by the death, and the availability and suitability of existing support systems should be considered. Rather than adopting a one-size-fits-all approach, support interventions should wherever possible be tailored to the needs and circumstances of those affected. Formal healthcare interventions should not be automatic but follow a careful assessment by a suitably trained and experienced healthcare professional. Following the assessment, evidence-based interventions, such as cognitive behavioural therapy (CBT), grief counselling, and facilitated peer support groups, might be recommended.

Seeking professional guidance: Human resources (HR) and occupational health (OH) professionals play a crucial role in guiding evidence-based post-suicide interventions. They can help assess the situation, identify suitable support mechanisms and make sure interventions are implemented sensitively in a timely manner. Additionally, HR and OH teams can help develop and implement policies that promote mental health and well-being in the workplace, with a structured and evidence-based approach to interventions for people coping with loss and trauma.

Ensuring a collaborative approach: Draw on the expertise of a multidisciplinary team including HR and OH specialists and other relevant experts to develop a comprehensive support plan. Involving employees from diverse roles and backgrounds will help address all aspects of employee well-being. Regularly assess the effectiveness of the interventions and adjust based on feedback and outcomes.

8. Kinman, G. & Torry, R. (2020). Responding to the death by suicide of a colleague in primary care. <https://www.som.org.uk/responding-death-suicide-colleague-primary-care-postvention-framework>



Recommendation 10: Co-create a memorial with colleagues and family

Discuss how best to remember and honour the person who has died, with input from staff (and family, if appropriate). Options include a condolence book, a memorial event or fundraising for a relevant charity. Be sensitive about when you do this. Consider how to move forward, while still honouring and remembering the colleague.

“We made a poster and got a condolence book. One of the team put flowers in our colleague’s room.”⁸

When faced with the death of a colleague, it is important employees – and where appropriate, the family – are able to discuss how to remember and honour them. Creating a space for open dialogue and collaboration allows everyone to share their thoughts, feelings and ideas for commemoration. Explore options for paying tribute to their memory, such as creating a condolence book, organising a memorial event or fundraising for a relevant charity. Rather than being manager-led, let colleagues decide how best to remember the person who has died. Through collaboration, you will create a sense of ownership and unity in the grieving process and choose a method of remembrance that is meaningful for everyone. This can also help people process difficult feelings and come to terms with their loss. While the individual’s family may wish to be involved in the memorial, make sure they are comfortable before proceeding with any arrangements. The following suggestions may be helpful:

Condolence book: Create a condolence book, where colleagues can share thoughts and memories about the person who has died. The book will serve as a tangible tribute to their life and provide a meaningful space for colleagues to express their grief and their support for one another. If the family agrees, make the book available at the funeral or the memorial service. Consider presenting the condolence book to the family following the event as a gesture of support and remembrance from colleagues and the organisation.

Memorial event: Organise a memorial event to celebrate the individual’s life and legacy – a ceremony, gathering or special activity that reflects the person’s interests, values and contributions. A memorial event enables colleagues to come together, share stories and find comfort in one another’s company. Involving close colleagues in the organisation will help capture the essence of the individual and honour their memory in a meaningful way.

Fundraising efforts: Consider fundraising for a relevant charity to not only honour their memory but also support causes or organisations that were important to them. This will allow colleagues to channel their emotions into something constructive. The funds raised will make a positive difference in the lives of others and enable the individual’s legacy to live on through acts of generosity and compassion.

Other options: You could plant a tree, dedicate a bench in their memory or put up a commemorative plaque. A page on the organisation’s website might be appropriate. Memorial videos are a powerful way of capturing memories, messages and significant moments with the person who has died. Choose meaningful music that reflects the tone and sentiment of the memorial video. Be sure to consult the family and request their consent.

8. Kinman, G. & Torry, R. (2020). Responding to the death by suicide of a colleague in primary care. <https://www.som.org.uk/responding-death-suicide-colleague-primary-care-postvention-framework>



Recommendation 10 (cont.):

Co-create a memorial with colleagues and family

Sensitivity in timing: Be mindful of the grieving process and approach any commemoration initiatives with sensitivity, particularly regarding timing. Recognise that individuals grieve in different ways and at their own pace and be flexible and understanding when making decisions. In the longer-term, be aware that company events, projects or milestones associated with the colleague may trigger memories and feelings of loss and require sensitive management. Some people will find key dates and anniversaries, such as the date of the person's death or their birthday, distressing. Acknowledging these dates can help manage employees' emotional well-being and foster a supportive environment.

Getting back to 'normal': Moving on at work after the death of a colleague requires a careful balance between honouring their memory and continuing with professional responsibilities. It is important to allow time to accept the loss and to grieve. Colleagues may find it difficult to re-allocate the person's workspace, delete their electronic communications, or advertise their job role. This is a crucial part of the grieving process. Managing their personal possessions requires care and respect. The first thing is to store their belongings safely and privately. At an appropriate time, the designated contact person or team can establish the family's preferences for managing and/or returning them. Digital assets, such as email accounts and computer files, should be managed in accordance with the company policy for people leaving the organisation. Maintain privacy and confidentiality and be sensitive and respectful throughout this process.

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Additional resources

1. Crisis Management in the Event of a Suicide: A Postvention Toolkit for Employers. Business in the Community. <https://www.bitc.org.uk/toolkit/crisis-management-in-the-event-of-a-suicide-a-postvention-toolkit-for-employers/>
2. Postvention guidance: Supporting NHS staff after the death by suicide of a colleague. This includes useful checklists and templates. Guidance can be found here and a film, After Them, is also available. University of Surrey. <https://www.surrey.ac.uk/sites/default/files/2023-08/uos-suicide-postvention-brochure.pdf>
3. NHS employee suicide: a postvention toolkit to help manage the impact and provide support. NHS Confederation/Samaritans Employee Toolkit. This includes useful templates and checklists. <https://www.nhsconfed.org/system/files/2023-03/NHS-employee-suicide-postvention-toolkit.pdf>
4. Responding to the death by suicide of a colleague in primary care: a postvention framework. The Louise Tebboth Foundation/SOM guidelines for primary care. <https://www.som.org.uk/responding-death-suicide-colleague-primary-care-postvention-framework>. An example of a memorial video: Remembering Louise Tebboth by her practice. <https://www.youtube.com/watch?v=fB8uDNMilV4>
5. Suicide postvention guidance for veterinary workplaces. Vetlife. https://www.vetlife.org.uk/wp-content/uploads/2022/05/Suicide-postvention-guidance_16May22.pdf
6. Postvention: Responding after a suspected suicide. The Fire Fighters Charity. <https://www.firefighterscharity.org.uk/how-we-can-help/suicide-prevention/postvention-responding-after-a-suspected-suicide>
7. A manager's guide to suicide postvention in the workplace. The Workplace Postvention Task Force of the American Association of Suicidology and the Workplace Task Force of the National Action Alliance for Suicide Prevention. <https://theactionalliance.org/sites/default/files/managers-guidebook-to-suicide-postvention-web.pdf>
8. Responding to suicide risk in the workplace: A guide for people professionals. Chartered Institute of Personnel and Development. <https://www.cipd.org/uk/knowledge/guides/responding-to-suicide-risk-in-workplace/> (Includes a section on postvention.)
9. Breaking the silence in the workplace: A guide for employers on responding to suicide in the workplace. Irish Hospice Foundation. <https://sprc.org/online-library/breaking-the-silence-in-the-workplace-a-guide-for-employers-on-responding-to-suicide-in-the-workplace/>
10. Unexpected Death of a Colleague First Aid Kit. Intensive Care Society. <https://ics.ac.uk/resource/unexpected-death-of-a-colleague.html>
11. When a member of staff dies. Marie Curie. <https://www.mariecurie.org.uk/help/support/bereaved-family-friends/work/employer-resources/member-of-staff-dies#:~:text=liaise%20with%20the%20people%20close,to%20the%20person%20who%20died>
12. Mental Health UK. Webinar on 'How to... talk about suicide in your workplace'. <https://mentalhealth-uk.org/webinars/>
13. Samaritans' media guidelines and online resources for reporting suicide. <https://www.samaritans.org/about-samaritans/media-guidelines/>
14. Supporting mental health staff following the death of a patient by suicide: A prevention and postvention framework. Royal College of Psychiatrists. <https://www.rcpsych.ac.uk/improving-care/campaigning-for-better-mental-health-policy/college-reports/2022-college-reports/cr234>



Other publications

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Charities supporting those affected by suicide

[Samaritans | Every life lost to suicide is a tragedy | Here to listen](#)

[Survivors of Bereavement by Suicide – Overcoming the isolation](#) ... National Helpline: 0300 1115065

[Cruse Bereavement Support](#)



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