



Information for people bereaved by suicide

The grieving process, practical issues and helpful resources



Government of South Australia
Commissioner for Victims' Rights

In Japan, the word hibaku refers to “something that has experienced a nuclear bomb”. Ginkgo trees were among the 170 hibaku trees that survived the atomic blast of Hiroshima. The trees recovered despite the extensive damage and for this reason are a symbol of resilience.

One of the ginkgo trees stands at the centre of the blast – now known as Peace Park. The tree is dubbed the ‘bearer of hope’ and is engraved with prayers of peace.

Introduction

Losing someone through suicide is traumatic. People bereaved by a sudden, unexpected death are often left feeling shocked and confused.

We know that:

- > grief associated with suicide can be particularly intense and complicated
- > feelings of guilt, shame and blame are common
- > the pain can make it difficult to communicate with one another
- > there are many different ways of coping
- > people can be afraid to ask for help, too immobilised to ask for help or do not know where to turn
- > those in the community sometimes feel unable to provide adequate support to those bereaved by suicide.

I hope the information in this booklet will help those bereaved by suicide and those helping the bereaved. There is information about coping with grief and loss as well as a list of health and welfare services.

I would like to thank all who contributed throughout the development and revision of this booklet. Your professional knowledge and personal experiences are valued and your contributions ensure this remains a relevant resource for those bereaved by suicide.

Commissioner for Victims' Rights

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Talking about suicide

There has been a move away from saying a person “committed suicide” because this has negative connotations and can cause distress.

We usually say someone “committed” a crime. Suicide, however is not a crime – it is the result of deep emotional pain, mental illness or hopelessness. It should not be viewed or referred to as an act of wrongdoing.

You can say that the person suicided, or died by suicide. You may say they took their life, or you may be comfortable saying that the person killed themselves.

Grief and suicide

When someone you love ends their own life, your life will be changed forever.

Nothing can truly prepare you for the news that someone you love or care for has died. You are suddenly forced to face the loss of a loved one without warning.

The emotions you experience may be powerful. You may feel frightened and overwhelmed.

While grief is a natural reaction to loss, the grief process associated with a suicide is often very different. Usually there is little or no opportunity to prepare for the loss or say goodbye. You may have regrets for things said or not said before the person died.

A suicide will affect people in different ways. You may even feel differently from day to day. Some reactions may persist for a long time while others may pass quickly.

It is important to remember that everyone grieves differently.

There are however, some common reactions that are discussed in the back of this booklet. You might recognise

some of them, or find your reactions are totally different.

The intensity of these feelings and physical reactions usually lessens over time. It is worth remembering though that grief is unpredictable and may surface when you least expect it. You may be in the middle of a normal, pleasant activity when suddenly you notice your grief again. This is quite normal.

For some people their grief is constant. For others grief comes and goes.

There are no timeframes for grief and no right or wrong way for you to grieve.

It is important to look after yourself and get any support and treatment you need. See the Service Directory at the back of this book for more information about who may be able to provide you with support.

If you are concerned or overwhelmed by the way you are feeling or if the pain of loss is so constant and severe that it keeps you from resuming your life you should consult your doctor as soon as possible.

Suicide as a taboo

Until relatively recently suicide was a taboo subject. It was not widely discussed, well-understood or adequately dealt with. Increasingly suicide is recognised as an issue that deserves attention within the community. For many people though, suicide is still surrounded by stigma and misconception.

Depending on your own circumstances you may experience a sense of shame. Sometimes, shame may be self-imposed because of your own values and assumptions. Sometimes the reactions of others may cause you to feel shame. Instead of getting the compassion you deserve, you may find yourself alienated from your family or social networks. You may feel that your loved one is being judged or that your own behaviour is being questioned. These judgments may be obvious or subtle.

The insensitive reactions of others may leave you feeling isolated, with little opportunity to speak of your loved one. If this is the case you may find it helpful to share your experiences with other people who have lost a loved one through suicide, or you might want to seek counselling.

What to tell people

Only you can decide what to tell people. You may wish only to tell those closest to you or those who need to know.

You can ask for help to make phone calls and contact people. You might even need someone to sit with you and dial phone numbers but then hand the phone back to you – your sense of control is important.

There may be non-family members who are also deeply affected by the death of your loved one, particularly if they supported them prior to their death or received a call for help. You may want to include these people as you mourn the loss of your loved one.

You may be faced with uncomfortable questions from some people. It may help you to anticipate some of these questions and write yourself a 'script' of answers that you can mentally keep at the ready. The more you fear these kinds of questions, the more useful you will find a prepared 'script' of answers.

Although most people will be supportive, you may be disappointed by the way some people react. Some people may be afraid or feel helpless themselves. They might not know what

to say to you or be worried they will upset you. Some people might avoid talking about it at all. Try to accept this might happen and focus on coping with your own feelings, without dwelling on what others think or say.

Why did this happen?

It is common to ask this question and attempt to make sense of what happened. You may:

- > try to reconstruct what happened in an attempt to understand
- > replay events in your head
- > think about what was said or not said prior to the death of your loved one
- > imagine ways you could have prevented the death
- > ask yourself questions such as 'Why couldn't they tell me or ask me for help?', 'Why didn't someone do something?' or 'Why couldn't they see that there were other solutions?'

Some people ask their friends, family members or colleagues about what they knew or observed when searching for an explanation. Others may talk to a professional or a trusted person to help make sense of the death.

For some people it is important to obtain factual information following a sudden death – knowing what happened is better than imagining what might have happened. Police and medical staff may be able to answer your questions, but remember, you may not get answers to all of your questions or get the answers you might like.

Some people do not want specific information and there is nothing wrong with this. **You need to do what is right for you, not what you think is expected or what others tell you.**

Even if you do find some explanations you may not be completely satisfied. You may still ask why.

You may find that you continue to ask yourself these questions from time to time, perhaps for the rest of time. Eventually these questions will become less frequent and with support, you will gradually learn to live with those unanswerable questions.

Some people find it useful to set aside some limited time to allow themselves to go over these unanswerable questions. For example, you could set aside five minutes at a time after which you put the questions aside.

Suicide notes

If you did not receive a note you may desperately wish you had, believing it would help you to understand. Even if your loved one left a note, it might not give you all the answers.

- > You may dissect every sentence and give multiple meanings to nearly every word.
- > You may imagine that your loved one intended to say something different.

A note may provide you with some answers but still leave you feeling angry and frustrated knowing there is nothing you can do now.

It may help you to remember that the note only represents your loved one's state of mind when the note was written. Commonly, when people are planning suicide they are not thinking clearly and have lost awareness of how their actions impact others.

Talking to someone about how it feels to be left without an answer – or left with an unsatisfactory answer – may help. Choose someone who will really listen to you.

If you actually saw your loved one complete suicide or discovered their body, you face the additional pain and shock of that experience. You may be left with persistent memories, images, smells or sounds that make it difficult to concentrate on anything else. It can be helpful to try to replace these memories. A photo, a memory from happier times, or even a funeral viewing may help you remember your loved one as they were before the suicide.

When friends and family keep telling you to get better

After a while, people might think it is time for you to start getting over the death or start moving on. Sometimes this is because they feel uncomfortable with your grief and don't know how to react, or they may be genuinely worried about you. This sort of advice is unrealistic and unhelpful. It may make you feel guilty for not recovering faster, or it might just make you angry. Telling you to get over your pain is like telling you to start running on a broken leg.

You have a right to grieve in your own way and in your own time.

Understanding differences in grief responses

Grief and loss affect people in different ways. While there may be similarities in the way people express grief there are also differences from one person to the next.

Many factors can influence the way we experience and express our grief including our gender, culture, age and life experiences. This is why it is important not to compare your grief reactions to others.

Men's grief and women's grief

Men and women tend to grieve differently. These differences are very real and are linked to different roles and expectations within our society. For example, men are generally expected to be strong, active, rational and dependable. In very subtle ways society has taught men that in order to be strong they should not show their grief. Young boys are often discouraged from crying when they are upset or hurt, but young girls are shown affection and attention when upset. Naturally this will influence the way a man responds to grief and loss. Even though many men

are now encouraged to express their feelings, many still do not.

Women on the other hand are encouraged to talk about their feelings and share their experiences with others. This is seen to be consistent with the roles of nurturer and carer that are assigned to women in our society.

A man who is experiencing grief and loss:

- > may not cry or express his grief openly. This does not mean that he is not deeply affected or that his grief is any less intense
- > may not want to talk about his feelings
- > may need privacy and a sense of emotional safety before he can express his emotions. He may prefer to grieve alone
- > may deal with his grief by doing something useful
- > may use anger to express his grief. It is important he finds a safe way to release his anger.

A woman who is experiencing grief and loss:

- > may cry a lot – this is natural and normal
- > may want to share her feelings and communicate about the loss. This is not necessarily a search for answers
- > may feel the need for social support from friends and professionals even if her family are supporting her
- > may need to focus on the past, feeling that it is a way to hold onto connections with the person who has died.

These are just some examples of the way men and women may grieve and will not necessarily apply to all men and women. These examples may help you understand some of the possible differences and help you avoid misunderstandings with your partner, family members and/or friends.

Parent's grief

There are strong emotions whenever a loved one dies, but grief as a parent can be particularly overwhelming, long-lasting and complex regardless of the age of the child. Normal grief reactions such as disbelief, shock, anguish, guilt, anger, fear, jealousy and regret may be intensified when a child has died.

When we become parents our lives, priorities and identities change as we focus on keeping our children well, happy and safe. We do whatever is necessary to protect our children.

So it is understandable that losing a child to suicide would raise painful questions, doubts and fears. Parents often feel a deeper sense of guilt and failure than those whose child died in other ways.

- > You may experience a sense of failure as you realise you could not keep your child safe or that your love was not enough to save them.
- > You may feel that you should have known how your child was feeling.
- > You missed vital clues or that you are somehow responsible for not preventing your child's suicide.

You may blame yourself and look for mistakes you made in raising your child. It may help to remember that children - even young children - are not entirely of their parents' making. Children are also shaped by their peers, school, the media and the world at large.

If your child was an adult when they died you may also find some people assume that because your 'child' was an adult, the pain of losing them is less. You may feel that your grief is discounted or minimised.

Whenever a life has not run its anticipated span there is immense grief and parents often find themselves questioning their own purpose in life. Most bereaved parents also experience guilt for having outlived their child.

For all parents, guilt and 'what-ifs' go hand in hand with grief. The guilt after the suicide of a child can be all-consuming for months or even years. You may find yourself recalling every angry word you ever said, questioning every decision you made and replaying events you think you could have changed.

The first few weeks and months will be extremely difficult and you may be in turmoil for a long time.

You may find it helpful to speak to other parents who have lost a child. The Compassionate Friends (TCF), South Australia (SA) Inc. is part of a worldwide organisation offering friendship and understanding to families following the death of a son or daughter, brother or sister.

TCF offers support in the grief and trauma which follows the death of a child at any age and from any cause. For more details see the Service Directory at the back of this book.

You will never really 'get over' your loss, but eventually you will learn to live with it. You will come to realise you did your best and you will learn to forgive yourself and your child.

Coping with Christmas, birthdays, anniversaries and other significant days

Inevitably you will have to deal with Christmas, birthdays, holidays, religious celebrations and other special occasions you and your loved one shared together.

These will be difficult times that highlight the absence of your loved one, as will the anniversary of their death. You may find these occasions particularly difficult in the first year. The pain you feel is a natural part of the grief process.

Some people find the anticipation is often more difficult than the actual date or occasion itself. You may find it helpful to make plans well in advance and discuss the occasion with family members or friends who may also be anticipating the event. It can be helpful to explain the significance of the date to those who do not already know, so they can support you at this time.

You may find it helps to develop a ritual or do something special to remember your loved one on these days. In this way you acknowledge their ongoing importance in your life.

You might:

- > visit a place that your loved one enjoyed
- > prepare one of their favourite meals
- > plant a special tree
- > share memories of your loved one with others
- > light a candle.

Alternatively you may decide to do nothing. **Remember, there is no right or wrong way of doing things.** It is entirely up to you and your decision should be based on what is best for you and your immediate family or closest friends.

Whatever plans you make, you might feel like changing your mind at the last minute. You might suddenly decide you would like to be alone or vice versa. It is okay to change your mind but you might find it helpful to warn your family and friends this may happen. It is good to listen to yourself and do what you need to do to take care of yourself.

What helps?

What helps one person will not necessarily help you, but here are some suggestions:

- > cry and know it is okay to express your grief
- > take one day at a time, or half a day, or one hour at a time
- > spend time with people who care about you, understand you and will listen to you
- > allocate grief time – some people find it helpful to spend some time alone every day. During this time they deal with any emotions they may have stored up during the day
- > hold onto a photo of your loved one – if you are getting flashbacks, taking out your favourite photo can help minimise the pain or fear
- > allow people to help you with everyday tasks like preparing meals or doing the washing
- > prioritise daily tasks and only do what is essential
- > stay healthy – eat healthy food, exercise and get enough sleep
- > speak to others who have been bereaved by suicide like a support group
- > accept that it was not your fault
- > stay connected to your loved ones and those who support you
- > be patient with yourself and your grief
- > keep a journal or write letters to your loved one
- > do something you enjoy – allow yourself time out from your grief
- > avoid seeking relief through alcohol, smoking, medication and other drugs as they may make you feel worse in the long run
- > consult your doctor about physical symptoms, for help with grief and for medical certificates
- > avoid making any major decisions in the weeks or even months after the death of your loved one
- > consider talking to a counsellor or psychologist to focus on your unique situation.

What might help for Aboriginal people

- > support from family and friends
- > talking with trusted Elders
- > going back to Country
- > culture and ceremony
- > talking with an Aboriginal Health Worker
- > grief and loss counselling.

Surviving the suicide of a loved one – a personal reflection

I can still remember the shock I felt when I was told that my sixteen year old son had taken his own life. There was no hysteria, just stunned disbelief. I can still feel the numbness that took over me, how I sat in a chair in my Mum and Dad's lounge and said to the police officer, "It just doesn't seem real, it feels like it must all be happening to someone else". That numbness carried me through the first week, between his death and the funeral.

I realised later that the human body is a wondrous thing – it doesn't give you all your grief to process at once, because we just wouldn't survive it.

I know that sometimes people don't survive it, physically, emotionally or spiritually, and I can understand how that could happen.

There are many other feelings that jump up to bite us too. You may feel angry, guilty, abandoned, betrayed, lost, lonely or even relieved. Don't

be afraid to feel these emotions, as confronting as they often are – they are very natural. You may need to choose whom you share them with though, as not everyone will understand that they are quite normal reactions.

I myself have been blessed with a wonderful support network consisting of my family, friends and professionals who have assisted me through the first stages of my grief journey. Grief following suicide is so complicated, and harder to deal with than many other forms of grief, and how you will get through it is dependent on so many things. One thing that many people do not realise is that there is no right or wrong way to grieve, just your way.

I liken grief to spaghetti bolognaise – everybody does it, almost every batch is different, but at the end of the day it is still 'spag bol'. That's how it is with grief.

The most helpful people have been the ones who have let me get on with it my way, however that happened to be on any given day, at any given moment, and that's how quickly it can change.

One minute you will be laughing over something funny your loved one used to do or say, and the next minute you may be crying bucketsful, or cursing them for abandoning you.

The most valuable people to have around you are those who can accept all of these reactions, however strange they may seem, and just be there for you. They don't tell you that it will be okay because at the time you feel that life will never be the same again, and in many ways it won't, but many things do return.

You will have days where you realise that you have been happy more than sad, you will be able to look at a photo of your loved one without bursting into tears, and you will be able to put away many of their personal possessions without the fear of forgetting them.

For ages I expected Michael to walk in the front door, throw his school bag in the corner and look for something tempting in the fridge. I did eventually accept that he wasn't going to, and there began my process of letting go.

We do need to let go, but we are usually afraid we will forget them if we do.

Trust me, it is okay to let go, and actually a very important part of the process. Forgiveness is a very important part of the process too. We need to forgive them for going, and we need to forgive ourselves for all the things we did and didn't do or say.

You will probably be plagued with questions that begin with "Why..." "What if..." and "If only..." These are all very natural questions, but with help, there will come a time when you won't ask them anymore and you will realise that you did the very best you could at the time, given the information and resources that you had.

It is extremely helpful to get some support from outside your close family and friends, because sometimes those closest to us are not the best equipped to help – they are often grieving too. Counsellors are invaluable at a time like this as you can say whatever you need to, and they won't be offended or affected by it. Remember though, counsellors are like doctors and restaurants, sometimes you need to visit a few of them before you find one that you are comfortable to go back to.

Spirituality is important to many people at times like these. This will take many forms, depending on your beliefs and does not necessarily need to be religious - again, find what you are comfortable with.

Support groups such as the Bereaved Through Suicide Support Group are also brilliant as it is a difficult grief to understand if you haven't been there yourself. Books are also a great source of help, and you can pick them up at any time. I would especially recommend Dr Sheila Clark's book 'After Suicide'. This is only one person's perspective, and only a small part of my journey, but I hope it can help, even just a little.

I wish you all the best for your journey, my heart goes out to you.

Remember, you are not alone in this, as lonely as you feel at times, and whatever you are feeling is right for you at that particular time.

Whatever you do, please don't try to do it on your own, as it is a very long and lonely road. We have too many wonderful resources at our disposal to do it the hard way.

A Mother

When children and young people are affected by suicide

Like anyone else, children are affected by traumatic events such as suicide.

They also experience physical and emotional reactions to loss but tend to express their grief differently.

Children do not always express their grief in words the way many adults can. It is not unusual to explain a death to a child and find they do not seem affected by it, or they want to go out to play. This does not mean they do not feel the pain of the loss.

It is also quite normal for children to move in and out of grief. A child may appear to be fine one day but not managing well the next.

Young children who suffer trauma or are grieving may:

- > have nightmares or problems sleeping
- > wet the bed
- > behave badly
- > be easily upset
- > ask the same questions many times
- > eat too much or too little
- > act like a younger child or act more like an adult
- > cling to adults
- > become withdrawn or fear being alone
- > suffer headaches or stomach aches
- > fight with friends
- > lose concentration
- > start doing badly in school.

What to tell a child

One of the most difficult situations adults face is telling children someone they love has died as a result of suicide. Adults often worry that children will not understand. It is natural to want to protect children from the pain of losing a loved one and the circumstances surrounding their death.

However, **children should be told as soon as possible that a person they care about has died**, preferably by a parent/guardian or someone close to them before they discover it elsewhere.

It is natural to worry about what to say or how to explain the death but most professionals and survivors of suicide agree that it is always best to tell children the truth.

There are resources available to help parents talk with children about suicide. For more information see the Service Directory at the back of this book.

It is important the information you give children is age appropriate and given in a way they understand.

When talking to children about suicide:

- > be open and honest
- > tell the child as soon as possible
- > keep it simple and factual
- > use language the child understands
- > explain without blame or judgement
- > keep an open mind to questions.

If death is not discussed or grief is not expressed in front of your child, they may learn to suppress their emotions. They may avoid asking questions for fear of upsetting the remaining family members. Children need to be given opportunities to grieve and may be more hurt, frightened, confused and resentful if they are excluded.

If the person who died was a parent or guardian of a child, it may be important to reassure the child that it was not their fault. Often children grapple with guilt just as adults do and may be left with any number of beliefs, for example:

- > I was so bad my father or mother wanted to get away from me
- > I caused my parent to die by wishing it
- > I was supposed to watch them and I didn't
- > I found them but I couldn't save them (I called the wrong number, I was not strong enough to help)

Children need to understand they did not cause the suicide. They also need to know there was nothing they could have done to prevent it.

A child may also fear losing their remaining parent or guardian. The surviving parent or guardian can reassure their child by mentioning things that will occur in the near future, for example:

- > we will visit Grandma at Christmas
- > I will teach you to swim this summer
- > when you go back to school you can help me make lunches.

This tells the child that the surviving parent is planning on being there in the future.

Should the child go to the funeral?

For many people this is a very difficult decision. Some people wonder whether it is a good idea to include children in funerals, perhaps worrying that it will add to their distress.

Ultimately, the decision whether to include children or not will be up to you and those closest to you. The decision may also be influenced by your culture, religion or family beliefs. However, an approach that is often helpful is to give children choices. You might consider

inviting your child to the funeral, without forcing them. Before making a decision children will need clear information and explanations about what a funeral is and what is going to happen. Consider discussing the following:

- > who will be at the funeral or memorial service
- > what is going to happen
- > where the service will take place
- > when the service will happen
- > the reason for having a service.

Children often express a desire to be involved in preparing for a funeral and some ask to be involved in the funeral itself. Children may wish to add drawings, letters, poems, toys or a special gift to the coffin or read something during the funeral service.

It is important for children to be given opportunities to say goodbye to the person who died in a way that feels right to them. Saying goodbye is never easy for children or adults but it is an important part of the grieving process.

Keeping things that belong to the person who has died

Some people feel that it is morbid or strange for children to want to keep something belonging to a person who has died. It is just as important for children to maintain a connection with their loved one as it is for adults. Keeping a memento of the person – perhaps a lock of hair, a photo or a special belonging – may help them feel this connection.

Helping a child who is grieving

There are a number of things you can do to help a child during the grieving process:

- > be aware that some explanations such as ‘he’s gone to sleep’ can confuse children as they take things very literally. A child may even start to fear going to sleep
- > express your feelings in front of your children
- > allow them time to talk and ask questions
- > let them know they don’t ‘have to be brave’
- > let them know it is okay to talk about someone who has died

- > accept their feelings and share your own. Sharing feelings can help people feel connected to others while also showing children that it is okay to express their grief
- > explain that they do not have to feel sad all the time
- > if you are too distressed to answer questions, ask another adult that you and the children trust to talk to them
- > maintain routines and expectations such as homework and bedtime - this gives children a sense of consistency and security
- > consider letting your child’s teacher know there has been a loss in their life. Teachers and friends at school can help support your child.

For more information refer to ‘Grief and loss – Parent Easy Guide’ or ‘Grief and loss – Aboriginal Parent Easy Guide’ available at www.education.sa.gov.au

Aboriginal children

It is important for the child's wellbeing to be completely free to participate in Sorry Business. Don't make assumptions about the presumed 'closeness' or relationship of a child to the deceased.

How you can help:

- > children might be scared to go to the funeral. Give them a choice and talk with the family
- > it is important to welcome back the child at the end of the ceremony period
- > reassure the child when they return. Ask them if they would like to speak to you about it.

Teenagers

Teenagers are no longer children but they are not adults either. It is a developmental period that is filled with lots of physical and emotional changes and challenges. These changes can make grief particularly difficult for young people. Teenagers dealing with grief do not always react the way adults expect.

Some common reactions to grief include:

- > expressing grief through acting out - eg risk-taking behaviours
- > starting to use drugs and alcohol
- > withdrawing from their friends
- > abrupt shifts or changes in relationships
- > a decline in school performance
- > sleep and eating disturbances
- > engaging in active pursuits such as running, dancing, playing sport
- > seeking comfort in music, writing poetry, or being alone
- > turning to their peers for support rather than seeking support from family (including social networking online).

It is important to continue to enforce normal limits and boundaries and provide a caring and supportive environment.

The most important thing for a young person who is grieving is to know there are people who will care for and support them.

Make it clear you are concerned for how the young person is managing, that you are prepared to listen, and have time to spend with them. Don't assume peer support is enough. Check in and offer support and comfort to a teen.

- > Beware of mixed messages. Avoid telling young people to be strong and look after others during periods of grief. These messages directly contradict invitations to share how they really feel.
- > Remember anniversaries can be painful. For teenagers who have encountered loss at a younger age, developmental changes may mean they engage with grief at a different level and need to grieve a loss again with a different perspective.

Young people may be confused by the intensity of their emotions. Help them to explore their feelings and how they process or express those feelings.

Watch for unexplained or disproportionate emotional reactions to everyday events. Sometimes feelings of grief can be triggered by events that may appear unconnected to the loss. Avoid overreacting but attend to the young person's grief.

Provide the young person with information about teen-specific resources they may wish to access. (See Service Directory at the back of this book).

You should seek professional help if a young person:

- > talks of not wanting to live, being better off dead or is preoccupied with dying
- > is unable to concentrate and is withdrawn for months following the death of a loved one
- > is crying, sad or depressed much of the time.

See the Service Directory at the back of this book for a list of services that can help young people.

Helping someone affected by suicide

When a friend is experiencing grief following a suicide, it can be difficult to know what to say and how best to support them.

People who have experienced this loss have told us it was most valuable when friends reached out and showed their support. You can do this by:

- > contacting the person as soon as you hear of the death and telling them you are sorry to hear of their loss
- > offering practical help – bring cooked meals, do the washing, do the grocery shopping, take care of children
- > attending the funeral if you can and if it is appropriate – this will let your friend know you are there to support them through this difficult time
- > asking “how are you doing?”. Truly listen and try to understand
- > allowing them to express their feelings – especially anger, guilt, blame and sadness. Let them know you understand what they are saying.

Things you can do

You might feel that you don’t know what to say. Listening is the most important thing you can do.

- > Be willing to sit in silence. If your friend does not feel like talking you can still support them just by sitting with them.
- > Offer comfort and reassurance without minimising the loss.
- > Remember that human touch is powerful. Holding your friend’s hand or giving them a hug offers emotional support.
- > Let your friend know that grief takes time.
- > Accept your friend’s behavior – eg crying, screaming, laughing.
- > Accept that your friend might need extra time to manage ordinary tasks.
- > Maintain contact.

It is important to allow people to come to their own understanding of what has happened – sharing your own opinions that the person who suicided was selfish, cowardly or weak, or even that they were brave or strong may cause your friend to question their own feelings or to hold back from sharing more with you.

As much as you might want to tell your friend they are strong or looking well under the circumstances focusing on these things can put pressure on the person to keep up appearances and hide their true feelings

Statements such as ‘time heals’ can also feel hurtful for someone who is experiencing loss. Remember that everyone’s grief is unique – let your friend grieve their way in their own time.

- > Talk about the person who has died, say their name.
- > Be sensitive about significant dates that may be distressing for your friend – eg Christmas, birthdays, anniversaries.
- > Be aware of those who may be grieving but forgotten – eg children, grandparents and friends.

Grief reactions in different cultures

Grief reactions vary from one culture to the next. Each culture has its own rituals and practices surrounding death that help people grieve and mourn.

In some cultures there are very public displays of grief following the loss of a loved one whereas expressions of grief are quieter and more private in other cultures.

If you are supporting a person from a different cultural background who is grieving you may wish to consider the following:

- > What emotions and behaviours are considered a normal grief response?
- > What are the beliefs about what happens after death for someone from this cultural background?
- > Who is expected to attend mourning ceremonies, and how are attendees expected to dress and act?
- > Should people of different genders or ages grieve differently or have different roles?
- > What ceremonies and rituals should be performed and who should participate?
- > How long are family members expected to grieve?

Having an awareness of their customary ways of expressing grief and responding to death will help you support the family sensitively.

There may even be diversity within a cultural group. For example, it is important to recognise the diversity among Aboriginal people and groups within communities with different languages, histories and expectations.

Aboriginal cultural grief

Often in Aboriginal culture it is believed when a member of community passes away, the spirit will be released from the body and continue to the next stage in the journey after life on earth. If the spirit does not have the chance to leave the body there is a very real possibility the spirit will stay and cause disruption to the family.

To assist the journey of the spirit continuing on after life on earth, there are two significant practices that are followed:

- > The name of the deceased person is not spoken out loud for a long time. This will help make sure the spirit is not called back into this world and can move onto the next journey without interference. Unless this process is approved by immediate family that name should not be mentioned until family releases the restriction!
- > A smoking ceremony will almost always be carried out. The reason for a smoking ceremony is to help the spirit depart from this world and into the next. Smoking of the person's home, personal belongings and where they pass away is often involved in the smoking ceremony.

In some cases the cause of death will need an autopsy. Aboriginal people have a similar practice that is performed by particular elders and often delivers an answer and reasoning of a spiritual nature.

Some Aboriginal cultures will do this differently. Some will collect a sample of the deceased person's hair. Other traditional practices include searching for objects within the body that are not meant to be there, like a feather or a stone. These objects often will give the answers about why the person has died.

Sorry Business

Sorry Business is an important period of mourning for Aboriginal people that involves responsibilities and obligations to attend funerals and participate in other cultural events, activities or ceremonies.

It is very important to recognise that in many communities, there is an expectation that funerals or Sorry Business involve the whole community and not just immediate family and friends.

Recovery

Protocols regarding Sorry Business

In some communities, the Sorry Business prohibits activities, events, meetings or consultations throughout the Sorry Business period. This must be observed and respected by all those working with Aboriginal organisations and communities. These prohibitions may last for various periods of time.

It is important to ask before going to a location or visiting community members to ensure that Sorry Business protocols are not being observed.

The protocols can include:

- > not using the name of a person who has passed away
- > no photos or images of the deceased person without permission from family.
- > not broadcasting the voice of a person who has passed away
- > family members remaining in their houses for a period of time after the death of a family member
- > restrictions on participating in non-bereavement related activities or events.

Sometimes during the grieving process you might find yourself thinking it would be wrong to recover from your grief.

Recovery might seem disloyal to the person who has died, as if they were no longer important or were being forgotten. There may be a sense of guilt if your mind stops thinking about the person for a time or if you start to feel better. Remember the mind, like the body, does its best to heal from an injury. This is natural.

There is no need to blame yourself for this recovery or to fear that you will forget the person who has died.

Practical issues

There will inevitably be practical issues that you will need to deal with following the death of your loved one. This section outlines some of these issues and provides information about the options and choices that may be available to you.

The police and coronial process

A coronial investigation is conducted by police on behalf of the coroner to determine the cause and circumstances of all sudden deaths including suicide. It involves certifying that death has occurred, identifying the deceased person and collecting and providing information to the coroner relating to the cause and circumstances surrounding the death.

A brochure titled 'The Police and Coronial Process Information for Family and Friends' provides information about the role of the coroner and police, post-mortem examination, viewing your loved one's body and coronial inquests. You may have already been given this brochure, however if you have not, you can request a copy from police, the Coroner's Office on (08) 8204 0600 or the Commissioner for Victims' Rights on 8204 9635 or download from www.voc.sa.gov.au

Arranging the funeral

Arranging a funeral can mean making many decisions at a very difficult and emotional time. A funeral director will assist you. They will liaise with the Coroner's Court regarding the release of your loved one's body, which cannot happen until the post-mortem is complete and the body has been formally identified. In some circumstances there may be a delay but this is usually no longer than 72 hours.

Although arrangements for a funeral can be made, a burial or cremation cannot be carried out until the Coroner has issued the appropriate order to release the body of your loved one.

Some people feel angry or frustrated by delays caused by the coronial process, but they might help you. Delays slow the process down and give you more time to think about what type of funeral would be meaningful and an appropriate acknowledgement of your loved one's life. They also give you more time to consider your own involvement in the funeral service.

The executor named in the will is responsible for making funeral arrangements. In the absence of an executor, the next of kin or other relatives are responsible.

Funeral directors

Funeral directors are there to offer help and guidance during one of life's most difficult times. When making arrangements:

- > select a funeral director who is licensed and has a good reputation in the community. The Australian Funeral Directors Association (AFDA) has a listing of funeral directors with AFDA membership (www.afda.org.au). The Yellow Pages also has a listing of funeral directors
- > discuss with the funeral director or minister of religion their role in the service to ensure you understand what you need to arrange
- > be sure to discuss all available financial options before making a decision
- > the funeral director may ask for a deposit to be paid before the funeral and for the balance to be paid by an agreed date. Ensure you check the terms and conditions for payment of the funeral before you commit to them
- > consult the will of the deceased person for any unique funeral arrangements to be made
- > feel free to ask questions and to speak up about anything that concerns you.

Some people have found it valuable to record the funeral service as they have difficulty recalling details of the service that are important to them later on. If you think this might be useful to you, you might ask someone to take responsibility for this.

Returned service personnel may be entitled to an official war grave. If you think this may be the case, contact the Department of Veterans' Affairs on 1800 555 254 or visit www.dva.gov.au

Websites such as www.funeraldirectory.com.au may also assist you in planning a funeral.

Paying for the funeral

Some people make a provision in their will for the payment of funeral costs. Others may have arranged a prepaid funeral. Otherwise, it is normally the person who arranges the funeral who has to pay for it.

People who have recently experienced the death of a friend or family member and cannot raise the funds for a funeral after all options have been tried, may be eligible to receive a dignified funeral through Funeral Assistance SA.

For more information phone 1300 762 577 or email FuneralAssistanceSA@sa.gov.au

Obtaining a copy of the death certificate

The funeral director may have already arranged a death certificate, but if not copies of the Registration of Death (death certificate) can be obtained from the Principal Registrar at the Births, Deaths and Marriages Registration Office. An interim death certificate is available prior to a cause of death being reported by the Coroner. The certificate may be used in some instances to help finalise matters of the deceased person's estate such as access to bank accounts by a spouse and for social

security purposes. Once the Coroner has confirmed the cause of death, it is added to the register and a further fee is required to obtain the complete death certificate.

Financial assistance

Adjusting to life after you have lost someone close is never easy. Centrelink may provide you with financial assistance after a partner or person you are caring for dies. Contact Centrelink for further information about a bereavement payment.

For more information and eligibility criteria visit www.humanservices.gov.au or call the Bereavement Line on 132 300.

Adjusting to your new circumstances may take time. Centrelink Social Workers may be able to assist. Social workers are available to help customers in Centrelink Customer Service Centres and Call Centres and can assist people who have recently experienced a bereavement.

Phone Centrelink on 132 300 or call into a local Centrelink office to speak directly to a Social Worker, or make an appointment to see a Social Worker at your local Customer Service Centre.

Advising other organisations

As well as contacting your friends and relatives there are a number of organisations who will need to be told about the death of your loved one. It is important to contact banks or any financial institution that holds money in the name of your loved one as soon as possible so they can freeze the accounts.

If your loved one received any pensions or benefits you should also contact Centrelink as a priority. This reduces the possibility of over-payments which would later need to be repaid.

While many organisations may require a copy of the death certificate before they take action, it is wise to notify of the death as soon as possible. It may help to have your loved one's information on hand when making these calls such as:

- > birth certificate
- > marriage certificate
- > Medicare number
- > health fund membership number
- > tax file number
- > social security number
- > bank account details.

Some organisations may require written notification rather than a phone call. See the back of this book for a guide to writing to organisations. Some organisations such as banks may require additional information.

A list of organisations you may need to contact along with a sample letter for informing people or organisations of your loved one's death can also be downloaded from the Centrelink Website at www.centrelink.gov.au

A mother's journey – a personal reflection

It is now over two years since Michael died, and we have recently been informed that the Coroner has decided to hold an inquiry into his death, focusing on his medical treatment, from what I can gather. I guess I had lulled myself into a false sense of security after all this time, as even though the police did tell me that it may be twelve to eighteen months before we would have confirmation on whether or not an inquiry would be held, I felt that after all this time they may not. It was obviously quite a shock when the call came in (at least we got a call - not just a letter, unannounced). Steve, one of the Social Workers from the Coroner's Office was wonderful, as was Kate, counsel for the Coroner.

They both patiently answered all my questions, and Steve was comforting and supportive when I went in to read all the documentation.

Having not been exposed to the court before, I had no idea what to expect.

"How formal is this process?" "What does the court room look like?" "Is it a full court, or more like a Magistrate's Court?" Even. "Will people be cross examined like they are on Law and Order?" (It is amazing how bizarre we can be when we are upset!)

Of course it was my choice to be involved in the process. As far as I can understand I am not obliged to attend, and didn't have to read the statements, but chose to do so. I am glad that I did, but it also opened some old scars – wounds, which I thought had healed, but not perhaps as well as I thought they had. There were over twenty-five statements to read, and I took issue with a couple of them, which I am still in the process of answering. Many of them didn't shed any new light, but some of them did, and this was very confronting. Once again, the support of those around me came into play, and with the help of my partner, and one or two close friends, I have processed a lot of the information.

It was interesting though, how many of the “What ifs...” and “If only’s...” came to the surface again. Because I have put them to bed once before it was a much quicker process than last time, and as I read, I had to keep reminding myself that all this information was coming from a wide range of sources, and yes, with the wisdom of hindsight, and ALL the information at my fingertips, I could have seen it coming and saved him, but that wasn’t the case.

What is it they say about hindsight giving us 20/20 vision?

I am still deciding whether to go to the inquiry in October or not, but I think I will regret it if I don’t go – I only hope I don’t regret it if I do! I feel confident that I can work through whatever comes up, and when the official finding is handed down, I will have to remember that it is only the opinion of one person, and possibly seen from a narrow perspective.

I take issue with the time lapse between Michael’s death and the calling of an inquest (which is not a personal attack on the Coroner or his staff but rather likely to be the result of demands on this office). At least for the last two years we have known exactly what happened – of course there are many unanswered questions, which will not be answered in this life – but we don’t have to live with the uncertainty and lack of information that many families of homicide and road trauma victims do.

My heart really goes out to these people, as their unanswered questions are much more traumatic than mine.

A Mother

What now?

While your life will never be the same, in time and with the help of loved ones and professionals and support networks you will learn to cope with your pain and grief.

Your pain and grief may seem constant and overwhelming at present.

Gradually however, you will notice that you are able to spend some time away from your grief, when you are able to think of other things or at the very least when you are able to distract yourself.

At other times you will spend time thinking about the suicide, about your loved one, about your regrets, your distress and your loneliness (in contact with your grief). Both the time spent away from and in contact with your grief are important parts of your grieving process and your recovery.

Be gentle with yourself and others and live one day at a time. With help you can be okay.

Common reactions

Shock and denial

At first you may feel total shock. You may have difficulty believing what has happened. You may think:

- > “This isn’t real”
- > “It can’t be true”
- > “I’ll wake up in the morning and everything will be normal again”.

You may feel disconnected from your environment or those around you. You may even feel like an observer watching this happen to someone else.

It is common to have difficulty accepting that your loss is real and permanent. Some people may even have conversations with their loved one or refer to the person as if they are still alive.

Shock and denial are normal initial responses to the news that someone you love has died suddenly. They provide time for you to process what has happened. It is normal to need time to deal with this.

Numbness

Shock is often accompanied by a feeling of numbness - not being able to feel anything. You may wonder why you can’t cry. This is also common and normal. It is the body’s way of temporarily protecting us from the full physical and emotional pain. Numbness will recede slowly.

Searching

You may find yourself searching for your loved one, even though you know they are dead. You may look for them in a crowd or think you can hear their key in the door. You may dream they are back. Realising that a death has really happened and is irreversible takes time.

When you do begin to accept that your loss is real you may experience a desperate longing to see, touch or even smell your loved one, to talk and be with them.

Anger

Perhaps, most difficult to deal with are feelings of anger towards your loved one. You may feel angry with your loved one for abandoning you, for choosing to die and for not letting you know they were at risk.

You may feel angry at an agency, a doctor, family members or friends who did not seem to help your loved one enough before their death. You may be angry at yourself.

Again this is a natural response. You have a right to be angry, even if others are uncomfortable with your anger. For many people anger can feel like a forbidden or unhealthy emotion. This is often because we are taught to suppress anger. However, anger is a completely normal and necessary human emotion.

It may help you to acknowledge that you can be angry with your loved one for the action they have taken while still loving them.

Most people experience some form of anger following a suicide.

Expressing anger

Feeling anger is different from expressing anger, and it is the inappropriate expression of anger that makes it unhealthy. Give yourself permission to express and release your anger. Listed below are some ideas for releasing anger in a healthy way. Remember not to hurt yourself or others when you release your anger. You may choose to release your anger when you are alone or you can surround yourself with supportive people.

- > Punch a pillow
- > Hit the sofa with a plastic bat
- > Yell and scream
- > Tear sheets of paper
- > Beat a drum
- > Get back to nature
 - go to your local forest or wildlife park
 - walk or run on the trails
 - use what nature has to offer such as a rock for throwing (be sure nobody is in its path!)
 - dead branches for beating on the ground.
- > Exercise

Guilt

Guilt is often closely linked to feelings of anger and for some survivors it is a dominant emotion. People who experience feelings of guilt may believe that they are in some way responsible for the death of their loved one.

You may question whether you could have prevented the tragedy or whether you could have done something differently. You may blame yourself for not 'seeing the signs' or perhaps your loved one tried to contact you prior to their death but was unable to do so.

It is extremely painful to accept that we were not able to protect our loved one or prevent their death. **But you are not responsible for your loved one's suicide.** It may help to write this down or say it to yourself over and over again (even when it feels false) because this is the truth.

It may help to remember that it is very difficult to 'see the signs' when those contemplating suicide do not want you to see them. At times the signs may be so subtle that even the most skilled professional may miss them.

Sometimes you may want to blame others, often those closest to you. Blaming is a way of dealing with intense grief but it will only provide temporary relief and may ultimately damage relationships with family and friends at a time when their support is valuable. No-one is responsible for another person's decisions or actions.

You may feel guilty because you feel relieved. If the period prior to the death of your loved one was particularly unhappy, traumatic and emotionally draining you may feel relieved that their suffering is over. You may also experience a sense of freedom from ongoing worry for your loved one.

Despair

When you realise the enormity of your loss you may experience feelings of powerlessness and hopelessness. Life may no longer make sense to you or it may hold little meaning for you. You may feel exhausted and disinterested in others. The grief and despair may be so overwhelming that you may even have suicidal thoughts yourself. In these circumstances you should seek support or professional help as soon as possible.

Anxiety and panic

At first you may feel anxious about being alone. You may worry about the future and how you will cope without your loved one. You may be afraid that something else will happen to another loved one. You may feel so anxious you feel like you are losing control. You may even panic that you will always feel this way. You may feel that you should be coping better and panic when you don't.

Remember these are all normal reactions to your loss. Sometimes simple things such as talking about your feelings, sobbing, slowing down your breathing, meditation or exercise may help to release feelings of anxiety or panic.

However, if your anxiety or panic seems unbearable you may need to seek some professional help from your GP or a counsellor.

Grief

You will experience profound sadness and despair that may seem to pervade your life. You may feel inconsolable, distressed, dejected and heartbroken. The pain may be so incredible that you just don't care about anything. You may find it difficult to get out of bed, go to the shops or prepare a simple meal. Grief interferes with sleep,

concentration and appetite among other things.

However, talking to others, whether a friend, a professional or a support group, may prevent your grief from becoming particularly severe or resulting in long lasting depression.

Depression

Most people at some time or another have felt depressed. Depression however, is considered a serious illness when the mood state is severe, lasts for two weeks or more and interferes with your ability to function at home or at work. If you are concerned that you are experiencing depression you should consult your local doctor. Depression is a serious illness but one that can be treated.

The beyondblue website at www.beyondblue.org.au provides comprehensive information about depression including symptoms of depression, how to recognise it and how to get help. Alternatively you can call the information line (See the Contact List at the back of this book).

Physical symptoms

Grief is draining both emotionally and physically. Listed below are some common physical responses you may experience.

- > Sleeplessness
- > Fatigue
- > Loss of memory and concentration
- > Dizziness
- > Palpitations
- > Difficulty or rapid breathing
- > Oversensitivity to noise
- > Tremors
- > Muscular tension, headaches, neck and backaches
- > Loss of appetite or over eating
- > Nausea and diarrhoea
- > High blood pressure
- > Loss of sexual desire
- > Exhaustion
- > Chest tightness
- > Dry mouth

It helps to understand these symptoms may be a part of grief. It is best to talk to your doctor if you notice any physical changes. Your doctor will make sure there is not another cause for the symptom.

You may also notice changes in your thoughts and behaviours following the death of your loved one.

Behavioural responses

Behavioural responses can include:

- > feeling like you can't stay home or can't stay away from home
- > crying or sobbing
- > restlessness
- > avoiding reminders
- > dreams of your loved one
- > social withdrawal
- > searching, calling out
- > taking on the mannerisms or behaviours of your loved one
- > treasuring objects
- > visiting places
- > carrying reminders
- > waiting for your loved one to come home.

Thought responses

Thought responses can include:

- > disbelief
- > crisis of faith
- > confusion
- > inability to concentrate
- > sense of going crazy
- > slowed thinking
- > difficulty in problem solving
- > disorientation
- > poor attention span
- > hallucinations.

Useful contacts and resources

In the event of an immediate crisis, call:

- > **Ambulance or police 000**
- > **Lifeline 131 114**
- > **Suicide Call Back Service
1300 659 467**
- > **Mental Health Services 131 465**

Australian Counselling Association (ACA)

Find an ACA registered counsellor at
www.theaca.net.au

'After Suicide: Help for the Bereaved'

– by Dr Sheila Clark

A book intended to help people understand the emotions they may face, provide suggestions for practical help and assist them to build a new life again.

Alliance of Hope for Suicide Loss Survivors

An online space providing peer to peer support and other services including phone and skype counselling –

Web: www.allianceofhope.org

Bereaved Through Suicide Support Group

Phone and email support, group meetings and a monthly newsletter.

Phone: 8332 8240 or 0468 440 287
(between 8am and 8pm)

Email: support@bts.org.au

Web: www.bts.org.au

beyondblue

Phone support, online chat and resources.

Phone: 1300 22 4636

Web: www.beyondblue.org.au

Compassionate Friends, South Australia

Grief support telephone line, online peer support and support group meetings for bereaved parents and surviving siblings in the grief and trauma which follows the death of a child at any age and from any cause.

Phone: 0456 820 133 – leave a message for a call back

National Phone: 1300 064 068

Email: tcfsainc@outlook.com
support@compassionatefriendssa.org.au

Web:
www.compassionatefriendssa.org.au

Coroner's Court

302 King William Street,
Adelaide SA 5000

Counselling Service Phone: 8204 0600

General Practitioner / Family doctor

Many local GPs have completed additional specialised training in mental health. Search for participating GPs at www.beyondblue.org.au under the heading 'Get Help' or by calling beyondblue on 1300 22 4636.

You might also ask your doctor for a Mental Health Care Plan. With a plan, GPs can refer patients to consultations and group sessions with a psychologist, social worker or occupational therapist with a Medicare rebate.

GriefLink

Information on many aspects of death-related grief, including local supports and resources for loss and grief in South Australia.

Web: www.grieflink.org.au

Healthdirect Australia

Staffed by Registered Nurses to provide expert health advice, you can use this service any time you are anxious about any health issue. The service also provides general health information and can direct you to local health services.

Phone: 1800 022 222 (freecall from land lines) available 24/7

Web: www.healthdirect.gov.au

Lifeline

A phone and online chat counselling service that provides crisis and suicide prevention support

Phone: 13 1114

Web: www.lifeline.org.au

LIVING Beyond Suicide

A free program providing practical and emotional support to families and individuals bereaved through suicide, including home visits and telephone support.

Phone: 1300 761 193

Email: lbs@anglicaresa.com.au

Web: www.anglicaresa.com.au/young-people/loss-grief/living-beyond-suicide

MensLine Australia

A telephone and online counselling service for men specialising in family and relationship issues and emotional wellbeing.

Phone: 1300 78 99 78

Web: www.mensline.org.au

Mental Health Emergency

For assistance in a mental health emergency in South Australia, this phone number is the main point of access for mental health services.

Phone: 13 14 65

MOSH (Minimisation of Suicide Harm)

Drop in centres helping to create a sense of purpose for people, somewhere they can come to engage in activities that will link them to others in a similar situation. Working towards breaking down stigma and providing the broader community with tools to support each other.

Web: www.moshaustralia.org.au

MOSH House

Address: 86 George St Thebarton

Phone: 8443 8369

Open to drop in Monday to Saturday
10.30am - 4.30pm

MOSH CBD

Address: Lower Level Southern Cross Arcade King William Street Adelaide

Phone: 0438 890 726

Open to drop in Monday to Friday
10am - 4pm Saturday 11am - 4pm

MyGriefAssist

Information and resources around the topics of grief and loss including videos, factsheets, postcards, movies and books.

Web: www.mygriefassist.com.au

Open Arms – Veterans & Families Counselling

Counselling and support services to Australia's military community. Support available for anyone who has served one day of continuous full-time service in the ADF. Support also for families, reservists and some peacekeepers.

Phone: 1800 011 046 (24 hours)

Web: www.openarms.gov.au

Parent Helpline – Women's and Children Health Network (WCHN)

Provides information about health, behavior and relationships for parents and people working with children and young people.

Phone: 1300 364 100 (24/7)

Web: www.cyh.com

Solace Association (SA) Inc.

Support for those grieving over the death of their partner. Talk or listen to others who have been through the trauma of losing their loved one through death. Includes telephone support and support meetings.

Phone: 8272 4334

Web: www.solace.org.au

Suicide Call Back Service

Support for people 18 years and over at risk of suicide, their carers and those bereaved by suicide. Provides a series of telephone counselling sessions for support, information and advice about:

- > maintaining your personal safety
- > strategies for working through difficult emotions
- > self-care and boundary setting for carers
- > referrals to local support services

Phone: 1300 659 467

Web: www.suicidecallbackservice.org.au

Support After Suicide

Useful resources and fact sheets.

Web: www.supportaftersuicide.org.au

Contacts and resources for children and young people

ASCEND Suicide Intervention Program

An intervention program supporting young people aged up to 25 years who are at risk of self-harm.

ASCEND works with the person and/or parties referring the young person to assess the degree of risk and plan appropriate responses, and connect them to relevant services for ongoing support.

Phone: 8303 6660 during office hours

Email: enquiries@centacare.org.au

Child and Adolescent Mental Health Service (CAMHS)

Mental health services for infants, children, adolescents and perinatal women across South Australia, provided through SA Health Women's and Children's Health Network.

For your nearest CAMHS service location call reception on 8161 7198.

Conversations Matter – Telling a child about a suicide

Provides some basic tips for telling a child about a suicide. It is designed specifically for parents or primary caregivers but the information may be useful for other adults.

Web: www.conversationsmatter.com.au/resources-community/telling-a-child-about-suicide

Crisis Care

For assistance with after-hours emergencies call the Crisis Care telephone service. The service operates from 4pm - 9am on weekdays and 24 hours on weekends and public holidays. Crisis Care can assist people in crises as a result of personal trauma, suicidal behaviour, child abuse or neglect and homelessness among other things.

Phone: 131 611

Kids Helpline

A free, confidential, anonymous 24 hour counselling service for young people aged 5-25 years. Counselling is offered by phone, email and over the web.

Phone: 1800 55 1800

Web: www.kidshelpline.com.au

Headspace

A community based youth mental health service for young people aged 12-25 years and their families.

Phone: 1800 063 267 (Adelaide), or go to the website to find contact details for local metro and regional offices.

Web: www.headspace.org.au

‘Red Chocolate Elephants: For Children Bereaved by Suicide’

– by Diana C Sands, PhD

This book and DVD provide a sensitive, age appropriate way of talking with primary school age children about the difficult questions of death through suicide. The unique combination of text, children’s words, drawings and voices allows children to hear their concerns and questions put into words by other children just like them, to support them in finding a way to express their own grief.

Available from

www.bereavedbysuicide.com.au

Metropolitan Youth Health Service

Provides a range of health services including information, referral, general medical services, health promotion and education and health counselling for children and young people 12 to 25 years old.

Phone: 8232 0233

Web: www.cyh.com

MYHS – Elizabeth

Address: 6 Gillingham Rd, Elizabeth

Phone: 8255 3477

MYHS - Christies Beach

Address: 50A Beach Rd, Christies Beach

Phone: 8326 6053

MYHS - Angle Park

Address: Westwood Health Centre, Unit 1, 40-44 Trafford Street, Angle Park

Phone: 8243 5637

Sesame Street - When Families

Grieve series

Search for the video clips 'Big Feelings' and 'The Memory box' for useful videos to watch with young children.

Web: www.youtube.com

Youth Beyond Blue

Information, resources and support for young people aged 12-25 dealing with depression, anxiety and suicide.

The Youth Beyond Blue has resources available for young people managing their own anxiety, forums to share experiences and help others and a check-in app to help someone you know.

Phone: 1300 22 4636 (24 hours)

Web: www.youthbeyondblue.com

Online chat available 3pm – 12am

Star Bear Program

The Star Bear is a grief support program for children aged 5-12 who are grieving the death of a parent, sibling, carer or other significant person.

Children attend a free weekend camp conducted by trained volunteer mentors. The program aims to increase children's understanding of death and the grieving process, as well as providing them with the opportunity to share their experiences with other children. Star Bear is a program of Anglicare's Loss and Grief Centre.

The Star Bear Remembering books were created by children for children, to share how they cope with grief, and show ways to remember the person who has died. They are great for children to use with their families. There are three age appropriate booklets for children and young adults; ages 5-8, 9-12 and 13-16 years. The books can be purchased directly from Anglicare or via the web.

Phone: 8131 3400

Email: starbear@anglicare-sa.org.au

Web: www.anglicare-sa.org.au

Star Bound Program

The Star Bound Program is for teens up to 17 years who are grieving the death of a parent, sibling, carer, or other significant person.

Teens attend a free weekend camp conducted by trained mentors and leaders. The program aims to increase young people's understanding of death and the grieving process, as well as providing them with the opportunity to share their experience with other people. The camps are run by program staff and trained volunteers, who have all undergone the required police checks.

Star Bound is a program of Anglicare's Loss and Grief Centre.

Phone: 8131 3400

Email: starbear@anglicare-sa.org.au

Contacts for Aboriginal and Torres Strait Islander people

National Indigenous Critical Response Service

Critical response to support individuals, families and communities affected by suicide-related or other trauma that is culturally responsive to their needs.

Phone: 1800 805 801 (24/7)

Nunkuwarrin Yunti

Provides many forms of support for Aboriginal and Torres Strait Islander people, including counselling and referral.

Website: www.nunku.org.au

Adelaide

Address: 182-190 Wakefield Street, Adelaide

Phone: 8406 1600

Elizabeth Downs

Address: 28-30 Brady Street, Elizabeth Downs

Phone: 8254 5300

Relationships Australia

Aboriginal Liaison Officers are available and will provide both support and relevant referrals.

Phone: 1300 364 277 or 1800 182 325 (country callers) for nearest office

Muna Paiendi Community Health Care Centre

Community Health Centres & Services – Elizabeth Vale, SA

Phone: 8182 9206

Rosemary Wanganeen, Australian Institute for Loss and Grief

‘Specialising in a Culturally appropriate Loss and Grief Model’, Loss and Grief counselling as well as education available.

Phone: 8341 5557 or 0438 203 032

Metropolitan Youth Health (for young people between the age of 12 and 25)

Aboriginal workers available. There is no cost for this service.

MYHS – Elizabeth

Address: 6 Gillingham Rd, Elizabeth

Phone: 8255 3477

MYHS - Christies Beach

Address: 50A Beach Rd, Christies Beach

Phone: 8326 6053

MYHS - Angle Park

Address: Westwood Health Centre, Unit 1, 40-44 Trafford Street, Angle Park

Phone: 8243 5637

Karpa Ngarrattendi

Aboriginal Health Unit,
Flinders Medical Centre

Phone: 8204 6359

Email: karpa@health.sa.gov.au

Ceduna Koonibba Aboriginal Health Service

The Ceduna Koonibba Aboriginal Health Service is a non-profit organisation that provides culturally appropriate services, preventative care, education programs and a clinical service to the Aboriginal Community.

Address: 1 Eyre Highway, Ceduna

Phone: 8626 2500

Maralinga Tjarutja

Oak Valley Health Clinic

Phone: 8670 4207

Website: www.maralingatjarutja.com

Tullawon Health Service

Clinic (Yalata): 8625 6237

24 Hour Medical Emergency:

0427 256 237

Web: www.tullawon.org.au

Point Pearce Aboriginal Corporation

Parry's Avenue, Point Pearce

Phone: 8836 7205

Kalparrin Community Inc.

Provides programs and services including a substance use recovery program and counselling.

Address: Karoonda Highway,
Murray Bridge

Phone: 8532 4940

Port Pirie Regional Health Service

Provides a comprehensive range of medical services to patients from Port Pirie and surrounding communities.

Phone: 8638 4500

Nganampa Health Council Inc

An Aboriginal health organisation operating on the APY Lands providing assorted health programs.

Website: www.nganampahealth.com.au

Alice Springs Office

Phone: 8952 5300

Umuwa Office

Phone: 8954 9040

Port Lincoln Aboriginal Health Service

Phone: 8683 0162

Web: www.plahs.org.au

Umoona Tjutagku Health Service

Provides comprehensive health care services to Aboriginal people in Coober Pedy and surrounding areas. They also support the wellbeing of the community through events and activities.

Phone: 8672 5255

Web: www.uths.com.au

Legal services

Legal Advisory Service

Book a 20-minute appointment with a legal practitioner for a minimal administration fee.

Phone: (08) 8229 0200

Web: www.lawsociety.sa.asn.au

Address: Level 10, 178 North Tce, Adelaide

Legal Services Commission Legal Help Line

Telephone and online legal advice is available for preliminary information, advice and referrals.

Phone: 1300 366 424

Web: www.lsc.sa.gov.au

Public Trustee, SA

Public Trustee provides guidance for people who have lost a friend or a relative and who would like to know what the options are in relation to managing the estate. See the 'what to do when someone dies' page on the website in the first instance.

Phone: 8226 9200

Country freecall: 1800 673 119

Web: www.publictrustee.sa.gov.au

Regional services

Country Health Connect - Murray Bridge

Provides bereavement counselling. The fee structure for this services is tailored for each individual.

Phone: 8535 6800

Regional Access

Free telephone and online counselling available 24/7 for people 15 years and older living or working in regional South Australia.

Phone: 1300 032 186

Web: www.saregionalaccess.org.au

Silent Ripples

An informal support group for anyone who has been touched by loss through suicide – operating at Murray Bridge, Waikerie and Berri (at the time of printing).

Phone: 0417 741 888

Email: secretary@silentripples.net

Web: www.silentripples.net

Southern Fleurieu Health Service

Provides comprehensive community based health services including grief counselling for people living in the Southern Fleurieu region, Goolwa and Yankalilla.

Phone: 8552 0600

StandBy Support After Suicide – Suicide Bereavement (postvention) Support

Support for anyone who has been impacted by suicide at any time in their life, including witnesses and frontline support people.

Professional development training, briefer information sessions and community workshops can also be provided without cost.

Web: www.standbysupport.com.au

Country SA – North – Port Lincoln

Phone: 0438 728 644 (24 hours)

8683 0733 (office hours)

Email: standby@cccsa.org.au

Country SA – South – Mount Gambier

Phone: 0437 752 458 (24 hours)

8725 1853 (office hours)

Email: standby@unitingcommunities.org

Feedback or lodging complaints

Your feedback is important to us as we seek to ensure that this booklet is a valuable and up to date resource for people bereaved by suicide. If you would like to provide any feedback or lodge a complaint in relation to this booklet please contact:

Commissioner for Victims Rights

GPO Box 464, Adelaide SA 5001

Phone: 8204 9635

Email: victimsofcrime@sa.gov.au

Web: www.voc.sa.gov.au

Health & Community Services Complaints Commissioner

Reviews complaints about public and private health and community services when a direct approach to the service provider is either unreasonable, or has not succeeded. The commissioner monitors and reports complaint trends and makes recommendations to improve safety and quality.

Phone: 8226 8666 or 1800 232 007
toll free in regional South Australia.

Email: info@hcsc.sa.gov.au

Draft letter for notifying organisations that a loved one has died

To whom it may concern, I wish to notify you of the death of

Mr/Mrs/Miss/Ms _____(Surname)

Given names

Date of birth

Street name and number

Suburb

State

Postcode

Date of birth ____/____/____

Date of death ____/____/____

I understand that the person named above had dealings with your organisation.

The reference number/membership number/client number for your organisation was _____. Please amend your records.

If you need any further information, my name is _____

Contact number _____

Street name and number

Suburb

State

Postcode

Relationship to the deceased

Signature

Date: ____/____/____



Government of South Australia
Commissioner for Victims' Rights