

No.299/24

9<sup>th</sup> September 2024

**World Suicide Prevention Day 2024 – Tuesday 10<sup>th</sup> September**

Dear Colleagues,

The CWU has a long tradition of supporting Mental Health and Wellbeing. Suicide is a major public health challenge with more than 700,000 deaths each year globally. Each suicide has far-reaching social, emotional and economic consequences and deeply affects individuals and communities worldwide.

The theme for 2024 is 'Changing the Narrative on Suicide' with an associated call to action of **'Start the Conversation'**.

The CWU are continually striving to be a 'suicide safer' organisation. Part of that process includes the continued training up of accredited MHFAiders and advanced MHFAiders to ensure that conversations can take place at any given time in workplaces where we have representation.

Since 2020 a cohort of CWU Mental Health First Aid instructors have been frequently training CWU members/Representatives in Mental Health First Aid on the 2-day MHFA England training course.

From April 2024 All newly trained CWU MHFAiders will now be encouraged to join the Association of Mental Health First Aiders, which is England's first and only membership body for Mental Health First Aiders, where collaboration, connection and sharing of best practice can take place with like-minded individuals. <https://www.aomhfa.org/>

We are pleased to report that we have now trained over 500 CWU members in the MHFA England 2-day course. We will continue to look at how we educate on suicide prevention whilst also developing/enhancing our postvention strategy.

It remains hugely important that as an active Trade Union we understand the important factors affecting mental ill health by being ready to:

- Identify the signs and symptoms for a range of mental health conditions.
- Provide immediate Mental Health First Aid to someone experiencing a mental health issue or crisis.
- Listen non-judgmentally and hold supportive conversations.
- Signpost people to professional help.

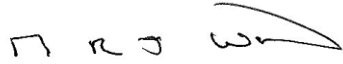
Attached to the LTB are a number of supporting materials and we would ask Branches to ensure that all Representatives and Members are made aware of the support and organisations that are available.

Please remember talking about feelings doesn't have to be scary.

<https://www.samaritans.org/branches/dunfermline/news/world-suicide-prevention-day-tuesday-10-september-2024/>

Any enquiries in relation to the above LTB should be addressed to the DGS(P) Department.

Yours sincerely,



Martin Walsh  
**Deputy General Secretary (Postal)**



**YOUR**

# MENTAL HEALTH FIRST AIDERS

Name

Telephone

Email

Name

Telephone

Email

Name

Telephone

Email

**Are you feeling...**

...Under pressure?

...Lonely?

...Annoyed?

...Unhappy?

...Confused?

...Anxious?

...Overwhelmed?

**TALK TO US**

**Your Mental Health First Aiders are here for you.**

Do you or a colleague need emotional support?  
Talking to us could be your first step to feeling better.

We're not healthcare professionals, but we are trained to listen and guide you to appropriate support, if you need it.

# NEED TO TALK?

## Are you feeling...

- ...Under pressure?
- ...Lonely?
- ...Annoyed?
- ...Unhappy?
- ...Confused?
- ...Anxious?
- ...Overwhelmed?

## NHS 111

For urgent advice and support -

Telephone: **111\***

Visit: **111.nhs.uk**

\*Lines open 24 hours a day, 365 days a year.  
Calls are free from landlines and mobile phones.

## SAMARITANS

For somebody to speak to -

Telephone: **116 123\***

Visit: **samaritans.org/how-we-can-help**

\*Lines open 24 hours a day, 365 days a year.  
Calls are free from landlines and mobile phones.

## MIND

For mental health information -

Telephone: **0300 123 3393\***

Visit: **mind.org.uk/helplines**

\*Lines open 9am to 6pm, Monday to Friday (except bank holidays).  
Calls charged at the standard rate.

## Have a conversation with someone you can trust.

Do you or a colleague need emotional support?  
Talking to someone could be your first step to feeling better.

There are professional services ready to listen and give you  
the appropriate support that you need.

**START A  
CONVERSATION**

**SUICIDE**  
*is preventable*

## Suicide Safer Language

As suicide is everyone's business, it is important we all try to use the appropriate language when talking about suicide.

Below is a guide highlighting the most common phrases and language which can be problematic, especially in promoting negative stereotypes, alongside options of preferred phrases.

Avoid	Preferred phrases	Why?
Commit or committed suicide	Died by suicide or took their own life	The word 'commit' holds negative connotations around illegality, shame, and sin
Successful or unsuccessful suicide/attempt Failed suicide attempt	Suicide attempt or attempted suicide	Avoid presenting a way that suggests a desired outcome, or glamorising a tragic event
Self-harmer	Person who self-harms	Self-harm may be a way in which someone copes but it is not who they are
Negative language that denies the possibility of recovery.	Use language that recognises and promotes the possibility of recovery	Wherever appropriate to do so, leave a conversation with a message of hope or the offer of a further contact

**We can all help make a difference...**

For more advice, visit:

**[startaconversation.co.uk/  
suicide-prevention-stigma](https://startaconversation.co.uk/suicide-prevention-stigma)**



SAMARITANS

# SHUSH

## listening tips

Top tips for becoming a better listener



Samaritans wants to encourage people to listen to the really important things their friends, family and colleagues need to tell them, and to devote some time and attention to being better listeners.



### Show you care

Focus on the other person, make eye contact, put away your phone.



### Have patience

It may take time and several attempts before a person is ready to open up.



### Use open questions

That need more than a yes/no answer, and follow up eg 'Tell me more'.



### Say it back

To check you've understood, but don't interrupt or offer a solution.



### Have courage

Don't be put off by a negative response and, most importantly, don't feel you have to fill a silence.



# Self-Harm Conversation Tips

It can be hard to know what to say when you're worried that someone is self-harming. Whether you approach someone you are worried about, or someone opens up to you about their self-harm, try to respond in a non-judgemental, caring and respectful way. Here are some tips that may help:

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## Start a conversation

Starting a conversation is half the battle. Set plenty of time aside to talk to them, somewhere you will be free from interruption. Acknowledge how difficult it might be to open up about their self-harm but don't focus on getting them to tell you details. Instead, use open questions to ask about how they're feeling and what they're going through.

“Hey, I've noticed you haven't seemed yourself lately... how are you?”

## Listen

Show them that you care by paying attention and encouraging them to continue talking. Try not to react shocked or disgusted – negative reactions can hurt the other person and may put them off talking. Let them know they don't need to be apologetic.

“That sounds really tough. Tell me more.”

## Encourage

You might not understand what they are going through or why they do it but remind them that there are many sources of support available to them. Offer them help in seeking professional support and provide information on ways to do this. Be positive and let them know that things will improve and recovery is possible!

“Shall we look at where we can get some professional support to help you through this?”

## Act

Someone who has experienced self-harm might tell you to keep it a secret. If you believe they are in immediate danger or have injuries that need medical attention, call 999.

## Self-care

Having these conversations are tough. Make sure to take time out to look after yourself and find someone to talk to about your own feelings.

For more advice, visit:  
[startaconversation.co.uk/self-harm](https://startaconversation.co.uk/self-harm)



# Conversation Tips

Talking openly about mental health and suicide helps to reduce the stigma which prevents so many people from seeking help. If you suspect someone isn't feeling okay, ask them. By starting a conversation, you could change or save their life.

We know that talking to someone about mental health or suicide can feel awkward and uncomfortable. Here are some tips that may help:

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## Start a conversation

Starting a conversation is half the battle. Use open questions that allow them to talk more about how they are feeling. By being understanding there's a better chance that someone will want to talk. You may need to ask twice if they are ok and remember to think about where you are when you are chatting – pick a quiet spot if you can.

“Hey, I've noticed you haven't seemed yourself lately... how are you?”

## Listen

Show them you care by paying attention and encouraging them to continue talking. Simply giving someone the space to talk and listening to how they're feeling can be very helpful. Remember to be non-judgmental and try to provide reassurance. Not knowing the answers doesn't mean you're not helping – you don't have to fix it.

“That sounds really tough. Tell me more.”

## Encourage

Encourage the person to try self-help, lean on the people around them and seek professional help if they need to. You may feel out of your depth to help further, but there are plenty of people out there who can. Give them hope for recovery and maybe even offer to help.

“Do you have anyone else to talk to?”

## Check in

Before you leave, agree another time soon to check-in with them, see how they are doing.

“Would you like to catch up again about this?”

## Self-care

Having these conversations are tough. Make sure to take time out to look after yourself and find someone to talk to about your own feelings.

For discussions where someone mentions suicide

## Be direct

Asking someone if they feel suicidal might not feel like the right thing to do, but research has shown that speaking openly about suicide decreases the likelihood of someone acting on their feelings. Ask them the question.

“Have you been thinking about suicide?”

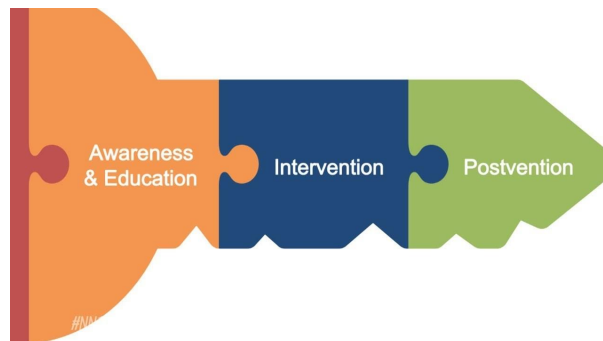
## Act

If you think a person is in immediate danger and cannot keep themselves safe or they have a plan and the means to end their life, do not leave them alone. Get urgent help immediately.





# POSTVENTION PLANNING- WHY WE NEED IT AND WHAT IT IS...



We must ALWAYS be prepared and ready and able to respond and provide **robust Mental Health support appropriately** when any tragic event occurs – the reality is that we must ensure that each region has a robust CWU suicide response plan (SRP) in order to provide the right type of support for CWU members and CWU Reps when they have suffered a workplace bereavement or worker bereavement linked to suicide.

## **What is Postvention?**

Postvention refers to the actions taken to provide support after someone dies by suicide. Effective support can help people to grieve and recover and is a **critical element in preventing further suicides from happening.**

There is no single right way to respond to suicide, but effective postvention response plans can ensure that timely

and appropriate care and support is provided. In addition, there is no single or right way to grieve, so open dialogue with colleagues is essential to put in place the most appropriate support for each employee. This can help individuals recover quicker, manage the impact on the organisation and can reduce the risk of further deaths by suicide.

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### *Support after suicide.*

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An employee dying by suicide is not the only death that can have a significant impact on the workplace, the death by suicide of family or a friend of an employee can also have a profound impact.

Any supporting Trade Unions leadership can play a critical role in setting the tone for how the rest of the staff will respond to a suicide. Building a culture of openness around suicide, as well as general mental health and wellbeing, is one way that support after a suicide can be most effective. Talking about what has happened **will not increase the risk of imitational suicides within a work force**: handled well it can be critical to coming to terms with the death and moving forward.

Key Fact- Suicide postvention is a crisis intervention strategy **designed to reduce the risk of suicide contagion** & provide the support needed to help survivors cope with a suicide death and disseminate information about the need for support after suicide. Postvention particularly refers to the actions taken to support in the workplace or working community after someone dies by suicide.



*Click this link for further [PUBLIC HEALTH ENGLAND SUPPORT GUIDANCE](#)*

## Grief after suicide

Bereavement after suicide is often called 'grief with the volume turned up'. Alongside sadness and loss can be feelings of anger, shame and guilt.

Some people react by feeling numb. **All of these responses are normal.** Many find that bereavement by suicide can lead to complex feelings, affecting different people in different ways. Some feel it would be easier to explain the death in a different way. Others may not know what to say.

This complex grief can complicate how to respond to those bereaved by suicide. There won't be just one way to respond, or a set pattern to the grief of those affected by the loss. This makes it essential to see each affected employee as someone with their own specific support needs which may change over time.

### **Communicating after a suicide**

**Effective, open and direct communication is crucial when responding to the suicide of an employee. It is also one of the things that CWU Representatives report as struggling with the most.**

Today's immediate communication culture and the speed at which information spreads via social media means any Regional postvention group **needs to**

**be ready to communicate quickly, appropriately  
and sensitively to everyone affected in the workplace**

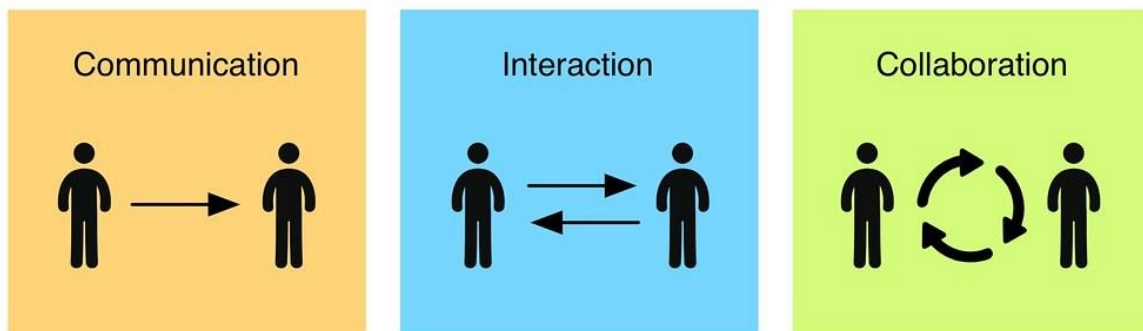
Even before any official announcement, there may  
already be a great deal of inaccurate information

circulating which can be particularly harmful. **Effective communication will form part of a multi  
layered guide for what the CWU response should be within the crucial first 72 hours post suicide.**

Q-Why is the first 72 crucial?

1. This is because of the urgent & foreseeable need for psychological support **in the immediate  
aftermath of any suicide** & the foreseeable reality is that that the **very first-person**  
colleagues turn to is the local CWU Representative.

## Who to communicate with and when



You may find it helpful to **map who the  
priority people to contact may likely to be in the  
event of an employee suicide.** This may  
be the family/partner of the colleague who  
has died and the team in which they worked,  
moving outwards from there. It may not be  
as simple as proximity to the individual who  
has died, but that can be your starting point.  
When considering your communications,  
draw your circles of impact (work teammates,  
close work friends, direct contacts), considering  
their demographics (younger/older members

of staff, faith/religious beliefs, how long they have been a friend or colleague of the deceased) and any other relevant factors that may affect how they may respond.

Communicating with these key groups swiftly and in order of impact can prevent problems further down the line.

#### **Circle 1**

- **Workplace or immediate team colleagues**
- **colleagues who were close friends or relatives of the deceased**
- **Local Trade union Rep/s and Line manager**

#### **Circle 2**

- **Other local surrounding work teams**
- **ex/retired colleagues from the Workplace**
- **social groups associated with the deceased through work**

#### **Circle 3**

- **wider trusted employees**
- **senior management**
- **customers who may have interacted with the deceased**

**We are acutely aware from experience that this will be the hardest thing any local CWU Rep has to ever deal with. It's not an obligatory task but many CWU Reps will take this task upon themselves to try and best support their work colleagues.**

**What we must do is identify who from the CWU should be involved immediately once notification of any tragic occurrence is received, for example-**

**We have to Consider How any Regional Post intervention committee should look & understand what support roles are covered and how they are covered- we must Identify who should sit on that committee and be responsible for postvention planning BEFORE a suicide occurs.**

**Identify Who acts as a the CWU nominated person as the point of contact with the Family, so as to Protect and respect the privacy rights of the deceased employee and carry out their loved ones wishes.**

**Identify those closest to the deceased who may need extra time off or extra specialist support both in and out of work**

**\* Identify who in the area/region can support that workplace with listening sessions, for example MHFAs & ASIST & Phycological First Aid trained CWU persons.**

**\* Look at how we educate on both suicide prevention and postvention strategies and review our own support actions taken after the tragedy of any CWU member suicide.**

### **Forming a CWU postvention group in your Region – The Key 5 tasks**

**1. Remember - Postvention support does not just belong in one team or one Region.** It belongs in ALL regions **but collaboration and cross-team working** across all UK regions is key to building an effective, comprehensive and standardised response. Region to Region we can learn from each other.

**2. Identify individuals in your own region who will act on a postvention group.**

These individuals will likely include **CWU Rep's, CWU Officer, MHFAs & ASIST & Psychological First Aid trained CWU people**, any Communications leader will be responsible for recording how effective the CWU suicide response plan was.

**3. In the event of a suicide, the postvention group will also have a role in implementing the plan** and in supporting those in direct contact with affected colleagues.

**4. Make sure that Regional postvention group members are clearly identified,** and that they understand the duties assigned to them and others across the union membership.

**5. \* Identify & Foster relationships with external offices and agencies (e.g. bereavement organisations such as CRUISE bereavement care and SOBS (Survivors of bereavement by suicide) And be ready to Prepare and share contact details and resources for those agreed external offices and agencies.**

### **Answering the unanswerable questions**

Another important consideration in a death by suicide is the ever-present but unanswerable **“Why did this happen?”, “Why didn’t they tell me how they were feeling?”** and **“What could I have done differently?”** questions that can linger on in some minds. CWU support teams and bereavement

support counsellors are unlikely to be able to answer these questions satisfactorily, nor should they try. Some suicidal people are able to hide their feelings and often describe not wanting to burden people they know with their feelings.

It is best to acknowledge that these are normal questions and encourage any affected person to talk it through with supportive family/friends or a mental health professional.

Typically, a mental health support advocate who is part of the postvention response group can sensitively encourage them to follow through with their professional services.

Ongoing co-ordination and communication between CWU postvention teams & local management and wellbeing support professionals is crucial to this process.

### **In the recovery phase you**

#### **should consider:**

There is no 'one-size-fits-all' approach, and every response needs to be tailored to the specifics of each work group/team situation and culture, as well as to each individual affected.

Create a culture that allows employees to disclose their needs and seek services confidentially – and where mental health is discussed without stigma.

### **When considering your response**

#### **make sure that you think about:**

- circles of impact (work teammates, close work friends, direct reports);
- demographics of impacted employees (eg, younger and/or new employees versus senior employees; differences in faith etc.

- workplace schedules, demands, and proximity to any critical response event.

Suicide is the most difficult subject to bring to a discussion at work. But it is vitally important to give the fullest consideration to the implications of a workplace suicide in order to be able to provide the support that colleagues will need.

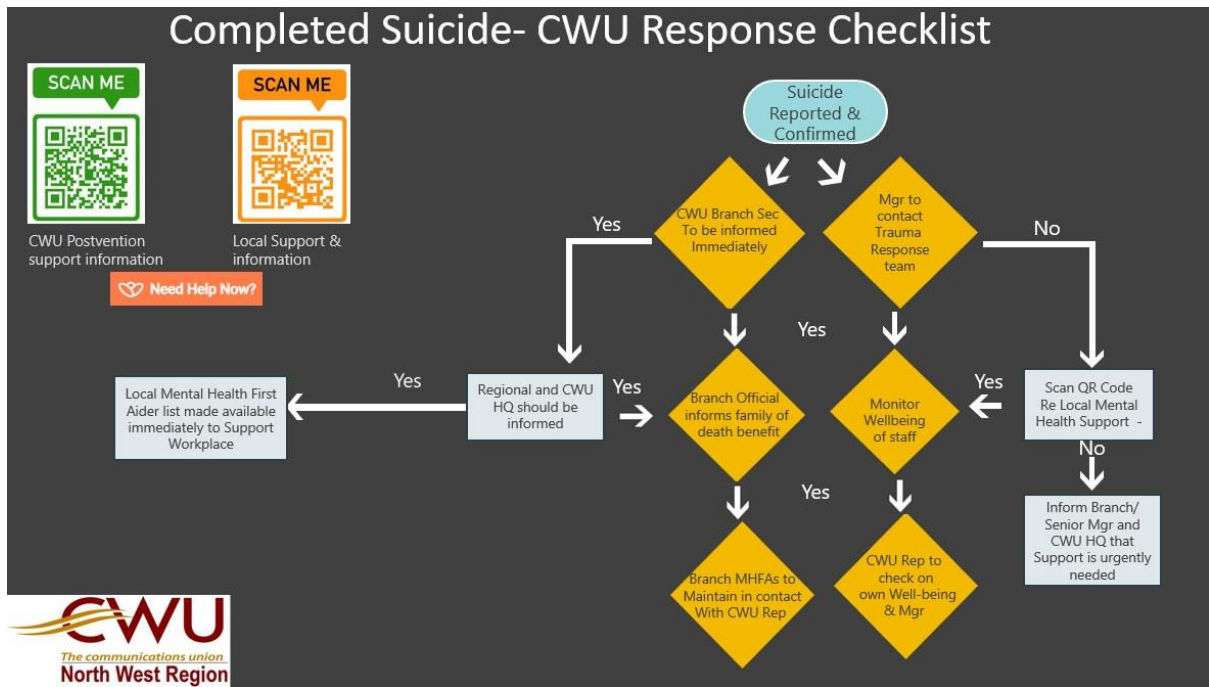
Suicide postvention should be a crucial element of any responsible trade union's strategy on mental health and wellbeing at work. We need to educate on what POSTVENTION plans and be ready to introduce them into every branch & region.

The flow chart below can give an example of how multi-level organisational support can look in terms of a Postvention strategy.

### **Quickly & Sensitively Report the death of any CWU member by suicide to both to your Region and also to CWU HQ**







Prepare for reactions



**It's Important we prepare to be ready for reactions to anniversaries, events and milestones.**

For those most deeply affected by the

suicide, anniversary or milestone reactions might emerge. Employees should be reassured that this is a normal response.

Due to the complicated nature of suicide, some employees may still struggle with the experience months after many others have come to terms with their loss and are coping better. The anniversary of the death, or a work milestone may bring up sad or traumatic memories. The annual Christmas party might remind people of the 'empty chair

In preparation for this, the postvention group could consider working with those who are directly affected to discuss how to honour the loss and celebrate the life that was lived while following safe memorialisation practices e.g:

- not glamourising or romanticising the death
- not erecting a permanent structure
- giving people safe space or Quiet room to remember but not re-live.

This may be done privately for those who wish to participate and should only be considered for the full workforce if this would be a common practice for other forms of loss.

**Finally, remember that there is professional Suicide bereavement support available.**

#### **Survivors of Bereavement by Suicide (SOBS)**

<https://uksobs.org/>

is a national charity providing dedicated support to adults who have been bereaved by suicide.

#### **Winston's Wish**

<https://www.winstonswish.org/> Is the UK's childhood

bereavement charity, supporting children and their families after the

death of a parent or sibling.

#### **At a Loss**

<https://www.ataloss.org/>

can signpost you to local support groups and services, including those that specialise in support after suicide.

#### **The Support after Suicide Partnership's**

<https://supportaftersuicide.org.uk/>

website has information and resources on bereavement after suicide.

#### **Help is at Hand**

<https://supportaftersuicide.org.uk/resource/help-is-at-hand/> is a downloadable resource for people bereaved by suicide or other unexplained death,



**SURVIVORS OF  
BEREAVEMENT  
BY SUICIDE**

**WINSTON'S  
WISH WW**

At a  
**Loss.org**

**Signposting** the  
**bereaved** to support



Support  
After Suicide  
Partnership

Help is  
at Hand

Support after someone may  
have died by suicide

