

No. 189 / 2026

3rd July 2026

To: All Branches

Dear Colleagues,

“Talk to Us” Month - July 2026

“Talk to Us” is a month-long observance initiated by the Samaritans focusing on providing emotional support, and which started in 2016.

This campaign emphasises the importance of open conversations about mental health, encouraging people to connect, share their feelings, and support one another. It also aims to reduce stigma around mental health issues and foster a culture of listening and understanding.

In 2026, “Talk to Us” month coincides with **Samaritans Awareness Day**, observed on **24th July**, reflecting the 24/7 availability of the Samaritans helpline. While the awareness day is a single date, campaign activity runs throughout July, providing opportunities for events and activities across the UK and Ireland.

The campaign focuses on:

- Raising awareness about mental health resources and the importance of talking about feelings.
- Encouraging empathetic listening and creating safe spaces for conversations.
- Promoting community engagement through events, workshops, and social media campaigns.

Practical ways to participate include:

- Using social media to pledge to be a better listener and share mental health resources, especially around 24th July for Samaritans Awareness Day.
- Volunteering or donating to support the Samaritans’ work in providing emotional support.

By promoting open communication, "Talk to Us" month helps reduce stress, improve relationships, and provide clarity during challenging times. It also highlights the critical role of listening in supporting mental well-being and encourages communities to offer safe, judgment-free spaces for conversations.

For more information or to get involved, you can visit the Samaritans website and access downloadable materials for social media campaigns and community events here: [Downloadable Materials | Talk To Us Campaign | Samaritans Campaigns](#).

An online event taking place in July which may be of interest, is a webinar that will examine the value of peer-to-peer support networks. This webinar should provide useful information for Physical First Aiders, Mental Health First Aiders and CWU Representatives in readiness for dealing with impactful events.

[Trauma Informed First Aid webinar](#)

This webinar is being delivered by the union's working partners who have supported the CWU with the recent development of a Trauma Informed First Aid guidance booklet, attached.

This booklet aims to assist CWU Representatives and members dealing with sudden loss in the workplace. This printable booklet seeks to provide sensitive, trauma-informed information for supporting colleagues affected by sudden loss, it therefore contains information which some may find impactful.

This CWU Trauma Informed First Aid guidance booklet further emphasises the importance of open conversations about and around mental health.

This LTB is shared on behalf of CWU Central Services.

If you have any questions or need any further information, please contact:

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Trauma Informed First Aid

TRAUMA-INFORMED SUPPORT GUIDE FOR SUDDEN LOSS OF SOMEONE FROM THE WORKPLACE

CWU Trauma-Informed Support Guide for Sudden Loss of someone from the workplace.

This guide aims to provide a sensitive, trauma-informed framework for supporting colleagues affected by sudden loss, including loss by suspected or confirmed suicide. It aims to promote compassionate communication, minimise harm, and guide CWU representatives and branches in providing safe, structured, and respectful support.

1. UNDERSTANDING TRAUMA-INFORMED SUPPORT

Sudden, unexpected loss can be deeply distressing and may affect individuals in both visible and less visible ways. Trauma-informed responses recognise the emotional, psychological, and physical impact of such events. Support may be required immediately and over the longer term, and responses should be **compassionate, nonjudgemental, and paced according to individual needs**.

Support following suicide is sometimes referred to as “postvention”. Postvention aims to reduce distress, promote healing, and reduce further risk. The provision of support after a suicide is critical to addressing suicide risk and improving the mental wellbeing of people who have been bereaved by suicide.

2. SUPPORT FRAMEWORKS

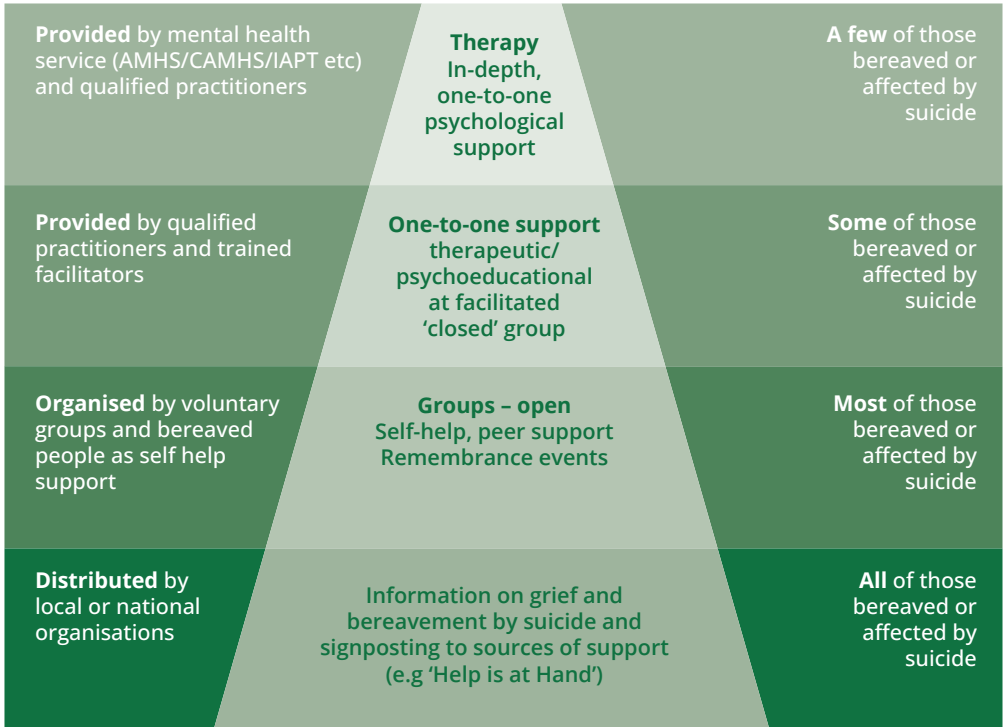
Every workplace should have clear support frameworks in place so that employees know what has happened and what help is available. CWU support teams should ensure that this information is **regularly reviewed, easily accessible, and communicated clearly**.

Support frameworks may include:

- Employee Assistance Programmes (EAPs) or similar
- Professional counselling services
- Mental health support services (NHS, third sector, regional)
- Workplace and national support groups (SOBS support groups)
- Awareness and wellbeing campaigns
- Shared policies and procedures for at-risk colleagues, including guidance on reasonable adjustments
- Signposting to local, community, or national services
- Training and education programmes for staff e.g. i-act (Understanding and promoting positive mental health and wellbeing <https://i-act.co.uk/about-i-act-courses>)

Workplace policies should aim to remove barriers that prevent employees from meeting their emotional needs, including reasonable adjustments – especially for those most impacted by sudden loss. Note that some employees may be (seemingly) disproportionately impacted by sudden loss in the workplace, for example those who already have personal trauma associated with sudden loss, or those with mental health diagnosis

Bereavement support triangle



3. MONITORING AND EVALUATION

CWU support teams should regularly review the effectiveness of support structures and identify any unmet needs. This includes:

- Monitoring feedback from CWU members
- Considering the impact on CWU reps delivering support
- Reporting emerging issues to CWU HQ

This aligns with the Plan-Do-Check-Act (PDCA) cycle recommended in BS 30480:2025.

4. USING SUPPORT FROM CWU SUBJECT MATTER EXPERTS (SMES)

Recognising signs of distress is essential to early intervention. The CWU provides training such as MHFA, which includes recognising signs of crisis and responding appropriately. Trained SMEs—such as Bereavement Counsellors, MHFAiders, AMFAiders, STORM Advisors, Psychological First Aiders, and Trauma-Informed First Aiders – play a vital role in supporting affected colleagues.

Branches should maintain proactive and ongoing contact with SMEs, ensuring expertise is available throughout the recovery period.

Consider consulting Suicide Postvention SMEs like:

Sharon McDonnell at <https://research.manchester.ac.uk/en/persons/sharon.j.mcdonnell>

5. ACTIONS FOLLOWING THE SUDDEN LOSS OF A COLLEAGUE

1. First contact

- Police
- Coroner and coroner's office
- Funeral directors
- Primary care
- Self referral

2. Referral to postvention support service

- Local service providers eg
- If U Care Share Foundation
- AMPARO
- Outlook South West
- Survivors of Bereavement by Suicide (SOBS)
- Cruse Bereavement Care / Samaritans

3. Face to face meeting

- Trained and experienced team or individual
- Local safeguarding boards

4. Additional support

- Primary care
- Mental health services
- Faith groups
- Funeral directors
- Welfare support
- Housing providers/support

5. Feedback and evaluation

- All partners in the pathway
- Members of the community, including those bereaved
- Public Health England (for resources on a range of relevant issues)

A more detailed pathway can be found in the NSPA guidance: https://nspa.org.uk/wp-content/uploads/2025/01/NSPA_Developing-Delivering-Local-Bereavement-Support-Services.pdf

5.1 ESTABLISH THE FACTS, SENSITIVELY

Gather only **accurate information** and avoid speculation. *Further guidance on what might be expected following a sudden loss e.g. police family liaison process, media briefings. *Be aware of cultural and family preferences. The term “sudden loss” or ‘fatal incident’ may be preferred by families.

5.2 CONSIDER ALL CIRCLES OF IMPACT

Circle 1: Immediate team, close friends, relatives, local reps, and line managers

Circle 2: Nearby teams, former colleagues, social groups

Circle 3: Wider workforce, senior representatives, customers who regularly interacted with the colleague

The range of individuals who may be affected by suicide

● **Suicide exposed**

Local groups, communities, passers by, social groups, faith groups, acquaintances, wider peer groups including those via social/virtual media contacts (e.g. Facebook friends)

● **Suicide affected**

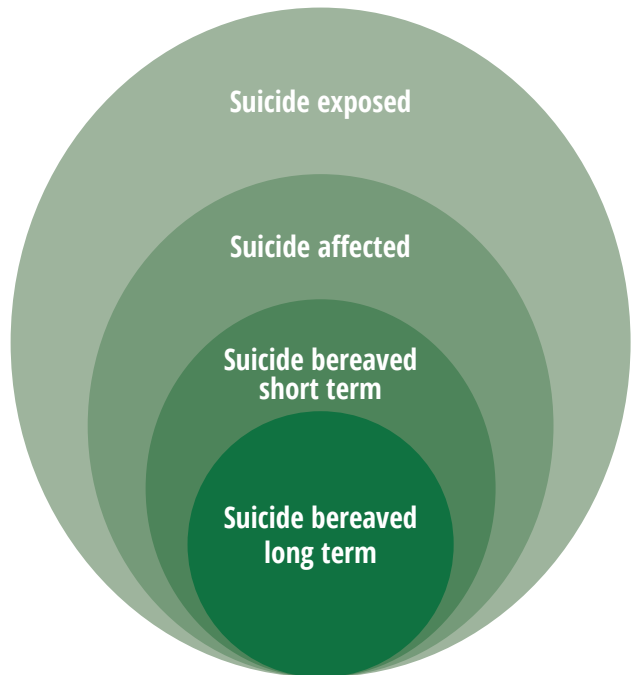
First responders (family, friends, members of the public, police, paramedics), those directly involved such as train drivers, neighbours and local residents

● **Suicide bereaved short term**

Friends, peers, close work colleagues

● **Suicide bereaved long term**

Family, close friends



5.3 COMMUNICATING WITH COLLEAGUES

Communication should be timely, accurate, and compassionate. Early communication (within the first 72 hours) is essential to reduce misinformation and support wellbeing. CWU reps are often seen by impacted groups as the first point of contact, so the potential impact of CWU workplace representatives is a key safeguarding consideration. Ensure links to any locally available specialist services are included. See: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/590838/support_after_a_suicide.pdf for local regional services.

[hubofhope.co.uk](https://www.hubofhope.co.uk) (filter by location and 'Bereaved by suicide' to see local support options)

Ensure any organisation-specific support options are listed

Date time and place of nearest Survivors of Bereavement by Suicide support groups

What is Vicarious Trauma?

Vicarious trauma occurs when someone is indirectly affected by another person's trauma, often through repeated exposure to stories, images, or situations involving suffering, violence, or loss. Unlike direct trauma, it arises from empathic engagement with trauma survivors

5.4 COMMUNICATING WITH OTHERS

Communication with any next of kin should be sensitive and respectful.

Always check the family's wishes regarding:

- Sharing details
- Attendance at memorials
- Ongoing contact, including messages from colleagues

We know that people bereaved by suicide greatly value informal support from family, friends and colleagues. Studies show that bereaved individuals value:

- outreach immediately after the suicide
- support offered by a range of both statutory and voluntary providers
- access to group and individual counselling
- provision of a clear overview of services available

Branches should keep CWU HQ updated with relevant information.

5.5 REVIEWING AND SUPPORTING OVER TIME

Plans may need to be adapted as new information emerges. Families may request that the CWU conduct an inquisitorial review, which they may use in formal processes, such as coronial inquests (England/Wales), COPFS investigations (Scotland), or coroner processes (Northern Ireland and Isle of Man).

6. GUIDANCE FOR BRANCHES: ROBUST AFTERMATH SUPPORT

6.1 PREPARATION

- Request regular reviews of employer postvention processes
- Include branch reviews of CWU postvention support processes
- Maintain a list of internal and external stakeholders
- Ensure key staff understand their roles
- Prepare a communication strategy

6.2 SUPPORTING HEALTHY GRIEVING

- Promote healthy, non-judgemental grieving
- Avoid assumptions about reactions
- Encourage mutual support
- Provide group support sessions, ideally via EAP
- Offer individual counselling where required
- Allow time away from work when needed, while gently supporting routine
- Seek professional help for long-term difficulties

6.3 PLANNING FOR LEGACY

- Work with colleagues to find meaningful ways to honour the deceased
- Be mindful of significant dates or anniversaries
- Handle previous workspaces with sensitivity
- Share learning appropriately

7. SELF-CARE FOR CWU REPRESENTATIVES

Supporting others after sudden loss is emotionally demanding. CWU representatives should recognise their own limits and access support as needed. Participation in support roles should **never feel obligatory**. Consider how incident ready you are.

| How 'incident ready' am I today? | READY | SOME STUFF GOING ON | LOTS GOING ON – TAKE CARE | CONSIDER CAREFULLY |
|----------------------------------|--|---|---|--|
| | I feel prepared and I have capacity for complexity and challenge | I recognise that there is stuff going on that may affect my performance or how I might react to complexity and challenges | I recognise that I am very likely to be affected in terms of my performance and how I am likely to react to complexity and challenges | I recognise that I need some support and I should consider not deploying for my own safety and the possible safety of others |

Trauma Risk Management (TRiM) is often needed for CWU branches dealing with sudden loss, consider who would form part of your trauma focused peer support system, any emergency response situation should include encouraging proactive check-ins and self-care advice.

SUPPORTING FORMAL PROCESSES

If it is decided that the CWU will undertake an inquisitorial investigation, please be aware this can be shared to the nominated next of kin upon completion. It is important to understand that the nominated next of kin may choose to pass any CWU inquisitorial findings forward to support the following investigatory processes.

In England and Wales - The coroner is responsible for investigating deaths that are sudden, unexplained, violent or occur in custody. The purpose of the inquest is not to assign blame, but to establish the facts by examining evidence, the coroner (or sometimes a jury) will reach a conclusion about the cause and circumstances of death.

In Scotland - any CWU report could potentially be shared as evidence for the Lord Advocate, who has responsibility for the investigation of all sudden, suspicious, accidental, and unexplained deaths. Investigations are conducted by the Crown office and procurator fiscal service (COPFS) on behalf of the Lord Advocate.

In Northern Ireland - A death is reported to a coroner in the following situations: a doctor did not treat the person during their last illness, a doctor did not see or treat the person for the condition from which they died within 28 days of death, the cause of death was sudden, violent or unnatural such as an accident, or suicide, the cause of death was murder, the cause of death was an industrial disease of the lungs such as asbestosis, the death was in any other circumstances that may need investigation.

The Isle of Man – has one dedicated Coroner’s Officer who is a police officer. Persons with a ‘proper interest’ can be questioned by the coroner, this could include any representative of any relevant trade union, if the death arose in any connection with the person’s employment or it was due to industrial disease.

FINALLY – REMEMBER THE IMPORTANCE OF SELF-CARE FOLLOWING TRAUMATIC INCIDENT SUPPORT.

Post Traumatic Wellbeing – Trauma Informed First Aid

<https://traumainformedfirstaid.org/post-traumatic-wellbeing>

MAINTAIN YOUR OWN WELLBEING

Connect with others Be physically active Learn new skills, accept support, and take notice when others notice a change in you.

BOOST WELLBEING

Actively engage in self-care and coping techniques, if possible, engage in peer support and talk. Reflect on your own “Protective Armour” and Psychological needs.

FOCUS ON WELLBEING

Talk to those you trust about how you are feeling. Don’t ignore how you are feeling Engage with EAP or other support services and peer support.

PRIORITISE WELLBEING

Talk to those you trust about how you are feeling. Access support from GP and other services such as NHS, never be afraid to step away from any incident that is too traumatic for you.

First Hand

<https://first-hand.org.uk>

Survivors of bereavement by Suicide – Overcoming the isolation of people bereaved by suicide

<https://uksobs.com>

Renew Wellbeing

<https://www.renewwellbeing.org.uk>



*If you are viewing this guidance document in printed form,
this QR code will allow you access to the webpage links
and resources detail in this booklet.*



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08664 Published by the Communication Workers Union 2026

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