

INFORMATION & SUPPORT PACK

*for those bereaved by suicide
or other sudden death*

WHEN YOU'RE GRIEVING

When someone you love has passed on you will be feeling a lot of different emotions. It is also true that for Aboriginal people, there are some different things that you need to do with your people and community to help you with these feelings. This booklet is to help you to understand these things. It will also explain the difference between 'normal' grieving, and when you need to get some help with your grief.

When you first lose someone there are some common feelings that people will go through as they try to come to terms with their loss. These feelings may also be different depending on how the person has died. It is normal to feel like this. Some of the things you might be feeling are:

- * Numb - you will be in shock. This means that you find it hard to believe that the person has died. You will expect to see them in their usual places; you might talk about them like they are still alive.
- * Pretty sad, maybe even depressed. When you lose someone, you will miss them a lot and probably be crying heaps for them. If you feel like crying, then you should. You have to 'let it out', or you will feel even worse.



- * Angry - at yourself, or at someone else. Sometimes we want to blame someone for our loss.



- * Longing for country or home. This means that you may feel like you need to go home to do your grieving. 'Home' can also be the land of the person who has died. This is normal for most Aboriginal people. Even though this is expected of you, it is also an important part of your healing.
- * You might spend a lot of time thinking about things you should or shouldn't have done. Many people believe that they have done something wrong to cause the person's death. Sometimes 'Aboriginal way' the person's death may be seen as 'payback' for wrongdoing. If you feel this way, you need to talk with an Aboriginal Health Worker who can listen to you, or help you to talk to your elders about this.



SUICIDE OF A LOVED ONE

If the person has died by taking their own life, or suicide, there are some different feelings and emotions you may be experiencing.

While some feelings are similar, you will have a lot of questions which may make your healing harder. For instance, some common questions people ask themselves are: "Why didn't he/she say something?"; "Why didn't I see the signs?"; "Why did they die alone?"; "Why did they kill themselves?"

These questions and more need to be talked about with professional people who work with suicide and understand the issues. At this time, people who were close to the deceased person may also be having some thoughts of suicide. Get help for you and other people who have been affected by the suicide.

What you should be doing straight away:

- * If you are away from the home of the person who has died, you need to get there as soon as possible. This will help you to grieve. If you can't get home straight away, pay your respects in other ways - by phoning relatives, or sending a card expressing your sympathies.

- * Aboriginal ways of grieving mean that when someone has passed away people will come to pay their respects. It may take some time for everyone to arrive. This is called 'sorry time', and is how communities 'cry together' for your lost loved one. This is the time that you should try to heal, and talk about the person who has died. You need to be able to remember the good things about the person.



Being together and remembering funny stories can help you to remember the person in a good way. You need to try and do this with your family and relations.

DURING SORRY AND FUNERAL TIME

- * There are many things you must do to 'show respect' for the person who has passed away, and this is very important. This is different depending on your traditions. For instance, it is common in communities not to mention the deceased person's name and substitute another name out of respect for the deceased person. Your family and relations can help you to understand this better.



- * Family will also go through some traditions during the funeral and sorry time. These traditions are done to make sure that the person's spirit is shown respect and can find peace. This is the responsibility of certain family members, and you should not be frightened about this.



- * It is not unusual for the spirit of the deceased person to 'visit' many Aboriginal people. This is very much a part of culture, and you should not be scared. Sometimes, your loved one may just want to let you know that they are okay, or want to 'watch over you'.



- * You will probably feel a "bit shame" or even frightened about this, and may not want to tell anyone, but this is a very common thing for many Aboriginal people to experience.

AFTER THE FUNERAL AND 'SORRY TIME' IS OVER

- * This is the hardest time, and you will probably feel very sad because everyone will leave and go back home, or you will have to go back to your home.
- * Your grief may be at its worst at this time. Make sure that you have people around you all of the time and can talk when you need



to. You should keep talking about your loved one and especially the good memories you have. Don't be afraid to talk about your loved one, it is very important not to forget them.

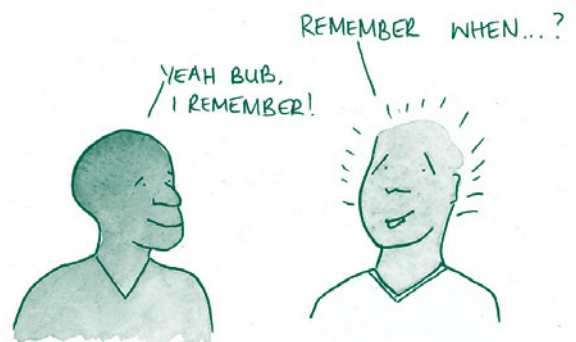


- * Remember, everyone else is probably feeling the same way, and it also helps them to be able to talk.



HOW LONG WILL I GRIEVE FOR MY LOVED ONE?

- * You will always feel a sense of loss when you lose someone you love. In time you will think about it less often, and probably be able to have good memories of the person you have lost, instead of just remembering their death.



- * Remember, that everyone grieves in their own way, and take different amounts of time to come to terms with their loss.
- * Don't let anyone tell you how long you should be sad for - listen to your heart, and you will know when your grief is getting better.

WHAT SORTS OF THINGS TELL ME THAT I AM NOT COPING?

- * Feeling numb, shocked, sad, angry, guilty are all normal. But if you are feeling all of these things for a longer time than your other relations, or friends of your loved one, you may not be coping well with your loss.
- * You might find that your friends or relations seem to be getting on with their lives and you are not.

- * You might start wanting to be alone more and feel like 'no-one understands you.'



- * You might blame yourself somehow, for the death of your loved one. Sometimes, 'Aboriginal way' people look to find reasons for a person's death. If it is believed that someone is to blame, they may be 'paid back' for the wrongdoing. If you feel that this is happening to you, then you need to talk with one of your elders about this. An Aboriginal Health Worker, or someone strong in your community will be able to help you with this as well.



- * You might still believe that your loved one is not really dead, and will come back to you.

- * You might also start drinking or groggin' on a bit more than usual. Some people might also use Gunga or other drugs, thinking it might help them to cope with the pain.



- * Other people start picking arguments with their friends and relations for no reasons. You might get moody and snap at people for no reason.



- * You may have bad dreams; find it hard to sleep; or keep seeing the dead person's spirit. If the person's spirit makes you feel scared or upset, then this is also not good.



THOUGHTS OF SUICIDE

- * Unfortunately, for some people, they feel like they don't want to go on living without their loved one. We call this, thoughts about suicide, and some people may also try to end their life. **IF YOU HAVE ANY THOUGHTS OF WANTING TO DIE YOU MUST TALK TO SOMEONE STRAIGHT AWAY.** Don't feel shame about this. It is better to talk to someone than do something that will cause your family more pain and grief. Use the numbers at the end of this booklet or go and talk to someone you can trust. They can help!

If you notice any of these things happening to you, then you need to have a yarn with someone like a doctor or health worker.

- * You shouldn't feel shame about talking with someone - they have spoken to lots of people about these sorts of things before, so they won't think you are 'silly' for feeling this way.

THESE FEELINGS ARE ALL PART OF THE GRIEVING PROCESS.



- * Talk to your family - they might also be feeling the same way but might also feel 'shame way' about telling anyone.
- * Maybe, you can yarn with someone together.

SERVICES TO HELP YOU

If you think that you aren't coping with losing your loved one, you can contact any of these services to help you. These services can also refer you to other local services.

Aboriginal Medical Services

Derbarl Yerrigan	9421 3801 (Perth)
Broome	9192 1338
Bunbury	9791 7666
	1800 779 000 Freecall
Carnarvon	9941 2499
Geraldton	9956 6555
Halls Creek	9168 6266
Kalgoorlie	9091 3199
Kununurra	9168 1288
Port Hedland	9172 0400
Roebourne	9182 0850
Wiluna	9981 7063

You can also contact your local doctor, nurse, health worker, psychologist or counsellor.

EMOTIONS DURING BEREAVEMENT

Anger

Anger is a natural and common response to loss. It is rare to experience no anger during bereavement and, for some people, feelings of rage can be very intense. The protest 'Why me?' reflects a general sense of helplessness at the unfairness of life, as does anger at others for carrying on their lives as if nothing has happened. Anger may also have a more specific focus. Intense feelings of blame may be directed towards other people – relatives, friends, doctors – who did not seem to help the person enough before their death. It is common to feel anger at oneself for 'failing' to prevent their death, blaming oneself for not doing more. Feelings of anger towards the person who has died are often particularly distressing and confusing. The bereaved may feel abandoned by them. Feelings of anger are at their most intense shortly after a death and tend to grow less with time.

One woman said after her son's death that she felt great anger at him for what he had done to her, her sister, her mother and family. She had often felt overwhelmed with murderous rage, rage at the world, at life, that it could be so unfair sometimes, and finally rage at her friends who she once loved and cared for...that they could not be there for her.

Guilt

Guilt or self-blame is also common during grief. Guilt may be felt about the death itself. It is extremely painful to accept that we were not able to prevent the death of a loved one or protect them. Feelings of responsibility are common and bereaved people often judge themselves harshly under these circumstances. Our relationships before the death are another common source of remorse. Sudden death interrupts close relationships without warning. Since our lives are not usually conducted as if every day might be our last, we assume there will always be the future to sort out tensions and arguments or to say the things that have been left unsaid. Regrets often take the form of 'If onlys': 'If only I had done this' or 'If only I hadn't said that'. Guilt may also be aroused by what one feels or does not feel during bereavement (e.g. anger towards a dead person, inability to cry or show grief openly). Occasionally a death may bring with it a sense of relief for those left behind, particularly if there had been a lot of unhappiness and suffering for everyone beforehand. This feeling may also cause intense guilt. Lastly, guilt may be felt for surviving – for being alive when they are dead.

Another woman described her terrible feelings of guilt following her brother's death. Not one day had passed that she hadn't asked herself 'Why?' Not one day had passed that she hadn't experienced the guilt, tidal waves of guilt that just seem to drag her under deeper and deeper. She agonised over whether they as a family could have done something that might have turned him around, that might have made him want to stay with them. Why she wondered did they say all those terrible things to each other while they were growing up? Or worse, why didn't she say all the things to him that she now wished she could?

Despair

Feelings of despair are common during bereavement, once it is realised that despite all the pining and longing, a loved one will not be coming back. Relationships often suffer because despair is draining and saps interest in others. The bereaved may be left feeling both powerless and hopeless. Life may no longer seem to make sense or have meaning. Feelings of ‘not giving a damn’ about anything or anyone are common, as is indifference as to what happens to you. In the aftermath of a death suicidal feelings are not uncommon.

Fear

Fear is common in grief. Violent and confusing emotions, panic and nightmares may make grief a frightening experience. You may fear a similar event happening again. You may fear for yourself and those you love. You may fear ‘losing control’ or ‘breaking down’.

“No-one ever told me that grief felt so like fear” C.S. Lewis¹

Grief and depression

The feelings of the newly bereaved have a lot in common with people with depression. Like depression, grief can bring profound sadness and despair. Feelings of unreality are common. It may be hard to see a way forward. Grief interferes with sleep, concentration and appetite. For a bereaved person, these feelings are part of a natural response to a terrible loss. People who have been bereaved are likely to be more prone to sadness and depression for a number of years. For some, these feelings may be particularly severe and prolonged. When grief gives way to a longer lasting depression, further help may be needed.



¹ Lewis, C.S. (1961). *A Grief Observed*. London: Faber and Faber.

This insert is reprinted with permission. Hill, K., Hawton, K., Malmberg, A. & Simkin, S. (1997). *Bereavement information pack: for those bereaved through suicide or other sudden death*. London: The Royal College of Psychiatrists. ISBN 1 901242 08 0

Shock

The death of someone close to you comes as a tremendous shock. When someone dies unexpectedly this shock is intensified and when someone takes their own life, or dies in a violent way, the shock can be particularly acute. Shock is common during the days and weeks immediately following a death. Some experience it more severely and for longer than others.

Numbness

Your mind only allows you to feel your loss slowly and following the death of someone you have been close to you may experience feelings of numbness. What has happened may seem unreal or dreamlike. The thought 'this can't really be happening' may recur. The numbness of early bereavement may itself be a source of distress and misunderstanding if one wonders, for example, why one cannot cry at the funeral. In fact, this numbness is only delaying emotional reactions and may be a help in getting through the practical arrangements. The 'protection' provided by shock gradually wears off and emotional pain begins.

Disbelief

It is natural to have difficulty believing what has happened. Where a death was untimely and sudden it is even harder to grasp that the loss is permanent and real. On one level it is possible to 'know' that a loved one has died. But on another, deeper level it may seem impossible to 'accept'. A large part of you will resist the knowledge that the person who has died is not going to be around any more. Confusion, panic and fear are common during this struggle between 'knowing' they have died and disbelief.

Searching

Numbness and shock tend to give way to an overwhelming sense of loss. Many bereaved people find themselves instinctively 'searching' for their loved one, even though they know that they are dead. This may involve calling their name, talking to their photographs, dreaming they are back or looking out for them amongst people in the street. This denial of a painful reality is a natural part of mourning. Realising that a death has really happened and is irreversible takes some time.

"Denial is meeting your son on the street, seeing him from behind, the same shaped head, the identical droop of the shoulders, the swinging gait. Your leaping heart cries, "Oh, it's Mitch!". Some days, you'll walk into the house and 'feel' his presence in a room. You can 'see' that smile, 'hear' that laugh. A part of my denial was setting the table for him. Time and again, I'd set his place with all the others and then gasp with the realisation that he would never be coming home to dinner." ¹

Anguish and pining

The understanding that a loved one is really dead brings with it tremendous misery and sadness. As the loss begins to make itself felt, pining for the person who has died is common. Powerful and desperate longings – to see and touch them, to talk and be with them – may be felt. The intensity of emotions is often frightening and may leave the bereaved feeling devastated. Emotional pain is often accompanied by physical pain. It is common to go over and over what has happened, replaying things in your head or talking them through. The need to talk about a loved one, following their death, is part of the natural struggle to counteract their loss.

Physical and emotional stress

Losing someone close to you is a major source of stress. This stress may show itself in both physical and mental ways. Restlessness, sleeplessness and fatigue are common. You may also have bad dreams. Loss of memory and concentration are common. You may experience dizziness, palpitations, shakes, difficulty breathing, choking in the throat and chest. Intense emotional pain may be accompanied by physical pain. Sadness may feel like a pain within. Muscular tension may lead to headaches, neck and backaches. Loss of appetite, nausea and diarrhoea are also common and women's menstruation may be upset. Sexual interest may also be affected. The physical effects of shock usually pass with time.

“The most common phrase heard from the newly bereaved is “I feel like I’m going crazy.” The pain and the accompanying emotions are so intense that it doesn’t seem possible that a normal human being can experience them and still live. You may believe that you are going insane or at least on the verge of it but you are not. You are experiencing the physical and psychological reactions to deep loss.”²

¹ Bolton, I. (1987). *My Son, My Son. A Guide to healing after death, loss or suicide*. Atlanta: Bolton Press.

² Gerner, M. (1991). *The grief of the newly bereaved*. The Compassionate Friends Newsletter; summer edition.

This insert is reprinted with permission. Hill, K., Hawton, K., Malmberg, A. & Simkin, S. (1997) *Bereavement information pack: For those bereaved through suicide or other sudden death*. London: The Royal College of Psychiatrists. ISBN 1 901242 08 0

What is grief?

Grief is the pain experienced following a loss. Grief is a natural response to loss. Everyone suffers many types of loss but the death of someone close to you is probably the most painful loss of all.

Loss has been described as an emotional wound. Just as physical wounds take time and effort to heal, so too does an emotional wound.

“The process of grieving is important as eventually it allows you to come to terms with your loss. Coming to terms with your loss does not mean forgetting your loved one, as their memory will always remain precious to you. It means accepting they are no longer around. Grieving is a normal process but is very painful and personal and does not happen in just a few days or weeks.”¹

Grief is hard work. It takes considerable emotional and physical energy.

There are four important parts to grieving:

1. Understanding the loss is real
2. Suffering - feeling the pain of the loss
3. Recovering – learning to live without your loved one
4. Reinvesting the emotional energy of grief into life again.²

What does grief look like?

People experience a wide range of reactions to loss. Your grief may include some of these:

Physical Exhaustion Headaches Nausea Change in sexual interest Muscular aches	Emotional Anger Sadness Disbelief Guilt Despair Loneliness
Cognitive Forgetfulness Lack of concentration Confusion Poor memory	Behavioural Disturbed sleep Changes in appetite Social withdrawal Crying Vivid dreams about the person who has died

These are all normal reactions to a sudden loss. Some people will experience many of these, others just a few. Each person is unique. Your ways of coping with the loss may be different from the ways of your partner, siblings or friends.

Factors which will affect how you grieve include:

- Your personality
- Your relationship with the person
- Gender
- Cultural background
- Previous losses
- Physical health
- Your age

Do men and women grieve differently?

Gender is one of the factors that impact on how you grieve and may affect your style of grieving.

Generally, men tend to be physically active in their grief. This may involve sorting out practical problems in the family, completing projects in memory of the person who has died or other physical activity. They may also express more anger about the death than women.

Women are more likely to be openly expressive about their emotions and find support from sharing this with others. Some women may withdraw to cope with their distress.

These are very broad generalisations but they do indicate that there are different ways to grieve. These differences can put a strain on relationships. If your partner does not grieve in the same manner as you, it is easy to become resentful thinking that they do not share your loss or they don't care. It is important to recognise that people grieve in different ways. The different styles of grieving do not mean you loved the person any more or any less.

Do people from different cultures grieve differently?

Grief is a universal response to loss. However there may be cultural differences about how to deal with grief. Some cultures have very specific rituals. This may mean that people from different cultures or religions show their grief differently or act differently after a death in the family.

Why can't some of my family help me?

Each person will have had a different relationship with the person who died and their experience of the loss will be different. Their way of expressing their grief may also be different. Recognising this can help you be more tolerant and understanding of each other. Let others grieve in their own way. Don't compare grief reactions. Everyone will go through the process in their own way, in their own time.

Am I going mad?

The feelings you experience when grieving could seem abnormal and out of control under other circumstances. You are not going mad, you are grieving.

What about drugs and alcohol, do they help?

At times people find it helpful to use prescription medication for a few days as a 'first aid' measure. However using alcohol or drugs long term to relieve the painful feelings will only prolong and complicate your grief.

Are there more difficult days and times?

Anniversaries, birthdays, Christmas and holidays can be difficult times. It may be useful to plan ahead. You may decide to do things differently and create new traditions on these days. You may want to find new ways to remember the person who has died. Discuss with your family how these times might best be celebrated.

Would it help to move?

Although it may be tempting to move or change jobs in the hope that this will ease some of the pain, it is a good idea not to make any major or permanent decisions for 12-18 months after the death of a loved one. You are already undergoing enormous change because of the loss. If your decision does not have to be made immediately, leave it for a while.

It's become worse, why?

There may have been a lot of visitors and support around the time of the funeral but people have since moved on with their lives. People often expect that you will have "got over it" after 6-8 weeks. This leaves you on your own and without the constant support of these friends. The 'anaesthetic' effect of the shock also wears off leaving intense and painful feelings. People often say that the grief is worse 4-6 months after the death rather than at the time of the initial bereavement.

How long does it last?

There is no magic figure or date. The loss will always be part of your life but the intense pain will gradually subside. Grief comes in waves and can be unexpected or triggered by little things. However there is often a pattern or cycle to grief. By looking back over the last weeks and months you may be able to notice a pattern to your own grief. Gradually these waves of grief grow further and further apart. Eventually you will be able to laugh again and remember the life and good times with your loved one rather than just the death.

*Lost loves can never be forgotten or replaced
But if we allow it the heart grows bigger
to make room for new loves.³*

¹ *When Someone Dies: A Guide to bereavement for family and friends* (1999). Perth, WA: Sir Charles Gardiner Hospital.

² Adapted from Worden, J.W. (1991). *Grief Counselling and Grief Therapy*. Great Britain: Routledge. ISBN 0 415 07179 8

³ White-Bowden, S. (1987) *From a healing heart*. Maryland, USA: Image Publishing. ISBN 0 91 1897 07 0

This pamphlet includes material adapted from the above references and also: NSW Health Department. *Care and support pack for families and friends bereaved by suicide*. (1999). State Health Publication No. (CMH) 980025. ISBN 0 7313 4011 6

Grief after suicide is similar to grief after other types of sudden death. However suicide raises additional complex grief issues because of the sudden and traumatic nature of the death. These can include the following:

Trauma

Suicide is often sudden and violent and may leave the bereaved traumatised. Intrusive images of the death can recur, even if the death was not witnessed. The initial grief reactions of shock and numbness may also be stronger and last longer.

Why?

“It’s a riddle that goes round and round and round in your mind and drives you absolutely crazy for years and years and suddenly you think I’m tormenting myself. I shall just never know the exact and precise reason.”¹

For those bereaved by suicide there is often a desperate need to know why the suicide happened. The search for answers may be relentless. However it is important that those bereaved reach the point where they feel they have struggled with the question enough. They may have enough answers to satisfy themselves or recognise that the reasons for the suicide will never be completely understood.

Guilt

Guilt is a common reaction in bereavement and research suggests that guilt is felt more intensely amongst those bereaved by suicide. Family members and friends often feel guilty about not having foreseen the suicide or prevented it. Bereaved families and in particular bereaved parents, often feel guilty in some way for the death; that there was something ‘wrong’ in the family or with their parenting skills. Those bereaved will often replay the events over and over again in their heads. There can be a long list of ‘if onlys’: ‘If only I had been home’, ‘if only I had recognised how they were feeling’, ‘if only I hadn’t said that’. There is a limit to your responsibility, no-one is responsible for another person’s decisions or actions.

Relief

For family and friends who have been through many years of chronic mental illness with their loved one there may be feelings of relief. They may feel ‘at least now they are at rest’ and they may sense freedom from ongoing worry for their loved one. It is OK to feel this way. It does not mean that you wished your loved one was dead.

Blame

It is common for people to react to a sudden death by looking for someone to blame. Families bereaved by suicide may blame each other. Initially blame can be a way for some people trying to make sense of what happened. No-one is responsible for another person’s decisions or actions.

Social Isolation

Historically there has been stigma attached to a death by suicide. It has been a taboo subject but this is starting to change. Many of those bereaved note a lack of support following a suicide. This may be because family and friends are unsure how to react. A sense of shame and of being different can also stop people from accessing possible supports, however support is available and can be useful.

Feeling suicidal

The pain of grief may be so intense and unrelenting that those bereaved by suicide may think 'I can't go on like this anymore'. Identification with the person who has died may also make them feel particularly vulnerable. The bereaved frequently have suicidal thoughts. Finding support and/or professional help at these times is very important.

Anger

The bereaved often feel rejected and abandoned by their loved one and also may feel anger towards that person for leaving them. Anger is a natural response to being hurt. It is helpful to talk about being angry and find ways to deal with it.

Some questions commonly asked:

Should I tell people it was suicide?

It is helpful to be honest. Telling the story over and over again can be healing. If you avoid the truth it will take extra energy and worry to maintain the lie and this will complicate the grief process.

What do I say when people ask me about the suicide?

It can be helpful to work out ahead of time what to say to people. You may want to share more with some people than others. If you don't want to discuss it at that time, let them know. You can say something like "I don't want to go into that at the moment." It may be better not to discuss the method in too much detail. Some people are more vulnerable and may be influenced by this.

What do I say when people ask me how many people are in the family?

This may be an awkward question for you. Your loved one will always be part of your life but it may be that you don't want to invite further questions. 'Do I include the person who has died or am I denying their existence if I don't include them?' Say whatever you are comfortable with. This may depend on who is asking the question and their reasons for it. It may also depend on how you are feeling that day.

¹ Wertheimer, A. (1991). *A special scar: The experiences of people bereaved by suicide*. London: Routledge

FOR TEENAGERS

It hurts when someone you love or someone who was important to you dies. The loss and hurt leave you grieving. When you are grieving it can be painful and frightening. It may seem like everything is out of control. It can be helpful to know a bit about grieving. This may make it easier to understand what is happening.

*Grieving is as natural as
Crying when you get hurt
Sleeping when you are tired
Eating when you are hungry
Sneezing when your nose itches.
It is nature's way of healing
A broken heart.
Anon*

There are many different reactions to grief.
Some of these include:

ANGER *GUILT*
DEPRESSION *FEAR*
CONFUSION *SADNESS*
FEELING UNLOVED
LONELINESS

LIKE 'YOU'RE GOING MAD'
CAN'T CONCENTRATE
DON'T WANT TO GO OUT
CAN'T BE BOTHERED WITH WORK
OR SCHOOL
CRYING

HEADACHES
PROBLEMS SLEEPING
EXHAUSTION
DRY MOUTH
STOMACH ACHES

You may feel some of these – or you may not.

You may not know what you are experiencing, it may seem like a time of 'nothingness'.

It's OK to feel this way.

Everyone's grief will be different and how they express it may also be different

Suicide presents us with additional challenges in understanding or accepting death. When someone takes their own life there may be more intense thoughts about:

- **Searching for ‘why’; trying to make sense of it all.** This can sometimes lead to blaming others or blaming one thing that happened.
- **Regrets and guilt** – “If only I’d done something different;” “Couldn’t someone have stopped it?”
- **Anger and rejection** – “How could he/she do this to me?”
- **Feeling suicidal.** If you feel like this it is important to talk to someone who can help. Often people who consider suicide see no other way to solve their problems. Remember there is always someone to talk to and other ways to deal with pain.

Remember, you are NOT responsible for the death.

“You are only in charge of your own destiny. You cannot control the lives of others no matter how much you love them.”¹

It takes time to heal.

The intense pain does not go on forever.

It does soften.

Gradually there will be more good days than bad days.

This does not mean you will forget and stop loving the person who died.

In the words of one teenager:

“I think a lot about my special friend. Sometimes I feel sad and cry. Lately, I’ve begun to smile when I remember what we did together. I feel better knowing that this person is with me – only a thought away.”¹

**Some things that might help
when you are grieving:**

*Talking
Being with friends
Listening to music
Laughing
Talking with a counsellor
Hugging
Writing down your thoughts
Praying
Getting involved with school activities
Exercising*

Talk with trusted friends.

Tell your friends what you need from them.

*They care about you but they might not know
what to say or do.*

**Sharing the pain with
others helps**

*Make a list of people you could talk to.
This might include your parents, friends, teacher,
neighbour, a close friend's parents, doctor,
school chaplain or school psychologist.
When things are feeling overwhelming or you
just need to share your thoughts,
contact some of these people.*



Drugs and alcohol **do not help**. Many people take them hoping to ease the pain but they actually make grief more complicated.

*"When the effects wear off you will feel worse than before."*¹



Websites

These websites may be of interest for further information. You will find that each site may also direct you to other sites.

The Department of Health and Ageing is not able to review or monitor, and does not endorse these sites. Your access to, and reliance on, these sites is entirely your own responsibility.

<http://www.reachout.asn.au>

An Australian site which includes information on different aspects of grieving and coping after suicide.

<http://www.kidshelpline.com.au>

For ages 5-25, you can talk to a counsellor online from this site.

<http://www.headroom.net.au>

Information and ideas about positive mental health.



Telephone Services

Kids Help Line 1800 55 1800
(ages 5 to 25)

Samaritans Youthline 9388 2500

Lifeline 13 11 14

Crisis Care (metropolitan) 9223 1111
(for country callers) 1800 199 008

All are confidential, free and available 24 hrs a day.

¹Grollman, E.,A. (1993). *Straight talk about death for teenagers: How to cope with losing someone you love*. Boston, Massachusetts: Beacon Press. ISBN 0-8070-2501-1. This pamphlet includes material adapted from the above reference.

Here are some ideas that other people who have been bereaved by suicide have found helpful.¹ We know that people have different ways of grieving at different times so what may be helpful for one person may not be so for another. What is important is that you find something that is helpful for you.

- Spend time with people who care about you and who understand
- Find someone to talk with and keep trying until you find someone who will listen
- Let others help you
- Ask for assistance when you need it
- Ask for help with everyday tasks like meals, washing and bill paying
- Know its OK to grieve
- There is no time limit on grieving
- Have a space where you can be on your own when you need to
- Cry, it's a great release
- Say what's on your mind and in your heart
- Be honest with children
- Never give up
- Little things may upset you, let them, its OK
- Go easy on yourself; you will have good and bad days
- Tell yourself you are going to be OK, you can do it
- Believe in yourself
- Be patient with yourself and others
- Remember you are not alone
- Read about grief and suicide, gain insight, it can help
- Speak with others who have also experienced a suicide
- Don't make any major decisions in the weeks or even months after the death
- Seek answers but try not to dwell on the why
- Don't isolate yourself
- Accept that it wasn't your fault
- Celebrate your loved one's life
- Cherish the memories
- Remember, your loved one is still very much a part of your life

*Silence is no certain token
That no secret grief is there;
Sorrow which is never spoken
Is the heaviest load to bear.²*

Some further ideas:

- Recognise every small achievement.
- Writing down your thoughts may be helpful.
- Many people find support and strength from their church or other religious body. These places will generally be open to you, even if you have not attended in the past.
- Look after yourself. If possible, exercise and rest regularly.
- It can help to talk to other people who have experienced the same sort of loss.
- Professional support may be a source of strength.
- It is OK to laugh. Laughter is healing. It can bring momentary relief from the pain and intensity of feelings.
- Take one day at a time.
- Know that you can survive. You have already survived.

¹ Hillman, S.D., Green, A., Silburn, S. (2000). *A Study of Families Bereaved by Suicide*. Perth, WA: Youth Suicide Advisory Committee.

² Haverdale, F.R. 'Untitled'. in Knieper, A.J. (1999). The suicide survivors grief and recovery, *Suicide and Life Threatening Behaviour*, 29, 353-364.

All sudden and unexpected deaths are reported to the Coroner for investigation in order for the nature and cause of death to be determined. If you have any questions at all about the Coronial process you can contact the Duty Counsellor at the Coronial Counselling Service.

The **Coronial Counselling Service** can be reached on **9425 2900**. They can provide information on how the investigation is proceeding and how to arrange a viewing. They also offer short term counselling. A counsellor is available to speak to you on the telephone, arrange an office appointment, or under certain circumstances, visit you at home. This service is available seven days a week from 7:00am to 6:00pm. Call **0419 904 476** outside business hours or **1800 671 994** from country areas.

The Funeral

You will normally be informed of the death of your loved one by a police officer. Once you have been informed of the death you and your family need to organise a funeral. You may want to ask a close friend to help with this. If you do not know of a funeral director to use you can check the yellow pages directory or access the Australian Funeral Directors Association website at www.afda.org.au. This website has listings of registered funeral directors in each state and also has a section with frequently asked questions and answers about funerals and about grief.

The Coronial Process

The Coronial process can be complex and involves the police, the State Mortuary, the Coroner's office and some other agencies. Below is a diagram showing the relationships between the agencies that will work together to assist the Coroner in determining the nature and cause of your loved one's death.(Figure 1) You and your family are also able to attend the mortuary to view the body. You will need to make an appointment to do this. Be sure to ask how long you can stay, who else can go with you, if you can touch the body, and how many times you can go back when you first make the appointment. This will enable you to be prepared. The State Mortuary can be contacted on 9346 2533. You may need to leave a message on an answering machine. Your call will be returned.

If you wish, a counsellor from the Coronial Counselling Service can go with you and your family to view the body at the mortuary.

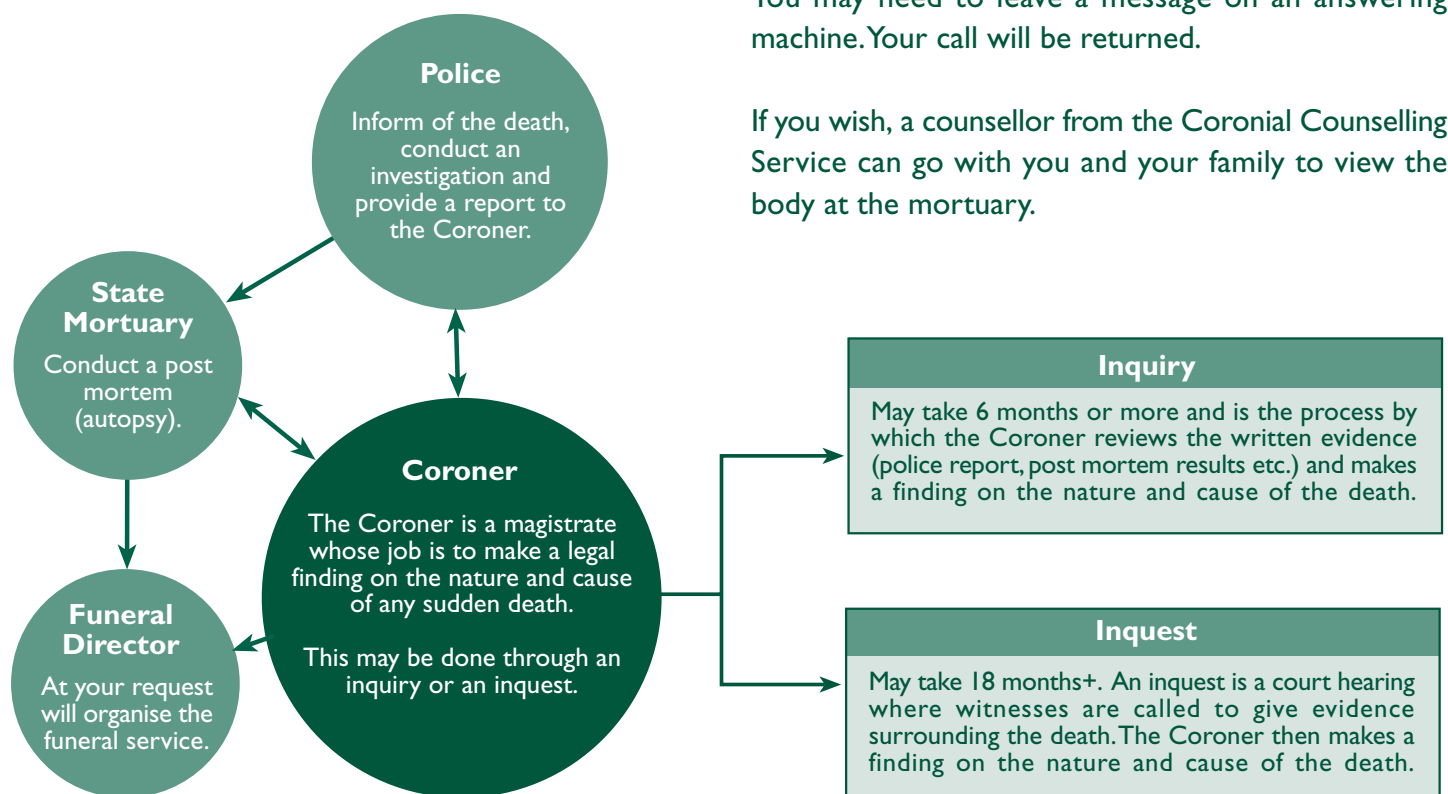


Figure 1: The Coronial Process

More Information about the Coronial Process

Why are the police involved?

The police attend every sudden death. Often they will be in plain clothes instead of a uniform. They will need to ask questions and will talk with you in the next few weeks about the death. This will involve making a formal statement. This statement assists the Coroner in making a determination about the nature and cause of the death.

Once the police attend the scene of the death they will arrange for the body to be taken to the mortuary. The police will also give you a brochure that outlines your rights about post mortems. You have the right to object to a post mortem examination but will need to have grounds for this. Contact the Coronial Counselling Service to discuss this within the first 24 hours of being notified of the death.

Tell the police if you wish to be kept informed of the progress of the investigation and don't be afraid to contact them if you are concerned about any aspect. Alternatively, if you don't want to be involved, or if you wish to nominate another person as the point of contact, let the police officer know.

What happens at the State Mortuary?

A family member may be asked to attend the mortuary with a police officer to formally identify the body. The mortuary will also conduct a post mortem examination (autopsy). This is an external and internal inspection of the body, which assists in finding the medical cause of death. The Coroner will write to you with the post mortem results as soon as they are available.

What will the funeral director do?

The funeral director will take over the care of the deceased once the autopsy is complete and the Coroner has authorised the release of the body. Talk with them about your requirements for the funeral including the facilities (eg. rooms, refreshments etc.) and the numbers expected. The funeral director will tailor the funeral to suit your needs.

You are entitled to speak with a number of different funeral directors to find out what services they offer and at what price before making a decision about which one to use. You and your family are also able to view the body again at the funeral directors. Most funeral directors have excellent facilities for this. It may be helpful to provide a photo of your loved one to assist the funeral director with the viewing.

Should children attend the funeral?

It is helpful for children to have the opportunity to say goodbye to their loved one. Attending the funeral gives them this opportunity. Be sure to prepare them for what to expect at the funeral. Another family member or friend may be able to help with this.

“Children often say that being at the funeral and even being involved in preparing the service really helped them because they had the opportunity to express their grief and to say goodbye.”¹

Can I get a death certificate?

Once the Coronial Inquiry/Inquest is complete the Coroner will forward final information to the Registry of Births, Deaths and Marriages (telephone 9264 1555, Westralia Square, Level 10-141 St Georges Tce Perth). You can purchase a death certificate there. Sometimes the funeral director will organise for a copy of the death certificate to be forwarded to you once it is available. If a death certificate is required earlier an interim death certificate can be purchased. This will show personal details but not the cause of death. This information is sufficient for most purposes.

What is the difference between an inquiry and an inquest?

An inquest is a court hearing conducted by the Coroner. The Coroner can summons people to be witnesses or to bring papers and other evidence. Evidence is given on oath and witnesses can be questioned. The Coroner must hold an inquest if the person was in a prison or

institution (eg. psychiatric hospital). In other cases, the Coroner will decide whether or not an inquest is needed. If an inquest is not needed the Coroner will review the report written by the police (including witness statements, post mortem results etc.) and then make a finding on the death. This is called an Inquiry.

Other Useful Information

The will

A will is a legal document which indicates how a person wishes their belongings to be distributed following their death. If there is a will the nominated executor is the person responsible for ensuring that the instructions of the will are followed. If there is no will then you should seek advice on how to manage the estate. The Citizens Advice Bureau (telephone 9221 5711) produces information about administering estates.

Further advice can be obtained from The Law Society of Western Australia which operates a Shopfront Lawyer service (telephone 9322 4911, Ground Floor 89 St Georges Terrace Perth) for the general public at a nominal fee. Alternatively you may seek assistance from your own lawyer or accountant.

Administering the estate

Administering the estate is generally a lengthy process and takes about six months to complete. The executor

nominated in the will is responsible for administering the estate which involves applying for probate; valuing the estate; completing tax returns (this may involve notifying the deceased's accountant, or seeking advice from the Australian Taxation Office); paying all debts; collecting monies owed; distributing assets and other tasks. If you do not feel able to undertake the role of executor you may arrange for someone to assist you or nominate another executor.

Information about Probate can be obtained from the website www.supremecourt.wa.gov.au provided by the Department of the Attorney General. Alternatively you may phone the Probate Registry on 9421 5152.

Who to Notify

There are a number of people and organisations you may need to notify about the death. These include schools, banks and clubs. Over is a list of some common organisations to which people regularly belong. Some of these will be relevant, some won't. Use this list as a starting point but you may need to have a look through the paperwork of your family member for more specific organisations.

It may be easiest to notify some of these organisations in writing. Included is an example of a letter you can photocopy and use to do this.²

¹Noonan, K., & Douglas, A. (2001). *Supporting children after suicide: Information for parents and other caregivers*. NSW.

²Reprinted with permission from Centrelink. (2000). *What to do when someone dies*. Available from all Centrelink offices.

Organisations to Notify

Organisation	Contact Details	Notified
Executor of will		
Medicare, Private health fund		
Bank		
Local council		
Australian Taxation Office		
Superannuation fund		
Insurance company		
Vehicle registration		
Centrelink		
Hire purchase companies		
Public utilities (eg. gas etc.)		
Public library		
Workplace		
School/TAFE/University		
Property manager/landlord		
GP/Dentist etc.		
Solicitor		
Sporting/social clubs		
Others		

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 Death: ____ / ____ / ____

I understand that the 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 _____

and my phone number is _____

Street name and number

Suburb

State

Postcode

Relationship to the deceased

Signature

Date: ____ / ____ / ____



It can be helpful to read about grief and suicide and read of other survivors' experiences. Listed over are some books and websites which other people have found useful.



Internet

If you prefer to access books through the internet these two websites may be of interest.

- <http://www.amazon.com> - has an extensive reading list on suicide and bereavement.
- <http://www.dougy.org> (select “bookstore” on the left of the webpage) - The Dougy Center (the American National Centre for grieving children and families) has a series of practical, easy-to-read guidebooks for assisting children, teens and families cope with the death of a family member.

Libraries

Some of these books will be available through your local library. An asterisk (*) beside the name of any book below indicates it is available through the public library system in this state. Library staff will be able to tell you if the book is available at your library, otherwise they will order it from another library. They may also be able to borrow other books from within Australia and overseas.

The State Library is open 7 days a week. Telephone 9427 3111 to check times. The books are for reference only, not for borrowing.

The Compassionate Friends (a service for parents who lose a child) operate a lending library with a number of books on suicide and bereavement. This is staffed by volunteers and is generally open from 10:00am – 2:00pm, Monday – Friday. Phone first on 9486 8711 to check it is open. The following mark “~” beside the name of any book below indicates the book is available from The Compassionate Friends library.

Bookshops

Most bookshops will order in books. Quote the ISBN or ISN number when you place an order.

Websites

These websites may be of interest for further information. You will find that each site may also direct you to other sites.

As with everything on the internet, the information contained in these sites is the opinion of an individual, agency or organisation. The Department of Health and Ageing is not able to review or monitor, and does not endorse these sites. Your access to, and reliance on, these sites is entirely your own responsibility.

The sites may also change over time and may no longer be available after a period of time. All sites listed here were available at the time of publishing.

Books

Bereavement through suicide

***~After Suicide: Help for the Bereaved**

Dr Sheila Clark (1995)
Melbourne, Australia: Hill of Content.
ISBN – 0 855 722 622

Suicide Survivors' Handbook: A Guide For The Bereaved And Those Who Wish To Help Them

Trudy Carlson (2000)
Minneapolis: Benline Press.
ISBN – 09642443 8 1

Picking up life's pieces...after a suicide. A Hope and Help Handbook.

Eric Trezise and Rodney Lynn (1997)
NSW, Australia: TEAKL Education
ISBN – 0 9587379 0 8

~A Special Scar: The experiences of people bereaved by suicide.

Alison Wertheimer (1991)
London: Routledge
ISBN – 0 415 017 637

***No Time For Goodbyes**

Janice Harris Lord (1988)
NSW, Australia: Pathfinder
ISBN – 0 85574 867 2

***Night Falls Fast: Understanding Suicide**

Kay Jamison (1999)
New York: Knopf
ISBN – 0 375401458

*** Leaving Early: Youth suicide, the horror, the heartbreak, the hope.**

Bronwyn Donaghy (1997)
Harper Collins
ISBN – 0732257816

~ Suicide Survivors: A guide for those left behind

Adina Wroblewski (1991)
Minneapolis: Afterwords
ISBN – 0 935585 04 4

General Grief

Coping with Grief

Mal McKissock (2000)
Available from ABC bookshops
ISBN – 0 733 0438 9

~Words of Sorrow, words of love: Death of a child

Edited by Eva Lager (1998)
ISBN – 0 646 36206 2

Personal accounts of loss through suicide

***~Knowing Why Changes Nothing**

Eva Lager with Sascha Wagner (1997)
Perth, Australia: Options
ISBN – 0 646 31468 8

***~My Son, My Son. A guide to healing after death, loss or suicide.**

Iris Bolton (1987)
Atlanta: The Boston Press
ISBN – 0961632615

*** Everything to Live For**

Susan White-Bowden (1985)
New York: Simon and Shuster.
ISBN – 0 671 635 875

For helping children

Supporting children after suicide: Information for parents and other caregivers

Kerrie Noonan and Alana Douglas (2001)
NSW, Australia. Available from Better Health Centre
telephone (02) 9816 0452 or can be downloaded from
www.health.nsw.gov.au/policy/cmh/publications/Supporting_Children_After_Suicide.pdf

Help me say goodbye

Janis Silverman (1999).
Minneapolis: Fairview Press
Available through web site www.press.fairview.org

Bereaved Children and Teens: a Support Guide for Parents and Professionals

Earl A. Grollman (1993)
Boston: Beacon.

Websites

<http://www.mcsp.org.au>

This site includes information and resources concerning suicide prevention.

<http://www.save.org/>

The aim of SAVE is to educate about suicide prevention and to speak for suicide survivors. This site contains useful information on grief and bereavement that is specific to suicide.

<http://www.afsp.org>

The website for the American Foundation for Suicide Prevention has sections entitled 'Survivor' and 'Research' which include survivors' stories, information for survivors and research articles.

<http://www.survivingsuicide.com/>

This site is the reflections of a suicide survivor. It has information on surviving and coping, dealing with grief, helping children, coping as a family, and links to other sites.

<http://www.suicidology.org/index.cfm>

This site has information about suicide and features a section for Survivors of Suicide. It includes excerpts from a quarterly newsletter.

<http://www.rcpsych.ac.uk/mentalhealthinformation.aspx>

The Bereavement Information Pack, produced by the Royal College of Psychiatrists in Oxford, England, is available online at this site.

General Grief Sites

<http://www.grieflink.asn.au>

A comprehensive website about grief and loss.

<http://www.bereavementcare.com.au>

This site includes links to articles, books and videos as well as access to a downloadable version of the NSW Health Support Pack for Coping with Suicide.

For and about children

<http://www.fernside.org/>

This site offers a Kid's area with activities, questions for discussion, and books and an area for adults which talks about how to help a grieving child.

<http://www.kidsaid.com>

This is a place for kids to share and deal with feelings and to show artwork and stories.

For people who have lost partners

<http://www.widownet.org>

Information and self-help resources for and by widows and widowers. Topics covered include grief and bereavement.

For men

<http://www.webhealing.com/>

There are many resources on this page including excerpts from the author's books on males and grieving.





HELPING CHILDREN WITH GRIEF

Children will be faced with many losses in their lives. It is a common instinct for parents and other carers to want to protect children from the pain of grief. However it is important for children to learn how to grieve and to be given the opportunity to grieve. Children will learn about grieving from the adults in their life.

“If you are showing your child that it’s OK to talk about and show feelings then they will take your lead.”¹

Children experience the same feelings as adults but tend to express their grief differently:

- * Grief for children is not constant, but comes in bursts. It is not unusual to explain a death to a child and find that they do not seem affected by it, or they want to go out and play. This does not mean they do not feel the pain of the loss.
- * Younger children especially may ask the same questions many times. You may have to tell the story over and over again. As children get older they will grieve again. The loss will mean different things to them at different stages.
- * Often children express their feelings through behaviour and play.

Children may react to a loss and show their grief in many different ways as shown below. These are normal ways for children to work through their grief. However where these behaviours become too repetitive or last a long time, it may be helpful to seek professional advice.

<p>Behaviour</p> <ul style="list-style-type: none"> Playing the same thing over and over Crying or giggling without obvious reason Playing out the loss with toys Anger or aggression to friends, parents or toys Temper tantrums Copying behaviours of the deceased Acting like a younger child Acting more like an adult Running away, not wanting to go to school Problems with school work 	<p>Physical</p> <ul style="list-style-type: none"> Pains such as stomach aches or headaches Sleeping problems, bad dreams Eating problems Being clumsy Not being able to concentrate for long <hr/> <p>Emotional</p> <ul style="list-style-type: none"> Easily upset Low self esteem Clingy
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Talking to children about a suicide death:¹

It is important to be honest with your children about a suicide in the family. Children need to know the truth within their ability to understand. Children's understanding of death and suicide will vary depending on their age and maturity.

“Parents often express great relief that they have spoken to their children about suicide. Often the secret of suicide and trying to cover up the facts adds further stress to the family coping. Many of the fears that caregivers have about causing greater distress for their children are not realised, as most children, even very young children, take the news in a very matter of fact way.”¹

- * Be honest and consistent.
- * Ask your child what death means. Explain it to them and be sure they understand.
- * Explain in small steps. Don't overwhelm your child with details.
- * Use simple language to explain suicide. Children are not always aware of the word suicide although they may understand the concept. Use other words as well such as 'suicide is when someone makes their body stop working.'
- * Avoid explanations such as 'he's gone to sleep.' Children take things very literally. They may start to fear going to sleep.
- * Answer questions as they come up. Don't feel you have to have all the answers, if you don't know, say so. If you're unsure what your child means by a question, ask them to be more specific.
- * Unless there are very good reasons for not saying this, it is wise to emphasise that suicide is a not a good idea because there are always other ways to solve problems.
- * Children may believe that because they have thought or said something, they have contributed to the death. **Reassure your children that they are not responsible.**
- * Children often believe that the pain and hurt will last forever. Reassure them the process will take time but that they will feel better.
- * Accept their feelings and share your own.
- * Remember no two children grieve in the same way. Ask your children questions to help you understand how they are feeling.

The following is an example of a parent talking to their child about a suicide. This way of explaining fits with what children have said they prefer and understand.

...“I have something to tell you. This morning we got some bad news... your Uncle Jeff has died... he killed himself. This means that he made his body stop working. Do you understand what that means?”...

“It seems he was very unhappy and he didn’t know how to talk to anyone about how bad he felt. Sometimes people can’t find a way out of their problems and that’s why it’s important to remember that there is always someone that you can talk to about your worries. We would have liked to have helped Uncle Jeff but his suicide has stopped us from doing that. It’s important that you know that Uncle Jeff loved you and it wasn’t anything you did that made him feel so bad ... The next few days are going to be sad for everyone, just remember that you can ask questions and talk about Uncle Jeff whenever you want to.”¹

If you have already told your child a different story about what happened it is not too late to change this. Tell your child the truth and explain that sometimes adults find it hard to tell their children about death.

How you can help your children with their grief

At school

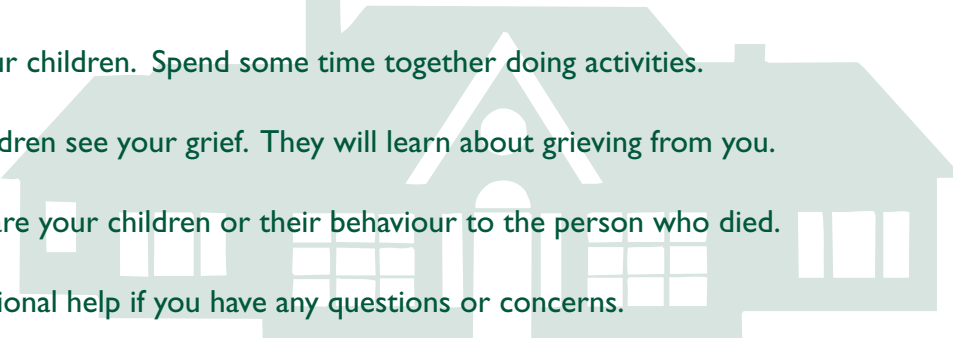
1. Advise the school of the death.
2. When your child returns to school, talk to the teacher and the school counsellor. Discuss any potential problems such as making gifts for Mothers Day or Fathers Day. They will be able to help you monitor how your child is managing.
3. Practise with your child what they can say to their friends and teachers.

“Many children are more distressed by not knowing the words to say than by the content of what they have to say.”²

4. Remember to involve other people who may be able to help, for example relatives, teacher or school counsellor. Sometimes children, like adults, find it easier to talk to someone outside the family.

At Home

- * Maintain routines and expectations such as bedtime, homework and sporting activities. This gives children a sense of consistency and security.
- * Birthdays or special occasions may stir up feelings and memories. Include children in the planning of these events.

- 
- * Encourage your children to play with friends. Their friends can be an important support.
 - * Play with your children. Spend some time together doing activities.
 - * Let your children see your grief. They will learn about grieving from you.
 - * Don't compare your children or their behaviour to the person who died.
 - * Seek professional help if you have any questions or concerns.

In helping children to understand and cope with death remember the following principles:
Be truthful, be consistent, be loving and be accepting.

Some suggested activities to do with young children³

- 
- * Create a memory box. Put mementoes of your loved one into a special box and look at them anytime. Draw or write about what you might collect to put in your memory box.
 - * Look at pictures of past good times.
 - * Read together. Books can encourage understanding and discussion. Two suggestions are: *What on Earth Do You Do When Someone Dies?* Trevor Romain, free spirit publishing. ISBN 1-57542-055-4, available in public libraries. *Bart Speaks Out, Breaking the Silence on Suicide: An interactive Story for children.* Linda Goldman. ISBN 1-55950-521, available in public libraries.
 - * Use a toy phone to talk about what happened.
 - * Use clay to show your thoughts. Pound it if you are angry.
 - * Draw or paint to show how you feel. You can make a 'feelings' book. Include some things that make you feel safe or loved. Put the date on each page to show how your feelings change as time goes on.
 - * Act out what happened or how you feel with puppets or dolls.
 - * Buy a helium balloon. Take it with you to a park or pretty place. Let go of your sad feelings as you let go of the balloon. Watch it float away with your sad feelings.
 - * Computer programs are useful for story writing.

¹ Noonan, K. & Douglas A. (2001). *Supporting Children after Suicide: Information for parents and other caregivers.* NSW.

² Dunne, E. & Wilbur, M.M. (1999). *Survivors of Suicide: Coping with the Suicide of a Loved One.* Lifeline Melbourne and The Victorian State Coroners Office.

³ Adapted from: Silverman, J., (1999). *Help Me Say Goodbye.* Minneapolis: Fairview Press. ISBN 1 57749 085 1

This material has been adapted from a number of sources including the above references, particularly reference 1.

SUPPORT SERVICES

“Each person’s story will be different, and help must be offered in ways which recognise and support the uniqueness of each person’s grieving.”¹

Listed below is a range of services that provide help for those bereaved by suicide. Which ones will be of most help to you will depend on your individual needs and preferences. More information can be obtained directly from the services. You may need to be persistent in finding help that you feel comfortable with. These details are current as at July 2007.

Coronial Counselling Service (Free service)

Telephone – 9425 2900 1800 671 994.

Monday - Friday. Ask for the duty counsellor.

0419 904 476 weekends/public holidays 7:00am - 6:00pm

A support and information service for anyone who loses a loved one to suicide or other sudden death; the counsellors can also provide information about the coronial investigation process.

Samaritans (Free service)

Telephone – 9381 5555, 1800 198 313,

Youthline – 9388 2500. 24 hours a day

E-mail - samswa@bigpond.au

World wide support organisation for people in despair. Based in Perth. Non religious. Offers telephone, e-mail and face to face counselling. Samaritan House is open every day with someone available to talk. 9:00am to 8:00pm. No appointment needed.

Shadow of Suicide Support (Free service)

Support offered by the Samaritans for anyone who has experienced the suicide of a friend or relative. Contact details as for Samaritans.

ARBOR Support for people bereaved by suicide

(Free service)

Telephone – 9266 1029

9:00am - 4:00pm Monday - Friday. Ask for duty counsellor.

This is an outreach support service for people bereaved by suicide.

It offers short term counselling and peer support. Funded until May 2009.

The Compassionate Friends (Free service)

Telephone – 9486 8711, 1800 628 118

10:00am - 2:00pm, Monday - Friday

(Phone first to check someone available)

A self help organisation for parents who have lost a child of any age. There is a regular meeting group for suicide survivors. They also have an extensive library and produce a quarterly newsletter.

ARAFMI (Association for Relatives and Friends of the Mentally Ill) (Free service)

Telephone – 9228 1411, 1800 811 747

9:00 - 4:30, Monday - Friday

Offer short term individual counselling to people bereaved by suicide when anyone in the family has a mental illness.

Palmerston Centre Bereavement Services

(Free service)

Telephone – 9328 7355

8:30am - 5:00pm, Monday - Friday

Offer a 12 week support group for parents who have lost a child as the result of a drug related death. Additional one to one support is available with a trained counsellor. Can provide contact with parents in a similar situation.

For multicultural Australians

Initial areas of support may come from your ethnic community or religious group. The Department for Child Protection (telephone 9223 1111) and the following services may also be able to help.

ISHAR - Multicultural Centre for Women's Health

(Small fee payable)

Telephone – 9345 5335

9:00am - 4:30pm, Monday - Friday

This service has a psychologist available who will provide a grief counselling service to women, men and children who have lost a family member or friend through suicide. Interpreters available.

Multicultural Samaritans (Free service)

Telephone – 9381 5555

9:00am - 4:30pm, Monday - Friday

For people who would like to have support in their language of origin - available if there are trained Samaritans fluent in that language.

Asetts (Free service)

Telephone – 9227 2700

9:00am - 4:30pm, Monday - Friday

Can provide support to refugees who have lost a family member through suicide.

The following services may offer general bereavement and support services.

Telephone Counselling

Counselling services for crisis situations including suicide bereavement. These are free, confidential services and are available 24 hours a day.

Lifeline

13 11 14

Kids Help Line

1800 55 1800 (ages 5 to 25)

Crisis Care

9223 1111

For Children

Silver Chain Grief Support Service

(Offers free programs for children who are bereaved).

Telephone – 1300 554 123

Blue Skies - A two day program for children aged 8-12 years.

Activities include art therapy, play, singing, feelings based activities, education about grief.

Moonbeams – A half day workshop for children aged 5- 7 years incorporating age appropriate activities.

Child and Adolescent Clinics

(Free but need a referral from a GP)

For children and adolescents who are having particular trouble adjusting. Clinics in various areas around Perth. These clinics generally have waiting lists.

For Partners

The Solace Association of WA

Telephone – 9381 1389 (Trish)

Offers meetings and 24 hour phone contact for widows and widowers.

Other Services

Centrecare and Access Programs (Fees vary)

Telephone – 9325 6644

9:00am - 5:00pm, Monday, Friday,

9:00am - 8:30pm, Tuesday, Wednesday, Thursday

Provide counselling and emotional support to anyone who has experienced a loss.

Silver Chain Grief Support Services

(Fees vary)

Telephone – 1300 554 123

8:30am - 3:00pm, Monday - Friday

Offers counselling centres in Claremont and Rockingham.

Relationships Australia (Sliding scale for fees)

Telephone – 1300 364 277

9:00am - 9:00pm, Monday - Wednesday

9:00am - 5:00pm, Thursday, Friday

Have counsellors who help with bereavement for individuals, couples and families. Service located in various areas around Perth.

WISH (The Western Institute of Self Help Inc)

Telephone – 9228 4488

9:00am - 4:00pm, Monday - Thursday

Can provide information about self help and support groups and other community support services. WISH also offers support and practical information to those seeking to develop a new group.

You may also find support from the following groups:

- Your local place of worship
- Local Doctor
- Funeral Directors
- Private counsellors, psychologists and psychiatrists. *Contact numbers for local health professionals can be found in the Yellow Pages or through the Health Info Network on **1300 135 030**.*
- Workplace Counsellors

¹ Wertheimer, A. *A Special Scar: The Experiences of People Bereaved by Suicide*. (1991). London: Routledge.

Statewide services

Coronial Counselling Service (Free service)

Telephone - 1800 671 994 Monday - Friday

0419 904 476 weekends/public holidays 7:00am - 6:00pm

A support and information service for anyone who loses a loved one to suicide or other sudden death. The counsellors can also provide information about the coronial investigation process.

The Compassionate Friends (Free service)

A self help organisation for parents who have lost a child.

Contact The Compassionate Friends in Perth on 1800 628 118 for details of country contacts and support groups in your area. They also offer contacts for siblings in some country areas.

Telephone Counselling

Survivors of Suicide 9841 5091 / 0407 850 027

Samaritans 1800 198 313 / 9842 2776 (Albany)

Lifeline 13 11 14

Kids Help Line 1800 55 1800 (ages 5 – 25)

Crisis Care 1800 199 008

All services are available 24 hours, free and confidential.

Mental Health Emergency Response Line (Free service)

Telephone - 1800 676 822

Available 24 hours a day for support and advice about resources available in your area.

Other sources of support in your area may be:

- Local Doctor
- School chaplain
- Hospital social worker
- Local health worker
- Department for Community Development
- Community health centre
- Private counsellor
- School psychologist
- Local counselling agencies
- Your local place of worship

Listed below are contact numbers for country areas. These agencies will be able to advise you of support services available in each area.

Mandurah

Duty Officer, Peel Community Mental Health Services
Telephone – 9531 8080 8:30am - 4:00pm, 5 days a week
1800 676 822 After hours

Bunbury and the South West

Centrecare
Telephone – 9721 5177 9:00am - 5:00pm, Monday - Friday

Duty Officer, South West Mental Health Services
Telephone – 9726 5900 9:00am - 4:30pm, Monday - Friday

South West 24
Telephone – 1800 555 336 Available 24 hours a day

Albany and the Great Southern

Survivors of Suicide (SOS)
Telephone – 9841 5091 / 0407 850 027
Available 24 hours a day

Esperance and South East Coastal

Esperance Community Health Social Worker
Telephone – 9071 0899 9:00am - 4:30pm
Monday - Wednesday

Duty Officer, South East Coastal Mental Health Service
Telephone – 9071 0444
8:30am - 4:30pm, Monday - Friday

Kalgoorlie and the Eastern Goldfields

Community Health Service
Telephone – 9088 6200 8:30am - 4:30pm, Monday - Friday

Northam and the Central Wheatbelt

Convenor of Wheatbelt Alive and Well Inc
Telephone – 9622 4325 8:30am - 4:30pm, Monday - Friday

Psychologist or Social Worker, Northam Hospital
Telephone – 9690 1300 9:00am - 4:00pm
Monday, Tuesday, Friday

Jurien

Jurien Bay Health Centre
Telephone – 9652 0200

Murchison, Geraldton, MidWest and Gascoyne

Duty Officer, Central West Mental Health Service
Telephone – 9956 1999 8:00am - 4:30pm, Monday - Friday

Pilbara

Duty Officer, North West Mental Health Service (Port Hedland)
Telephone – 9178 1444 8:00am - 4:30pm, Monday - Friday

Duty Officer, Northwest Mental Health Service (Karratha)
Telephone – 9143 2346 8:00am - 4:30pm, Monday - Friday

Broome, Kununurra and Kimberley

North West Mental Health Service.
Telephone – 9194 2640 8:00am - 4:30pm, Monday - Friday
1800 552 002 After Hours



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