

Information & Support pack

*for those bereaved by suicide
or other sudden death*

NT



Information & Support Pack: for those bereaved by suicide or other sudden death (NT)

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1 On first being notified

Why are the police involved?

The police attend every unexpected 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 cause of death and relevant circumstances concerning the death. If you know the deceased you may be asked to formally identify the body.

Where will the body go?

Coroner's Constables usually attend the place of death and they will organise for the body to be taken to the mortuary. They will give you a brochure about the coronial system and they will explain your rights about post mortems.

What happens at a visual identification?

A family member may be asked to attend the mortuary with a police officer to formally identify the body. It is advisable to have a support person accompany you during and after the procedure. You can ask the police officer or the mortuary assistant to help you to prepare for the experience by sensitively describing what you are about to see. You can also request that a counsellor be present during the identification.

An identification form will be completed, giving the name, address, age and occupation of the person who has died, how long you have known them, and your relationship to them. You will then be taken to a viewing room. Once you have identified the person, you will be asked to sign a statement of identification.

What happens next?

A post mortem examination (autopsy) will be conducted at the mortuary. This is an external and internal inspection of the body, which assists the Coroner in finding the medical cause of death. The family can request the post mortem results from the Coroner in writing. The report will be sent to a GP nominated by the family with a covering letter to the GP.

If you have any concerns about the post mortem, speak to the Coroner's Constable on 8999 7770. The Coroner will consider objections in exceptional circumstances but has specific guidelines.

Tell the Coroner's Constable 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 Coroner's Constable know.

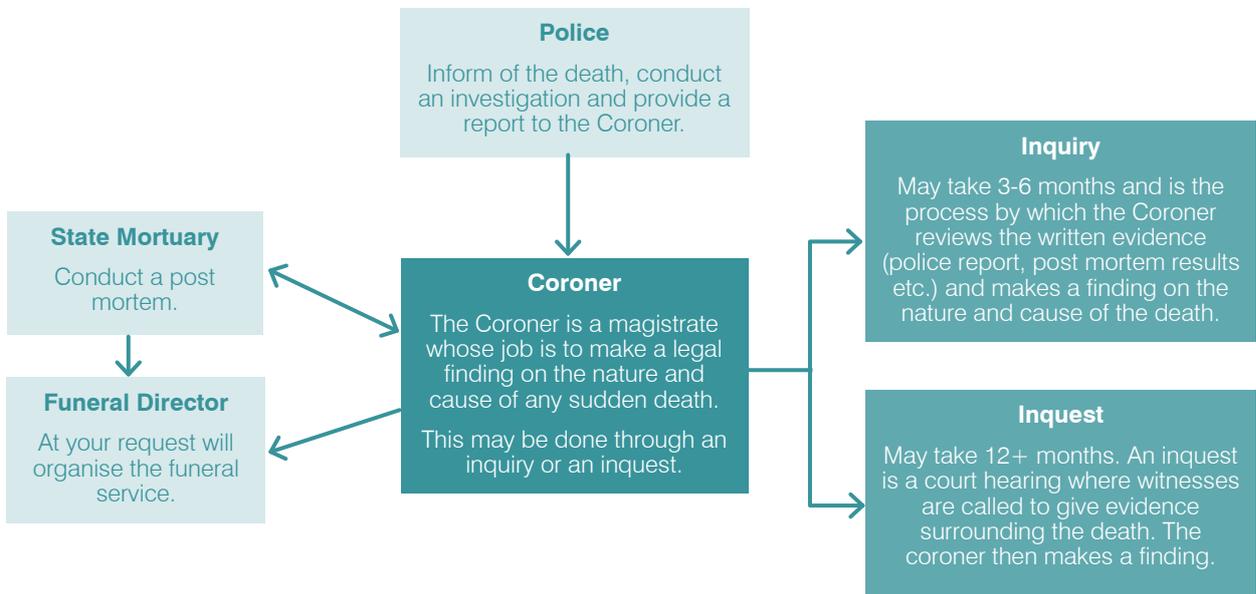
In the first 24 hours

- The person's body will be taken to the mortuary.
- You should contact a funeral director of your choice.
- The coroner will decide whether an autopsy needs to be performed. If so, it will usually happen within 48 hours. If you want to object to an autopsy, contact the Coroner's Office immediately on 8999 7770.
- The police or Coroner's Office may contact you to get more information about the circumstances of the death or the person's medical history.
- You may be asked to identify the person

2 Practical matters

2

All unexpected, unnatural or violent deaths are reported to the Coroner for investigation to determine the identity of the deceased, the time and place of death, the cause of death, particulars required to register the death and any relevant circumstances concerning the death. If you have any questions at all about the Coronial process you can contact the Coroner's Office, telephone 8999 7770.



What is an autopsy?

An autopsy is sometimes called a 'post mortem'. It is a detailed form of medical examination of the body, performed by a Forensic Pathologist. The autopsy can provide detailed information about the person's health and so will give an understanding of the various factors which may have contributed to their death.

Samples of blood and tissue will be taken for analysis. In some cases, the Coroner may require whole organs to be retained for a more thorough examination or specialist testing. If this is necessary the senior next-of-kin will be advised by the Coroner's Office. This occurs very infrequently.

It is usual for an autopsy to be performed in all coronial cases. Should the senior next-of-kin object to an autopsy being performed the Coroner will advise the senior next-of-kin, in writing of the decision to order an autopsy. Where possible, the autopsy will be delayed for 48 hours, within which time the senior next-of-kin may make application to the Supreme Court for the autopsy not to be performed.

Are autopsy reports available to relatives?

Due to the complexity of these reports, they are easily misinterpreted and can cause great distress. They are not generally provided directly to bereaved persons; however, if requested in writing a copy may be provided to the senior next-of-kin's nominated general practitioner who will be able to explain and discuss any complex medical information.

Who is the senior next-of-kin?

The senior next-of-kin means, in order of availability:

- The person's spouse or de facto spouse
- The person's son or daughter aged 18 years or over
- The person's parent
- The person's brother or sister aged 18 years or over.

Where a person is Aboriginal, the senior next-of-kin is a person who, according to the customs of the community or group to which the deceased person belongs, is an appropriate person.

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 .

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) and the numbers expected. Depending on your requirements 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 at the funeral directors. Most funeral directors have excellent facilities for doing 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 can give 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.

Can I get a death certificate?

A certificate is issued after the Coroner has completed their investigation and made findings. Death Certificates are available from the Registrar of Births, Deaths & Marriages in Darwin (telephone 89 996 119) or Alice Springs (telephone 89 515 338).

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.

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 Public Trustee (telephone 8999 7271) is able to provide information about administering the estate. 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 involves 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.

A probate kit is available from the Supreme Court Registry (telephone 8999 6562) or online at: www.nt.gov.au/ntsc.

Financial assistance

Depending on your circumstances and your relationship to the person who died, you may be eligible to receive Government financial assistance. Payments include Bereavement Allowance, Pension Bonus Bereavement Payment, Widow Allowance, Parenting Payment, Newstart Allowance and Youth Allowance. Contact Centrelink on 13 2850 to find out if you are eligible. You can obtain from Centrelink the document *Needing help after someone has died?* which outlines the assistance available, or download it from www.centrelink.gov.au.

Useful contact numbers

Office of the Coroner

Darwin.....8999 7770
Alice Springs.....8951 5796

Translating and Interpreting Service (TIS).....13 14 50

Centrelink.....13 2850

Births, Deaths & Marriages.....8999 6119

Legal Aid.....8999 3000

North Australian Aboriginal Legal Aid Service.....1800 898 251

Central Land Council.....8951 6211

Should I tell people it was suicide?

Some people find it difficult to tell others about the cause of death and choose not to do so. Initially this may be easier. However, it may result in experiencing a sense of unease in your relationships with others and may lead to a lack of support.

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.

It is also important to be honest when telling children about the death. For a detailed discussion of talking with children about a suicide death see the section in this pack on *Helping children with grief*.

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.

Who should I notify?

There are a number of people and organisations you may need to notify about the death. These include schools, banks and clubs. Over the page 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. Over the page is an example of a letter you can photocopy and use to do this.

Organisations to Notify

Organisation	Contact Details	Account/Reference details	Notified
Accountant			
Australian Taxation Office	13 2861		
Banks, credit unions			
Centrelink	13 2300		
Child Support Agency	13 1272		
Clubs			
Credit card/hire purchase			
Department of Veteran's Affairs	13 3254		
Doctor			
Australian Electoral Commission	13 2326		
Employer/s			
Executor of will			
Foreign pension authority			
Insurance companies			
Local council			
Medicare	13 2011		
Private health fund			
Property manager/ landlord/ mortgage company			
Public library			
School/TAFE/University			
Solicitor			
Superannuation fund			
Vehicle registration/licensing authority			
Utilities (eg gas, electricity, water, phone, mobile phone)			

Adapted from Centrelink (2009) *Needing help after someone has died?* Available from Centrelink or online at www.centrelink.gov.au

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: _____ / _____ / _____

4 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.

Behaviour 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	Physical Pains such as stomach aches or headaches Sleeping problems, bad dreams Eating problems Being clumsy Not being able to concentrate for long
	Emotional Easily upset Low self esteem Clingy

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

- Advise the school of the death.
- 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.
- 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)

- 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 children (3)

- 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.

References:

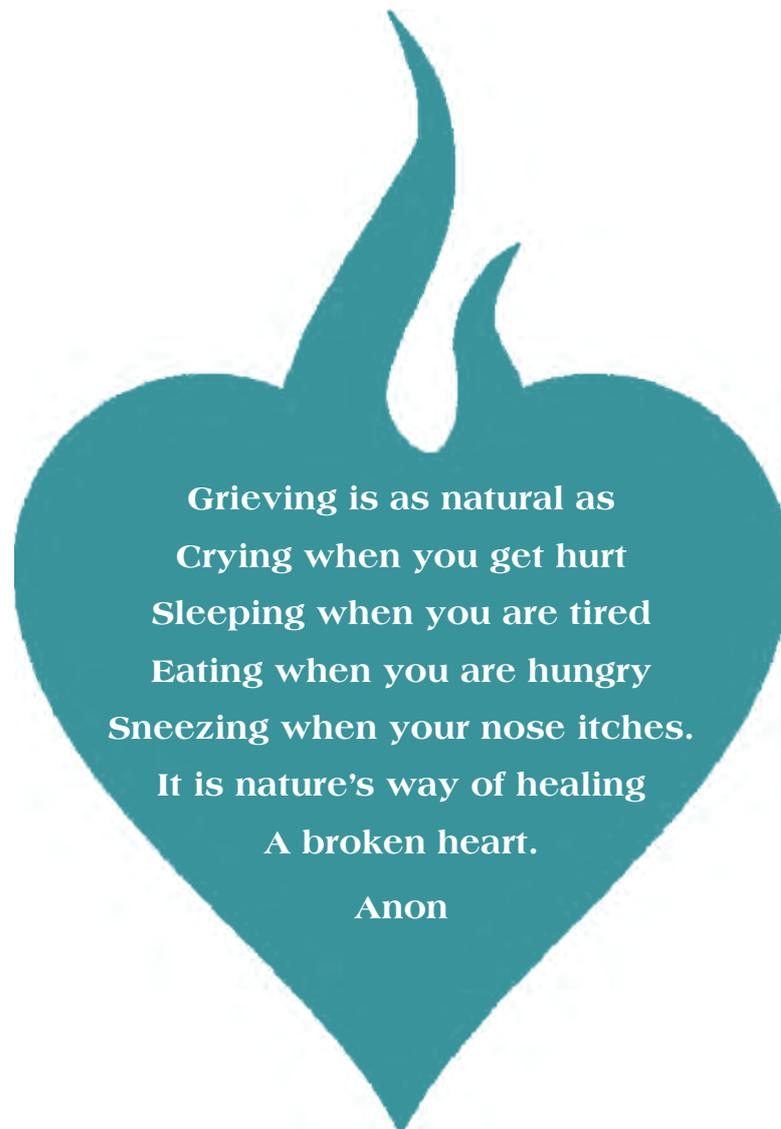
1 Noonan, K. & Douglas A. (2001). *Supporting Children after Suicide - Information for parents and other caregivers.* NSW

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.

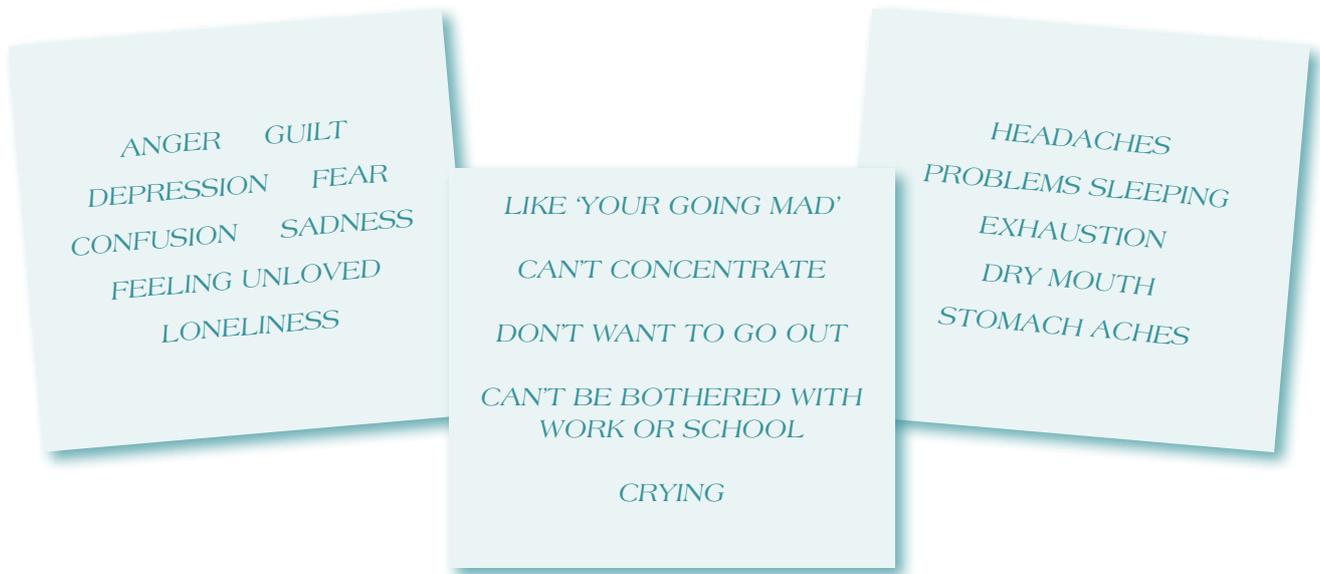
3 Adapted from: Silverman, J., (1999). *Help Me Say Goodbye.* Minneapolis: Fairview Press. ISBN 1 57749 085 1

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

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.



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



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, neighbor, 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 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 developers and distributors of the pack are not able to review or monitor, and do not endorse these sites. Your access to, and reliance on, these sites is entirely your own responsibility.

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

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

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

For ages 5-18, 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

(ages 5 to 25)

1800 551 800

Confidential, free and available 24 hrs a day.

Lifeline

13 11 14

Confidential, free and available 24 hrs a day.

Standby Suicide Bereavement Response Service

0423 063 839 (24 hours), 6243 3663 (business hours) www.supportlink.com.au

24 hour service.

School Counsellors (free service)

6205 8305; 8:30am-3:30pm, school term dates only.

School based counselling service for school students.

Kids Help Line (ages 5 to 25)

1800 551 800

Lifeline

13 11 14

Lifeline Just Ask

1300 131 114

Hospital Chaplaincy Service Royal Darwin Hospital

89 228 888

Counselling services

Darwin Private Hospital.....89 206 011

Katherine Hospital.....89 739 211

Nhulunbuy Hospital.....89 870 211

Tennant Creek Hospital.....89 624 399

Alice Springs Hospital.....89 517 777

References:

1 Grollman, 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.

Urban support services

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.

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
Lifeline Just Ask.....	1300 131 114
Crisis Support Service	1300 659 467; 10am to 830pm 7 days a week.
Kids Help Line.....	1800 55 1800 (ages 5-25)
Mensline	1300 789 978
BeyondBlue.....	1300 224 636

Darwin

Coroners Office

89 997 770.

Help with enquiries on coronial matters.

NT Mental Health Services, Critical Incident Response Coordinator, Tamarind Centre

89 994 988.

Provide support and referral to individuals affected by sudden deaths related to suicide, disasters and other critical incidents. Mental Health Assessment and treatment of consumers with mental disorders and support to those with grief and loss issues related to suicide. On-call and extended hours of service for the seriously mentally ill.

Anglicare NT (Free service)

89 850 000 8:30am - 5:00pm.

Provides a range of personal support, financial counselling, education, training, accommodation, direct care services and resolve counselling and mediation service through offices in Darwin, Palmerston, Katherine, Nhulunbuy, Groote Eylandt and Alice Springs.

The following one day workshops will also be offered: Counselling (supporting) the Bereaved - aimed at professional and informal caregivers; Surviving Loss - healing workshop for people bereaved by suicide or other loss.

Royal Darwin Hospital, Chaplaincy Service (Free service)

89 228 888.

Chaplain on duty at hospital 8:30am - 4:30pm, available on call 24 hours/day. Provides help and support for loss and grief issues for staff, patients and families.

DHCS Chaplain Support Services

1800 337 068.

Free confidential service that provides support and professional counselling to staff and families of Department of Health and Community Services (excluding hospital staff).

Life Line Counselling Service

13 11 14.

Provides confidential grief, loss and bereavement counselling after loss of loved one to suicide.

Centacare NT (Free service)

89 442 000 8:30 - 5:00pm.

Offices in Darwin, Katherine, Palmerston and Alice Springs. Provide a broad range of programs to families and young people. General counselling and bereavement support also available.

ARAFMI

89 481 051.

Support for the carers, families and friends of the mentally ill who have lost loved ones to suicide.

Council for Aboriginal Alcohol Program Services (CAAPS)

Berrimah 89 224 800.

Residential alcohol and other drugs rehabilitation program. Service also provides a range of support and training, including bereavement support, to Indigenous people who have lost loved ones to suicide.

GROW

1800 558 268.

Grow can help with long term personal growth issues eg coping with bereavement, through weekly meetings of mutual help groups. Confidential and self referral.

Somerville Community Services Inc

89 451 533.

Offices in Darwin, Katherine and Palmerston. Counselling service can assist with grief and loss issues and also provide financial counselling and debt management.

Top End Division of General Practice

89 821 000.

Act as a referral point to general practitioners who have an interest in supporting families and friends of loved ones lost to suicide.

Casuarina Community Care Centre

89 227 301 8:30am - 4:30pm.

Social worker available to provide counselling for grief and loss issues to general community.

Danila Dilba ESWB

89 423 144 8:30am - 4:30pm.

Professional counselling for Indigenous families who have lost a loved one to suicide.

Veteran and Veterans Families Counselling Service

89 279 411; freecall and after hours Veterans Line 1800 011 046.

Professional support and assistance for Australian veterans of all wars, peacekeeping operations and their families, including issues related to grief and loss following a suicide.

Salvation Army Bereavement Support Service

89 451 947 Darwin.

Pastoral support, referral and counselling for families who have lost loved ones to suicide.

Palmerston

Palmerston Community Care Centre

89 993 344.

Social worker available to provide counselling for grief and loss issues to general community. Indigenous worker available to provide support to Indigenous families.

Danila Dilba

89 423 144.

Provides a range of support to young Indigenous people who have lost a loved one to suicide including crisis and personal support, bereavement support and skills training.

Somerville Community Services Inc

89 326 111.

Counselling service can assist with grief and loss issues and also provide financial counselling and debt management.

Anglicare NT (Free service)

89 327 850.

Information, support and referral point for young people and families from the Palmerston and rural area.

Alice Springs

Life Promotion Program – Mental Health Association

89 504 608 *Mobile 0427 793 268.*

Provide information and referral for bereavement support.

Central Australian Mental Health Services

89 517 710.

Assessment and treatment of consumers with mental disorders and support to those with grief and loss issues related to suicide.

Rural and remote services

Territory wide services

Northern Territory Police Fire & Emergency Services (NTPF&ES).....Phone: 89 223 344

.....Phone: 13 14 44

DHCS Community Health Centres (Government switchboard).....Phone: 89 995 511

Critical Incident Response Coordinator NTMHS DHCS.....Phone: 89 994 988

Department of Education Student Services.....Phone: 89 998 787

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
- Lifeline Just Ask.....1300 131 114
- Crisis Support Service.....1300 659 467; 10am to 830pm 7 days a week.
- Kids Help Line.....1800 55 1800 (ages 5-25)
- Mensline.....1300 78 99 78
- Veterans Affairs Line.....1800 011 046
- Hospital Chaplaincy Service Royal Darwin Hospital.....89 228 888
- Darwin Private Hospital.....89 206 011
- Katherine Hospital.....89 739 211
- Nhulunbuy Hospital.....89 870 211
- Tennant Creek Hospital.....89 624 399
- Alice Springs Hospital.....89 517 777

Other sources of support in your area may be:

- Local Doctor
- School chaplain
- Hospital social worker
- Local health worker
- Community health centre
- Private counsellor
- School guidance officer or counsellor
- Local counselling agencies
- Your local place of worship.

Listed below are contact numbers for remote and rural areas:

The NT GOVERNMENT SWITCHBOARD for all numbers including health centres and police stations is (08) 89 995 511

Darwin Remote Health Centres

- Adelaide River 89 767 027
- Batchelor 89 760 011
- Belyuen 89 785 023
- Jabiru 89 792 018
- Kunbarllanjja (Oenpelli) 89 790 178
- Maningrida 89 795 930
- Milikapiti (Snake Bay) 89 783 950
- Minjilang (Croker Island) 89 790 229
- Nauiyu Nambiyu (Daly River) 89 782 435
- Nganmariyanga Palumpa) 89 782 359
- Nguui (Bathurst Island) 89 783 710
- Oenpelli Outstations (Demed) 89 790 144
- Peppimenarti 89 782 369
- Pirlimgimpi (Garden Point) 89 783 953
- Wadeye (Port Keats) 89 782 360
- Waruwi (Goulburn) 89 790 230
- Woodycupildiya 89 782 661
- Wurankuwu (Bathurst Island) 89 783 766

Katherine

- Mental Health Services 89 758 757
- Centacare NT 89 719 001
- Sommerville Services 89 711 107
- Anglicare NT 89 721 571
- Katherine West Health Board 89 721 211
- Sunrise (East) Health Board 89 711 120
- Gulf Health Service Borroloola 89 758 711

Katherine Remote Health Centres

- Amanbidji (Kildurk) (08)91 678 842
- Burunga 89 754 501
- Binjari 89 710 813
- Borrooloola 89 758 757
- Bulla Camp (08)91 687 303
- Daguragu 89 750 891
- Gullin Gullin (Bulman) 89 754 712
- Jilkminggan (Duck Creek) 89 754 741
- Kalkarindji (Wave Hill) 89 750 785
- Lajamanu (Hooker Creek) 89 750 782
- Manyalluluk (Eva Valley) 89 754 864
- Minyerri (Hodgson Downs) 89 759 959
- Mataranka 89 754 547
- Ngukurr (Roper River) 89 754 688
- Pigeon Hole 89 750 910
- Pine Creek 89 761 268
- Robinson River 89 759 985
- Timber Creek 89 750 727
- Victoria River Downs 89 750 725
- Wugularr (Beswick) 89 754 527
- Yarralin 89 750 893

Nhulunbuy

- Mental Health Services 89 517 710
- Miwatj Health Services 89 871 102
- Layna Homelands Health Service 89 871 242
- Anglicare NT 89 871 161
- Uniting Church 89 873 526

Groote Eylandt

- Anglicare NT - Groote Eylandt office 89 876 598
- Alyangula 89 876 255
- Angurugu 89 876 311
- Umbakumba 89 876 772

East Arnhem Remote Health Centres

- Galiwin'ku (Elcho Island) 89 879 031
- Gapuwiyak (Lake Evella) 89 879 150
- Gunyangarra (Marngarr) 89 873 800
- Milingimbi 89 879 903
- Milyakburra (Bikerton Island) 89 876 512
- Numbulwar (Rose River) 89 754 670
- Ramingining 89 797 923
- Yirrkala 89 870 367

Tennant Creek

- Mental Health Services 89 624 300
- Catholic Church 89 622 021

Barkly Remote Health Centres

- Barkly Mobile 89 624 254
- Ali Curung 89 641 954
- Brunette Downs Stn. (Ngunarra) 89 644 522
- Elliott 89 692 060
- Canteen Creek (Orwutukka) 89 641 510
- Epenarra (Wutunurrurru) 89 641 559
- McLaren Creek Stn (Mungkarta) 89 641 904
- Muru Murula 89 624 254
- Murry Downs 89 641 958
- Nicholson River (Nudgeburra) 89 624 254
- Wanggulinj 89 624 254

Alice Springs District Health Centres

- Alkarenge (Ampilatawatja) 89 641 954
- Aputula (Finke) 89 560 961
- Barrow Creek 89 569 751
- Docker River (Kaltukatjra) 89 567 342
- Haasts Bluff (Ikuntji) 89 568 472
- Harts Range (Atitjere) 89 569 778
- Hermannsburg (Ntarla) 89 567 433
- Impana (Mt Ebenezer) 89 567 484
- Kings Canyon (Watarrka) 89 567 807
- Kintore (Walungurru) 89 568 577
- Lake Nash (Alpurrurulam) 0747 483 111
- Maryvale (Titjikala) 89 560 906
- Mount Allan (Yeulamu) 89 568 747
- Mount Liebig 89 568 595
- Mutitjulu (via Ayers Rock) 89 562 054
- Napperby (Laramba) 89 568 792
- Nyirripi 89 568 835
- Papunya 89 568 505
- Santa Teresa (Ltyentye Apurte) 89 560 911
- Stirling (Wilora) 89 569 759
- Ti-Tree (Nturiy) 89 569 736
- Utopia (Urapuntja) 89 569 994
- Willowra (Wiriliyatjarrayi) 89 568 788
- Yuendumu 89 564 030
- Yulara (Ayers Rock) 89 562 286

7 Books and websites

7

It can be helpful to read about grief and suicide, as well as other survivors' experiences. The following section lists a number of books and websites which other people have found useful.

Libraries

Some of the books listed below will be available through your local library. If the book is not available at your library, library staff will be able to order it from another library. They may also be able to borrow other books from within Australia and overseas.

The Ministerial Council for Suicide Prevention (MCSP) also operates a lending library with many books about suicide. These books can be accessed via inter-library loans through your local library. The following mark “~” indicates the book is available through the MCSP library.

Bookshops

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

You can also order books through the online bookstores. Some online stores that carry a range of titles relating to grief and loss are listed below.

Australian online stores

SANE Online Bookshop <http://www.sane.org/>

Capers Bookstore <http://www.capersbookstore.com.au/>

The Human Condition Bookstore <http://www.psychotherapy.com.au/pages/bookstore/bookstore.asp>

Boffins Bookshop <http://www.boffinsbookshop.com.au/>

Australian Online Bookshop <http://www.bookworm.com.au/>

Relationships Australia Bookshop <http://www.rabooks.com.au/>

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

International online stores

<http://www.amazon.com> – has an extensive reading list on suicide and bereavement.

The Dougy Centre (the American National Centre for grieving children and families) <http://www.dougy.org> – has a series of practical, easy-to-read guidebooks for assisting children, teens and families to cope with the death of a family member.

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 – 09587379 0 8

No Time For Goodbyes
Janice Harris Lord (1988)
NSW, Australia: Pathfinder
ISBN – 0 85574 867 2

Suicide Survivors: A guide for those left behind
Adina Wroblewski (1991)
Minneapolis: Afterwords
ISBN – 0 935585 04 4

Self Help Books

Beating the blues – a self help approach to overcoming depression
Susan Tanner and Jillian Ball (c1991)
Sydney: Susan Tanner and Jillian Ball
ISBN - 064636622X

Coping with Grief
Mal McKissock (2000)
Also 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

Living with grief after sudden loss: Suicide, homicide, accident, heart attack, stroke
Kenneth JD (1996)
Washington USA: Hospice Foundation of America
ISBN – 1 56032 578 X

Books for parents and those helping children

~*The suicidal child*
Pfeffer, Cynthia (1986)
New York: Guildford Press
ISBN – 0898626641

Supporting children after suicide: Information for parents and other caregivers
Kerrie Noonan and Alana Douglas (2001)
NSW, Australia. Available from the Liverpool Community Health Service (NSW). Telephone 02 9828 4844.

Help me say goodbye
Janis Silverman (1999)
Minneapolis: Fairview Press
Available through publisher's US website <http://www.press.fairview/org> as well as online bookstores in Australia.

Bereaved Children and Teens: a Support Guide for Parents and Professionals
Earl A. Grollman (1993)
Boston: Beacon

Grief in children – A handbook for adults
Dyregrov A (1991)
Jessica Kingsley Publisher

How do we tell the children?
Schaefer D, Lyons C (1993)
New York: Newmarket Press

Helping children cope with grief
Wells R (1998)
London: Sheldon Press

Websites and internet resources

The following websites also provide useful information and points of contact to receive further support. Note that sites change over time and may no longer be available. All sites are Australian based unless indicated.

Suicide prevention websites

<http://mcsp.org.au>

The Ministerial Council on Suicide Prevention's site includes information and resources concerning suicide prevention.

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

The Living Is For Everyone (LIFE) website is a suicide and self-harm prevention resource providing the best available evidence and resources, including a series of fact sheets on suicide and suicide prevention.

http://www.lifeline.org.au/find_help/suicide_prevention

Lifeline operates a telephone counseling service nationally, accessible 24-hours a day, seven days a week. Lifeline also facilitates a number of training programs in suicide prevention and operates a self-help information line from 9am-5pm Monday-Friday.

<http://suicideprevention.salvos.org.au/index.php>

The Salvation Army's Hope for Life suicide prevention website provides advice for helping those bereaved by suicide; statistics and a list of resources; and support groups and training courses available.

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

US based website. 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://suicidology.org/>

US based website of the American Association of Suicidology. The site has information about suicide and features a section for survivors of suicide. It includes excerpts from a quarterly newsletter.

<http://www.rcpsych.au.uk/mentalhealthinformation/mentalhealthproblems/bereavement.aspx>

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

Bereavement after suicide

http://www.lifeline.org.au/find_help/suicide_prevention/suicide_prevention_links_and_resources/9

Lifeline Australia provides information, resources and links to support services.

<http://www.jss.org.au/content/view/95/128/>

Jesuit Social Services Support After Suicide website provides information, counselling and support to children, young people and adults bereaved by suicide.

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

SANE Australia provides fact sheets and podcasts to help people who have had someone close to them suicide.

Care and Support Pack for Families and Friends Bereaved by Suicide

http://www.health.nsw.gov.au/pubs/2007/care_support_pack.html

NSW Health has developed this downloadable resource in three separate brochures:

- After a suicide death: information for families and friends
- At the time: when someone you know has died by suicide
- Coping with grief after a suicide death

Sudden loss support kit

http://www.dhhs.tas.gov.au/_data/assets/pdf_file/0011/31106/SLT_Booklet_web.pdf

A downloadable booklet for people who are bereaved by suicide and sudden death produced by the Tasmanian Department of Health and Human Services.

Help is at hand: a resource for people bereaved by suicide and other sudden, traumatic death

http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_4139007.pdf

This UK guide aims to help people who are unexpectedly bereaved by suicide.

Survivors of Suicide. Coping with the Suicide of a Loved One

http://www.readthesigns.com.au/_data/assets/pdf_file/0019/30772/SOS_Final_Oct_06_reprint.pdf

A downloadable PDF resource for survivors of suicide, produced by Lifeline Australia.

General grief sites

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

The National Association for Loss and Grief (NALAG) can refer you to a grief counselor in your area.

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

A South Australian 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 children and young people

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

Reach Out! Is an Australian web-based service that inspires young people to help themselves through tough times by providing support information and referrals.

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

The National Centre for Childhood Grief provides support to children who are grieving a death as they learn to live with its impact on their lives.

<http://www.fernside.org>

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

<http://www.kidsaid.com>

US based site for kids to share and deal with feelings and to show artwork and stories.

For people who have lost children

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

The Compassionate Friends aims to assist families in the positive resolution of grief following the death of a child and to provide information to help others be supportive. They provide support groups for parents, grandparents and siblings.

<http://www.opendoors.com.au/ExperiencesC.htm>

This site contains personal stories and helpful information about experiences of grief.

<http://childsuicide.homestead.com/>

US based website for parents and families attempting to survive after the tragedy of the child, grandchild, sibling or friend's suicide. The site provides useful articles, crisis support, useful books, facts and figures, grief resources and other links.

For people who have lost partners

<http://www.widownet.org>

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

For men

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

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

Practical matters

Are you needing help after someone has died?

http://www.centrelink.gov.au/internet/internet.nsf/individuals/help_index.htm

Information about Centrelink and other Government entitlements and supports, including the downloadable booklet *Needing help after someone has died?*

What to do when someone dies

<http://www.dva.gov.au/pensions/yandyp/ch8.htm>

Department of Veteran's Affairs provides information on bereavement payments, veteran's entitlements, commemoration etc.

Estates and Probate

Australian Capital Territory

Supreme Court of the Australian Capital Territory

Tel (02) 6207 1253 http://www.courts.act.gov.au/supreme/content/services_probate.asp?textonl

New South Wales

Supreme Court of New South Wales

Tel (02) 9230 8111

http://www.lawlink.nsw.gov.au/lawlink/Supreme_Court/ll_sc.nsf/pages/SCO_probatefaq

Northern Territory

Supreme Court of the Northern Territory

Tel (08) 8999 6562 <http://www.supremecourt.nt.gov.au/about/registry/probate.htm>

Queensland

Supreme Court of Queensland

Tel (07) 3247 5365 <http://www.courts.qld.gov.au/3073.htm>

South Australia

Supreme Court of South Australia

Tel (08) 8204 0505 http://www.courts.sa.gov.au/courts/supreme/probate_grants.html

Tasmania

Supreme Court of Tasmania

Tel (03) 6223 7816 http://www.supremecourt.tas.gov.au/wills_and_probate

Victoria

Supreme Court of Victoria

(03) 9603 9296

<http://www.supremecourt.vic.gov.au/wps/wcm/connect/Supreme+Court/Home/Practice+and+Procedure/Probate+Office/>

Western Australia

Supreme Court of Western Australia

Tel (08) 9421 5152 <http://www.supremecourt.wa.gov.au/content/faq/probate.aspx>

8 Suicide bereavement



Grief after suicide is similar to grief after other types of 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, however 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.

References:

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

9 Early grief and mourning



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)

References:

- 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 is reprinted with permission. Hill, K., Hawton, K., Malmberg, A. & Simkin, S. (1997) Bereavement information pack: For those bereaved

10 Emotions during bereavement

10

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 only's": '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. Lewis (1)

Grief and depression

The feelings of the newly bereaved have a lot in common with those of people suffering from 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.

References:

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

This 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

11 Questions about grief

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?

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)*

References:

- 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 911897 07 0

12 Things that may help

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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.

When is it time to get help? (3)

Grief is painful and exhausting. It is not always easy to decide at what point it would be helpful to receive some outside support. Some reasons you might decide to seek extra help during bereavement are when you:

- continue to feel numb and empty some months after the death
- cannot sleep or suffer nightmares
- feel you cannot handle intense feelings or physical sensations such as exhaustion, confusion, anxiety or panic, chronic tension
- feel overwhelmed by the thoughts and feelings brought about by a loved one's death eg. guilt, anger, rejection
- have no-one with whom to share your grief and feel the need to do so
- keep constantly active in order not to feel (e.g. working all the time)
- find you have been drinking or taking drugs to excess
- find you are worrying and thinking about suicide yourself
- feel afraid that those around you are vulnerable and not coping.

References:

- 1 Hillman, S.D., Green, A., Silburn, S. (2000). A Study of Families Bereaved by Suicide. Perth, WA: Youth Suicide Advisory Committee.
- 2 Havergale, F.R. "Untitled". in Knieper, A.J. (1999). The suicide survivors grief and recovery, *Suicide and Life Threatening Behaviour*, 29, 353-364. copyright of the Ministerial Council for Suicide Prevention
- 3 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

Often friends may not know how to comfort and support someone who has been recently bereaved by suicide. These suggestions come from others who have lost a loved one to suicide and may be of assistance in helping friends to know what they can do.

- Keep in touch on a regular basis. Don't abandon your friend.
- There may be times when your offers of help are refused. Try again later. If you feel awkward because you don't know what to do or say, be honest - "I don't know what to say... is there anything I can do?"
- Listen to your friend's story - over and over again. Listen without judging. Those who are bereaved will have intense feelings that are likely to include anger, sadness, fear and guilt. You cannot change this or take their pain away but you can help them by being there, caring and listening.
- Send a note - if you don't know what to say, you can just write "thinking of you".
- Share good memories of the person who died and what they meant to you.
- Give your friend time to heal. Don't expect that your friend or family member will be "over it" in a few weeks or months. It may take years. Try to remember birthdays and other special days. Be aware that these may be particularly difficult times.
- Offer to do something practical such as making a meal, paying bills or doing the shopping or washing.
- Offer to find out about resources and information for them.
- Support your friend in accessing a counsellor if they are needing more help or have no "good" days.
- Be kind to yourself. It can be draining to share your friend's loss. You also may be affected by this loss and have your own grief to deal with. Take time to do some special things for yourself.

Here are some things that will not be helpful:

- Don't avoid talking about the person who has died. It may seem that you are denying they ever existed which can be very hurtful.
- Don't use cliches such as "You must be strong" and "Life goes on."
- Don't keep asking for details of the suicide.
- Don't blame or give reasons to explain the suicide.

"When there is something big, and uncertain to face, a comforting reassuring hand can help us overcome the anxiety we feel, allowing us to accomplish what we could never do alone." (1)

This letter was written to a Canadian newspaper in 1993. (2) The advice is as relevant today as it was then.

After a recent suicide in our family I would like to let your readers know what helps a survivor of this tragedy:

- Call immediately after the tragedy, but do not drop by unannounced.
- Telephone first; some may not want visitors.
- Do not ask for details or jump to any conclusions.
- If your initial call seems unwelcome, be forgiving and call later.
- What is important to the survivors is that you acknowledge the situation and let it be known that you care.
- Tell the survivors what the person meant to you.
- Recalling a good (and happy) story will be appreciated.
- Don't tell the survivor how the tragedy could have been prevented as it makes the survivor feel at fault.
- Do not place the blame on anyone.
- Let the survivor talk and be an attentive listener.
- Tell the survivor you are sorry this has happened, that life is sometimes very unfair - but never say, "it's probably all for the best." The family members of a suicide victim will not be comforted by these words.
- If you can't make a personal call, send a note.
- If you aren't sure what to say, "thinking of you" will convey your message adequately.
- Do not hesitate to send a belated sympathy card or note if you failed to do so immediately. The survivor will appreciate being remembered even though your message was quite late.
- The hurt of being ignored is very difficult to forget, I know.

References:

1 White-Bowden, S. (1987). From a healing heart. Maryland, USA: Image Publishing. ISBN 0 911 897 07

2 The Calgary Sun Monday, February 15, 1993

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. It's a good idea to let it out or you can feel even worse.



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

Longing for country or home. You may feel like you need to go home to do your grieving.

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 there are some different feelings and emotions you may be experiencing.

You may have a lot of questions which make your healing harder. 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?'

You should talk about these things 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 others who have been affected by the suicide

DURING SORRY AND FUNERAL TIME



Family will 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.

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 might 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.

Make sure that you have people around you 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 SORT OF THINGS TELL ME I'M 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 still believe that your loved one is not really dead, and will come back to you.



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 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 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 this 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.

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.

If you think that you aren't coping with losing your loved one, you can talk to someone at your nearest Aboriginal Medical Service, or a doctor, nurse, health worker, psychologist or counsellor.

Adapted from Westerman, Tracy & Feehann, Ashley, Grieving Aboriginal Way, Indigenous Psychological Services, 2001. Illustrated by Kye McGuire. <http://www.mcsp.org.au/>



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