



a handbook  
for Aotearoa  
New Zealand

Support  
groups  
for suicide  
loss

Produced by the Mental Health Foundation of New Zealand, 2015

Second edition, 2018

ISBN: 978-1-877318-75-7

# Support groups for suicide loss: A handbook for Aotearoa – New Zealand

## Acknowledgements

In developing this resource, the Mental Health Foundation has had input from people across New Zealand who support people after suicide loss. Their stories and comments about what it's like to run a support group are shared throughout this resource. We'd like to thank these people for their generosity in sharing their experiences and wisdom with us.

– Virginia Brooks, project lead

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- Richard Charmley, Counsellor and Counselling Supervisor
- Witi Ashby, Kaitakawaenga for the Mental Health Foundation

There are publications that have also provided inspiration, especially during the planning stages. Many thanks to the authors of these for lighting the way:

**Pathways to Purpose and Hope: A guide for creating a sustainable grief support organization for families and friends after a suicide death.** Friends for Survival, Inc., 2013.

**Preventing Suicide: How to start a survivors' group.** World Health Organization, 2008

**Practice Handbook - Suicide Bereavement Support Group Facilitation.** Lifeline Australia, 2009.



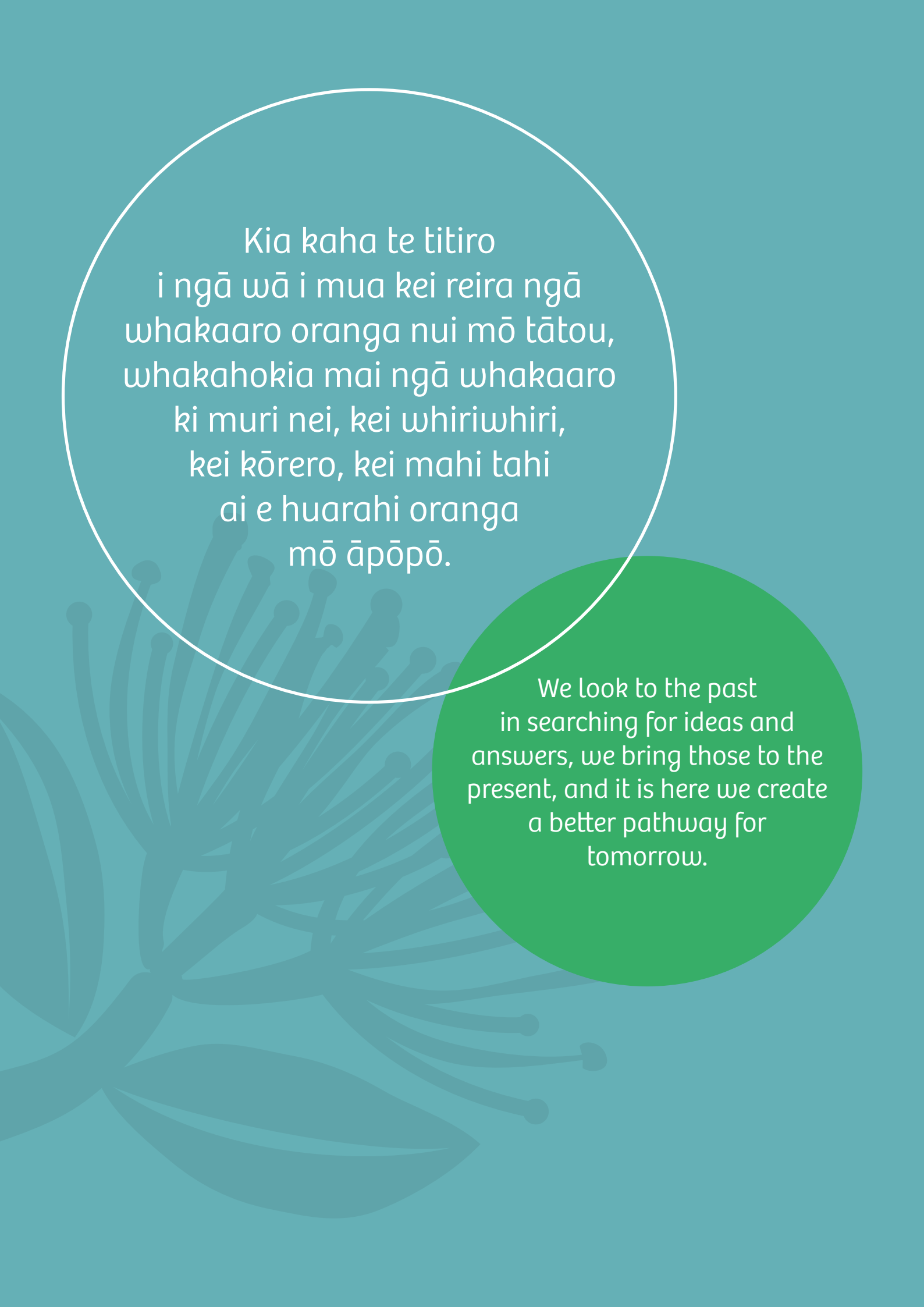


## The Pōhutukawa rākau

The pōhutukawa tree grows mostly around the coastal areas of New Zealand. In the warmer climates, like those of the Tai Tokerau, these trees survive the most brutal forces Mother Nature has to offer, from Tangaroa through to Tāwhirimātea. Yet this tree stands fast and flourishes with its radiant crimson colours for all to see – beautiful but strong, a guiding light and a marker for those that are lost to find their way home.

This is our whakaaro for choosing the pōhutukawa rākau – it reminds us of our whānau who have lost loved ones through suicide. They have been battered – spiritually, mentally and physically. Through that, they have become strong and committed. In supporting each other, they come together to radiate positive kōrero, to flourish and to be a landmark for others that are lost and wanting to find answers.  
– Witi Ashby, Ngāti Hine, Ngāpuhi.

Photo of pōhutukawa flowers taken by Virginia Brooks at Little Bay, Coromandel, during a ceremony to spread ashes at sea.



Kia kaha te titiro  
i ngā wā i mua kei reira ngā  
whakaaro oranga nui mō tātou,  
whakahokia mai ngā whakaaro  
ki muri nei, kei whiriwhiri,  
kei kōrero, kei mahi tahi  
ai e huarahi oranga  
mō āpōpō.

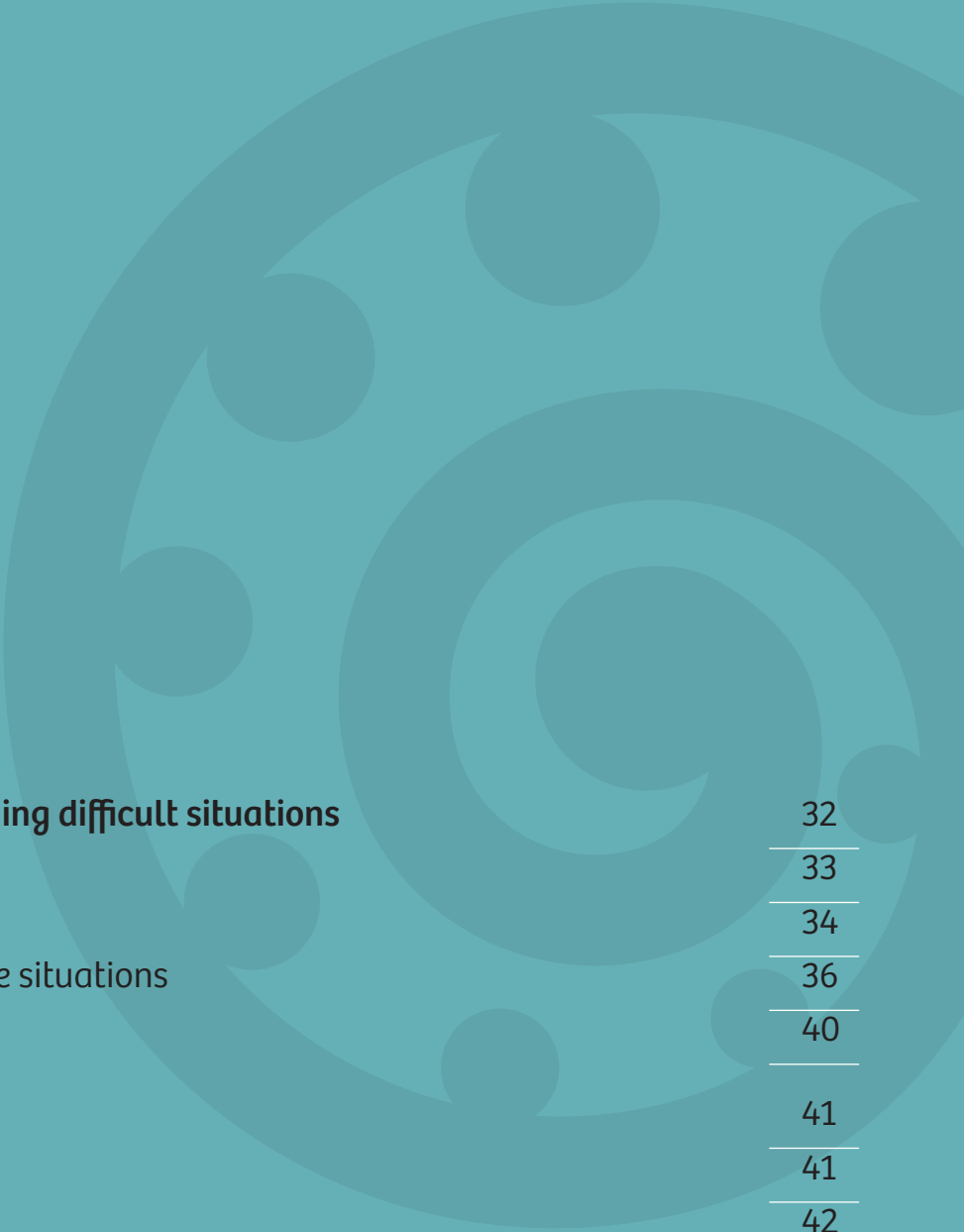
We look to the past  
in searching for ideas and  
answers, we bring those to the  
present, and it is here we create  
a better pathway for  
tomorrow.



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# 1 Introduction

Are you thinking of starting a support group for suicide loss in your community? This handbook is for you.

It includes:

- practical steps for setting up and running a group, based on research and international guidelines
- experiences and comments from people in New Zealand who are running support groups
- examples and tools that you can adapt for your group.

This handbook provides advice and guidance about how to set up a suicide bereavement peer support group. That is, a support group for people who have lost someone to suicide: a family or whānau member, friend or someone else they knew.

Support groups for suicide loss are a way of providing **peer support**. This means people who have been through similar experiences supporting each other. A support group does not remove grief and loss but provides an opportunity to share the journey with people who have been through something similar.

There is no one way to run a support group for suicide loss. Groups might look quite different, depending on where they are located and who the members are. Some groups might be designed for

particular people, like Māori, Pasifika, LGBTI people, the Defence Forces or people from a particular faith background. Some groups go on running for years, while others come and go as they are needed.

This handbook focuses on groups that have regular face-to-face meetings. Generally, this kind of group has:

- Ongoing meetings at set times in a regular venue.
- An open-door policy – welcoming new members at any time.
- A supportive environment – members can speak openly and honestly with others who understand, and as peers, offer their own experience and thoughts to support other group members.
- Two (or more) facilitators who run meetings, who may or may not be suicide-bereaved peers.

The handbook is not meant to offer rules but to give guidance and suggestions, as well as sharing experiences from others who have run groups. Material in this handbook can be adapted for different communities and cultures.

If you would like more advice or to provide feedback on this handbook, please get in touch with us.

The Mental Health Foundation provides guidance to people setting up and running peer-led suicide bereavement support groups, and can connect you with others who are running groups.

### Contact

Suicide Bereavement Service Coordinator  
Mental Health Foundation  
09 623 4810  
[info@mentalhealth.org.nz](mailto:info@mentalhealth.org.nz)  
[www.mentalhealth.org.nz](http://www.mentalhealth.org.nz)

## 1.1 Why are support groups for suicide loss needed?

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It is the space of shared experience that participants find so valuable. Time and again I hear people say that it is in speaking with people who have suffered a loss to suicide that they feel heard and experience a valuable level of understanding.

– Janet, Tauranga

A death from suicide can be especially hard to cope with for those left behind. It is sudden and shocking, and may leave people with questions that are difficult or impossible to answer. For people who have lost someone to suicide, trying to 'make sense' of what has happened is part of the journey of grief, as well as part of the healing.

It can be hard to find opportunities to talk about the person who has died and be listened to. Talking about suicide can be uncomfortable for some people and others avoid the subject for fear of making things worse or not knowing what to say. People who are suicide bereaved sometimes find it can be difficult for people who have not experienced suicide loss, including professionals, to understand what they are going through. Often the best conversations are had with peers – other people bereaved by suicide.

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Often family or friends want to move on and stop you talking about the subject. They feel totally uncomfortable with you discussing it. In our group they can talk and no one will try to change the subject on them.

– **Aynsley and Dennis, Hamilton**

A support group offers a place to share experiences of loss. Being part of a group is about:

- Sharing sadness and grief with others.
- Listening to and supporting others, and allowing them to express their pain without evaluation or judgement. It is not about minimising or fixing it.
- Listening to what other people are coping with, without judging or directing their actions.
- Walking with one another, not leading or following.
- Respectfully allowing silence, not adding to or finishing somebody else's thoughts or sentences.
- Maintaining confidentiality and guiding respectful group behaviour.

**A support group can provide:**

A sense of community, support and belonging, at a time when the bereaved person feels disconnected from others:

People feel supported and understood in a support group in a way they don't elsewhere. People feel there is an expectation they should 'move on' before they are ready. Others can feel threatened [by] suicide and don't know how to approach it, and

therefore close the topic or make clumsy or hurtful remarks.

– **Tina, Waiheke**

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The group experience can decrease isolation. The 'all in the same boat' phenomenon means group members gain support from discovering that other people have similar experiences, problems, feelings [and know] that they are not alone.

– **Rose, Palmerston North**

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I know the pain and trauma of living this every single day. For people joining a peer support group, being able to provide strong support to others helps with the healing process for themselves, their families and everyone around them.

– **Michele, Kawerau**

**Emotional support and a sense of hope that it is possible to move through grief:**

In the early stages it seems to help people in their despair to see that there are others who have moved through those overwhelming feelings of the first shock and loss.

– Tina, Waiheke

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Group members provide emotional support to one another, demonstrating acceptance, offering hope that the pain will lessen with time, and sharing ways of coping.

– Rose, Palmerston North

**Opportunities to learn new ways of approaching problems or dealing with emotions:**

It's really helpful for participants to know others who are on the same path, with the same feelings of deep grief and loss. It's also useful for participants to help those who have just started this journey or to gain wisdom from those further on in their journey.

– Sarah, Waimakariri

**A place where grief can be expressed freely and people won't be judged:**

Group members share a common experience, though each case is different. It is reassuring for people to know that whatever they experience is 'normal'.

– Maureen, Hibiscus Coast

**A compassionate sounding board to share what's going on and discuss fears and concerns:**

Being able to relate to others who are experiencing the ride on the same emotional rollercoaster is an incredibly cleansing and enlightening experience.

– Warren and Sandra, Hawke's Bay

**A positive focus and a chance for the person to develop self-compassion, and regain a sense of hope and control over their life:**

The group experience can sometimes facilitate self-forgiveness. Group members can be very forgiving of everyone but themselves. When group members realise they do not blame others in the group, they can begin to stop blaming themselves.

– Rose, Palmerston North



**A chance to learn more about suicide, and find practical information about the grief process and where to find help from health and social services professionals:**

Being in a group can help people begin to view their personal situation within a wider social context. Suicide can begin to be viewed not only as something that happened in the person's life, but connected also to a larger picture of institutional shortcomings, inadequate mental health resources and societal stigma regarding depression.

– Rose, Palmerston North

## **1.2 Why start a peer support group?**

You might be interested in running a support group because you have lost someone to suicide and want to help others going through the same thing. Or you might see a need in your community and understand the value in helping people share their stories with each other.

**People who are currently running or facilitating groups share their reasons for doing so:**

My husband and I lost our middle son to suicide at the tender age of 19. He died in our home. We heard of a group called Solace Support in Auckland and decided to drive up and attend the group. After a year of attending this group we thought we would like to give back to the community any help and compassion we could, as we knew that Hamilton had no support group for the bereaved by suicide.

– Aynsley and Dennis, Hamilton

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My brother Paul took his own life. Soon after, I attended a support group run by Lifeline and hugely benefitted from talking to others in a supportive atmosphere. Two other members of my family have also ended their lives since. It has always shocked me that the suicide statistics were higher than the road toll. I was aware that there were a lot of people dealing with this kind of sudden loss alone.

A friend (who had worked in the mental health area) and I discussed the need for a support group for those bereaved by suicide in our area. I felt I had the personal and practical experience from working as a group facilitator previously, so we started the Empathy Support group together.

– **Maureen, Hibiscus Coast**

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A gap in the area of bereavement support after a suicide was identified by Public Health Services. As someone who had worked in the area of loss and grief, and who had experience in working with groups (as a part of my counselling work), I was approached and invited to be part of a group working towards setting a group up in Palmerston North. I subsequently began facilitating the group.

– **Rose, Palmerston North**

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I sat on a committee that looked at gaps in the community around suicide. One of the major gaps was the lack of support for those grieved by suicide loss, so we started a Taranaki group. I have been a facilitator for it since its inception.

– **Joanah, Taranaki**

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There was a suicide on Waiheke that affected the whole community. Through my own history of suicide in my family I became really aware that there wasn't any support on Waiheke for people left behind. I visited my family in Germany and went to a suicide bereavement support group with my mother. It became clear to me how much support she was gaining from this group and I decided to get one started on the island.

– Tina, Waiheke

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After losing my son to suicide I attended support group meetings in Tauranga, and realised the benefits of talking and sharing with others affected by suicide. When my wife and I moved to the Hawke's Bay I searched for a group to join but there was nothing available. After meeting another parent who had also lost her son to suicide, we got talking and decided to start our own group.

– Warren and Sandra, Hawke's Bay

### 1.3 Support groups for suicide loss in New Zealand

Anyone can set up a support group for suicide loss in New Zealand. Groups operate independently and are set up according to local efforts and needs.

In some areas of New Zealand there are a range of different groups running, while in other parts of the country there are no groups at all. Some groups have been around for a while and operate long term, while others run for a shorter time, depending on need and the availability of people to run them. Some groups have closed membership or a specific cultural or community focus, while others are open to the general public.

#### Groups in New Zealand include:

- Community-based support groups for suicide loss which operate on a volunteer basis and are led by group members.
- Groups that are led by a facilitator (or facilitators) with a relevant professional background (for example, a counsellor, psychologist or social worker). Sometimes this facilitator is also a suicide-bereaved peer.
- Groups that operate under the 'umbrella' of a cultural, social or faith-based organisation which offers some support (for example, a venue, photocopying, help with advertising the group).
- Groups facilitated by an organisation or charitable trust that supplies funding, including payment for a facilitator with a relevant professional background.
- Waves group-based grief education programmes (described below).
- Online discussion groups – for example, Facebook groups or email lists.
- General bereavement groups and grief support programmes (not specific to suicide bereavement), which offer support to all people who are bereaved.

## Waves

The Waves programme deserves a special mention. It is a grief education programme designed in New Zealand for adults bereaved by suicide, combining peer support with specialist information. Its purpose is to support adults bereaved by suicide by helping them learn more about grief and suicide, find meaning in their experiences and learn to manage emotions. It aims to reduce stigma and feelings of isolation, and move participants towards recovery and adjustment after bereavement by suicide. The focus of Waves is growing through grief.

Waves programmes are run by trained facilitators, one night a week for eight weeks. Waves has a closed group structure, which means the number of members is limited and no new members can join the group once the programme has started. When the programme finishes, participants are encouraged to stay in contact and continue offering support to one another. They can also engage with other support, such as long-term support groups.

The name of the programme, Waves, refers to the way in which suicide bereavement has a rippling effect across a community. It also refers to the way in which the experience of grief can come in waves of varying intensity.

As an alternative to setting up your own support group, you may like to find out whether Waves could be run in your community.

Where can you find the Waves programme?

- Waves programmes run at different times across New Zealand. For a list of Waves groups, see: [www.skylight.org.nz/build-resilience/waves](http://www.skylight.org.nz/build-resilience/waves)
- If an organisation is interested in running Waves programmes in your area, they need to know:
  - Waves programmes are run by two trained facilitators.

- Facilitators must have a relevant professional background and complete a two-day training programme run by SkyLight.
- SkyLight trains facilitators in partnership with interested DHBs and other organisations, who then 'umbrella' the programme in their area.
- For further information, contact: [www.skylight.org.nz](http://www.skylight.org.nz)

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I wanted to make something happen, so I approached the area DHB and asked them to support the training for Waves facilitators. If a community can find facilitators from an umbrella organisation, they can organise the training, which is subsidised by the Ministry of Health.

– Amanda, Auckland

### People who have participated in Waves groups have said:

Highly valuable to me personally. A gentle and safe environment to share grief and distress. It has certainly rebalanced me. I am very grateful to have had this chance to talk so candidly.



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Discussing the 'reasons why' gave me more understanding of it... shed light on the whole experience of suicide. It made it more black and white and not grey, and helped me with the inward and emotional blame.

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The group is like a team that you have to turn up to. They're not family, you don't have to look after anyone, but you can be honest with what to say.

# 2. Setting up a group

## **To begin a group, you may like to consider:**

- Group membership – who will be joining your group? What type of support are they interested in?
- Is there a need for your group? Check whether there are other groups running in your community that might be similar to the group you're thinking of starting.
- Contact an established group and talk to the organisers about how they went about setting up their group. What worked for them and what didn't? What practical issues were involved?

## **How will you find potential group members?**

### **You may:**

- Know others bereaved by suicide who may be interested in joining your group.
- Advertise to find potential members. An example of an advertising flier is provided in Appendix 1.
- Provide an article for local media explaining who you are and what you would like to achieve. Include contact details so people can get in touch with you.

## **Once you have found potential group members, you may:**

- Set up an initial meeting to bring people together who are interested and discuss what is needed.
- Decide together what structure and process works best for your group.
- Talk about what kinds of meetings would work best for people. While most support groups for suicide loss are structured around members sitting and talking, you may decide to do things differently. For example, you might set up a walking group or a group that meets around some other shared activity.

## **Who will facilitate the group? You may:**

- Co-facilitate your own group with another group member. Chapter 4 of this handbook offers advice about facilitating a group.
- Form a small committee of group members to share responsibilities and facilitate meetings.
- Invite an outside person to facilitate (for example, someone who has appropriate skills to offer the group, such as a counsellor).
- Investigate whether there is a local organisation that may like to run a group (for example, a counselling centre or church group).
- Investigate the possibility of getting a Waves programme started in your local community.

## 2.1 Roles within a group

**A facilitator is a group leader**, someone who runs a meeting and helps a group meet its objectives. In a support group for suicide loss, a facilitator may be either a volunteer from the community or someone with a professional background (such as a counsellor, psychologist or social worker), who may or may not be suicide bereaved.

We recommend that a support group for suicide loss has two or more facilitators (for discussion on this, see 4.3 Working with a co-facilitator).

**Group facilitators may take responsibility for all tasks associated with running a group; however, groups often share tasks among key members. Some of these tasks might include:**

- Setting up the venue before a meeting and packing up afterwards.
- Providing refreshments (water, tea, coffee, biscuits, snacks).
- Offering karakia or prayer at meetings.
- Sending out a regular newsletter to group members.
- Maintaining social media (such as a Facebook page).
- Offering telephone support to other members.
- Maintaining resources for group use, including books to lend.

Your group does not have to provide all these things, however some groups choose to. The key point here is whatever your group provides, in the spirit of peer support, find ways to share responsibilities.

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Share the load – it's tough, relentless and hard to do when you are living your own life and living your own grief. Gather good people around you to help. Don't be shy to shoulder

tap some people in the group who've attended for a while and seem strong to do jobs that fit them well. I acknowledge my strengths and weaknesses and fire off the tasks that I'm useless at to others!

– Mark, Auckland

## 2.2 Finding a venue

**Find and book a suitable venue.** This may be a community venue, for example a local hall or meeting room. Alternatively, meetings may be held at someone's home. Ideally the venue should be somewhere people feel secure, warm and comfortable. Privacy and confidentiality are important, so make sure your venue allows for this (for example, the doors can be closed so the room is kept private during meetings) and ensure meetings are not interrupted. You will also need a toilet, as well as kitchen facilities for organising tea and coffee.

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We asked a local church if they would be willing to allow us a room each month for meetings and they said it was no trouble. We give a small donation back to the church at the end of each year as a small token of our appreciation..

– Aynsley and Dennis, Hamilton

**Consider people's access needs.** Ask people whether they need any support to participate in meetings. This could include facilities such as wheelchair ramps or accessible toilets, written information in a different format, like large print or email, or an interpreter during meetings.

## 2.3 Finding an 'umbrella organisation'

**You may consider asking a local organisation to support your work** by becoming your 'umbrella organisation'. An umbrella organisation may assist by providing a venue, photocopying facilities and advertising, and support to let other organisations know about your group.

Look for local support organisations and attend meetings to get to know different sectors and people. This can help raise awareness of your group and may help in finding a suitable umbrella organisation.

### **Here is an example of how one group found an umbrella organisation:**

To enable our group to run well, I asked services if they could support our kaupapa by offering a venue for nothing. This suggestion was duly accepted by a group called Pou Whakaaro Services. A related service named Te Huinga Social Services then became our umbrella organisation. This service provided our group with paper, use of computer, printing, envelopes, stamps, the use of their office, and also their time when it came to meetings – they would make cups of tea and snacks.

– Michele, Kawerau

## 2.4 Setting meeting times

**Set a meeting schedule** and decide how often the group will meet. Many groups meet once a month, some every fortnight. Pick a regular time to meet – for example, the first Saturday of each month or every second Wednesday evening.

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The aim of our group was to have bereaved whānau meet other bereaved in the hopes of strengthening ourselves as well as each other, and receive much needed understanding and support. At first our meetings were held fortnightly, but realising that whānau who travelled could not always make it, meetings became monthly.

– Michele, Kawerau

**Decide on length of meetings.** Meetings of one and a half to two and a half hours work well. If meetings are longer, they can be emotionally draining for participants. Use the first 15 minutes to allow people to arrive, greet one another and settle in. This is also an ideal time to introduce and welcome new people informally. If meetings are one and half hours long, the meeting itself can run for an hour, then end with time to socialise with refreshments (tea, coffee, biscuits). For two and a half hour meetings, have a break with refreshments halfway through.

When deciding how long to meet, keep in mind the size of your group. If it is a bigger group, two and a half hours will be necessary to enable everyone time to speak and be heard. In a small group, an hour may be long enough.



## 2.5 Establishing group guidelines

### Think about your responsibility to group members.

A group facilitator's role includes making sure everyone in the group is looked after, including themselves. An important principle to keep in mind is, 'first, do no harm'. People bereaved by suicide are coping with loss and grief and are themselves more vulnerable to suicide risk.

### If you are facilitating a group, you need to:

- Look after yourself. If you or other group facilitators are bereaved by suicide, make sure you have worked on your own loss so that you can offer support to others.
- Know what to do if a group member needs more support. Be aware of what services are available in your area and how to refer people if they need extra help.
- Set clear expectations about behaviour in the group. Make sure group members are looking after each other and respecting each other.

**Guidelines help to create a sense of safety and boundaries** for group members, and help to define expected behaviour. Knowing that the group has agreed on guidelines will help members feel safe to share.

As part of organising a group, you will need to establish and communicate the group's guidelines. The group committee or facilitators may develop them, or you may hold an open discussion with group members to agree guidelines. Appendix 2 provides two examples of guidelines.

Guidelines should include clear agreements about respecting privacy and confidentiality. This includes not talking about who is in the group, or the content of discussions, outside of group meetings. An exception to this is when there is danger or threat to life. Group leaders need procedures to deal with risks and this might include breaking confidentiality.

### Group leaders share how they communicate guidelines to the group:

At the beginning of each meeting the guidelines are read out. Confidentiality is paramount.

– **Bonnie, Whanganui**

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Our guidelines are about respect, openness and honesty, sharing when you feel comfortable. The group facilitator will outline the 'rules' at the beginning of each session. It's asked that nothing is shared with others outside of the group. Privacy is important to ensure openness. I suggest people bring a support person with them to the first meeting. It's important they have someone to debrief with once they've left.

– **Mark, Auckland**

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Rules are discussed when we meet people before their first session, and collectively agreed to at the first meeting and as new people attend. The rules are around respecting others' privacy and feelings, and the acknowledgement of speaking openly and freely.

– **Warren and Sandra, Hawke's Bay**

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When a new member joins the group we relate the guidelines for the group: strict confidentiality, respect, no interrupting, non-judgement. We encourage people to share.

– Maureen, Hibiscus Coast

## 2.6 Providing support outside meetings

**Decide what support you will provide outside of meetings.** For example, groups may provide a newsletter, Facebook page, telephone support, resources to hand out or a lending library. See Appendix 3 for an example of a group newsletter.

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I like the fellowship aspect of the meeting. Many strong friendships have come from these meetings. We encourage people to connect with each other between meetings. As well as meeting, we provide a monthly newsletter and telephone support. Often this is the first contact with Solace. It's important to talk to people about what they can expect.

– Mark, Auckland

**Compile help information.** Have a list available of where group members can go for additional support and where to seek emergency help. Appendix 4 has a list of national help services.

## 2.7 Promoting the group

**You may already know people** bereaved by suicide who are interested in joining your group and you could promote the group through word of mouth in your community. You could also set up a Facebook page or website to provide more information about the purpose of the group.


**You may choose to advertise your group** so that people who are suicide bereaved in your community can find you. Places to advertise include local papers, community notice boards, radio and social media. Both Skylight and the Mental Health Foundation have online listings of support groups. To be added to these lists, send contact details for your group to both organisations.

**If you advertise more widely and a lot of people respond, you may need to consider limiting group size. Although there is no set number of participants in an open group, one group leader comments:**

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Our group numbers fluctuate – some attend regularly, others occasionally. Some people only attend once or twice. Once we had 25 people present. That was a big group – far too many – and I wouldn't like to see it get any bigger than that. Once we get beyond 18 people it feels unwieldy and harder for new people to engage. It's easy for them to become overwhelmed. Between 10 and 14 is a good number for a group. Everyone needs a chance to have their say, and if a group gets too big it changes the dynamic and limits people's discussion time.

– Mark, Auckland



**Get in touch with Victim Support** – they like to be aware of support groups around New Zealand. You can get in touch with the Victim Support Bereavement Specialist in your area to let them know about your group. They can also let other bereaved people know about your group.

Call their 24/7 line on 0800 842 846, or visit the Victim Support website: [www.victimsupport.org.nz](http://www.victimsupport.org.nz)

**Make community links.** Talk to community organisations so that others can promote your group. For example, Citizens Advice Bureau, funeral directors, and health services, including your local DHB, practice nurses and GPs.

**Link with diverse community groups,** for example cultural groups, disability organisations and LGBTI groups, so you are equipped to support the diverse range of people who may join your group. If needed, find a cultural advisor who can advise on cultural competency and how to best support group members.

# 3. Running a meeting

How you decide to structure meetings might be influenced by the length of the meeting, cultural processes, like whakawhanaungatanga, and how well group members know each other. Many support group meetings follow a three-part format: welcome, sharing and socialising.

## 3.1 Welcome

**An informal time for people to arrive. This may include:**

- Having water, tea and coffee available.
- Helping new members meet other members.
- Writing name tags. If group members don't know each other well, name tags help facilitators and group members to direct personal responses to one another, and address each other by name.
- Preparing the room, for example arranging chairs and ensuring that boxes of tissues are available.

## 3.2 Formal sharing time

**The main part of the meeting. This may include:**

### Opening

- A blessing, poem, prayer or karakia to open the meeting.
- Lighting a candle at the start of each meeting as a symbol of remembrance for those who have passed. You can invite someone who has an anniversary occasion or a special reason to light it.

### Introducing group members and the group's purpose

- Welcoming new members to the group.
- Stating the purpose of the meeting: to give and receive comfort for the loss and grief resulting from the suicide of a loved one.
- Outlining the group's guidelines, including the need for confidentiality – other people's personal details and stories cannot be shared outside the group.



## Discussion time

- Giving each member the opportunity to introduce themselves and explain who their loved one was, sharing what the death means for them at this point in time, and what issues they are currently dealing with.
- Inviting people to share, for example by asking, "How have things been? How are you coping at the moment? What issues are you facing?"
- Acknowledging and validating issues and topics that arise as members share their stories. Reassuring members that their experiences are normal, and giving time for reflective sharing of what has worked and how others could use these skills.
- Introducing a particular topic for discussion or revisiting issues that came up when going around the group.
- Paying attention to special days and events, for example anniversaries, Christmas, Mother's Day, Father's Day and other significant times.

## Closing

- Closing the formal part of the meeting. This may include summarising key points that have been expressed, and reinforcing the support of each other and acknowledging everyone's courage, particularly new group members.
- Announcing important notices, such as the date of the next meeting, special events, requests for assistance sending out newsletters and other practical details.
- Finishing with closing thoughts, poroporoaki (farewell), a blessing, prayer or karakia.

## 3.3 Socialising

**Wind-down time after the formal part of the meeting provides a space for members to engage in a more informal way. Members can:**

- Give and receive further support.

- Complete unfinished discussions.
- Connect with others they related to, to share more deeply.
- Give further support for members who are especially vulnerable.

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We light a candle at each meeting commencement. This can be significant to someone's special date of passing or an anniversary, etc. We informally go around the room and people talk briefly about their loss. We later touch on items of interest that may have come up, such as stress, the coroner's findings, how to deal with our loved one's personal belongings, burial over cremation, time factors and spreading of their ashes... We offer to meet anyone between meetings for coffee and talk if they feel the need, and sometimes I will ring them between meetings to see how they are going. We finish each meeting with the Serenity Prayer by Reinhold Niebuhr. We send out a monthly newsletter, have a webpage and also have a Facebook page.

– Aynsley and Dennis, Hamilton

### 3.4 Potential topics to share

While discussion is usually guided by group members' interests and needs, it can be useful to have a list of topics to share. Sometimes introducing a topic can start discussion and give regular members an opportunity to show the way for newer members. The following list of topic starters has been provided by Solace Group in Auckland:

- Have passages from poems, academic or personal writings which can generate discussion.
- Ask if anyone had an anniversary recently – how did they commemorate?
- Suggest storytelling about your loved one – tell us who he/she was.
- If there is an upcoming anniversary or event that might be worrying, someone else may have gone through that experience and can suggest something supportive.
- Dealing with workplace issues – how to cope at work when you feel fellow workmates are not acknowledging your loss.
- Explore the topic of using the name of your loved one – how to encourage yourself and others to say their name. It can be hard to do.
- Why it's important to say your loved one took his/her own life – or use the word suicide.
- What is stigma and if group members have experienced it, what happened and how did they cope?
- How to contact the doctor, counsellor or health professional who was working with your loved one prior to their death, and how to talk with them about the circumstances surrounding the death of your loved one.
- How to gather information from friends, acquaintances or former partners that may help your own recovery. Particularly for parents, it can be healing to find out from your child's friends or workmates about what the last few months of their life were like – their state of mind, what was worrying them, what made them happy. Discuss how this may be done in a way that doesn't create undue pressure, as these people will often feel guilty about missing signs.
- Relaxation tips.
- How to have fun again.
- Dealing with authorities and agencies about your loved one.
- Difficulties with family members or friends – what experiences people have had – share with group and how these were resolved.
- Acceptance – the importance of this to recovery.
- Memorials – ideas on how to memorialise your loved one – for example, headstones, unveiling, what to do with the ashes.
- Experience as a bereaved person (you could talk about the Charter of the Rights of Suicide Survivors – see Appendix 5).
- How your own background influences the way you express grief or relate to the topic of suicide, and how this differs for each member in the group.
- Dealing with religious, cultural or traditional beliefs about suicide – the beliefs you hold and those of your family and friends.

# 4. Facilitating a group

**A facilitator is a group leader, someone who runs a meeting and helps a group to meet its objectives. In a support group for suicide loss, a facilitator may be a group member who volunteers to take on this role.**

A facilitator may also be someone who is invited to take on the role, for example someone with a suitable professional background (such as a counsellor or social worker). This person may or may not be suicide bereaved.


It is better for a group to have two or more facilitators, so they can support each other. For more about this, see section 4.3 of this handbook.

Group discussion is centred on members' own knowledge and experiences. Lifeline Australia explains how a facilitator contributes to this process:<sup>1</sup>

The type of 'learning' the facilitator aims to foster in a support group is learning drawn from the members' own knowledge and experiences, and by hearing others do the same. The principles of adult learning are

generally used by facilitators in these groups. This type of learning builds group members' skills and their confidence to manage their grief, solve problems, and accomplish their goals in daily functioning. The goal is for participants to achieve greater understanding and to have some new strategies for dealing with suicide bereavement issues, as opposed to ensuring participants gain a particular amount of knowledge. It is important to accept that according to this model of support the facilitator is not positioned as a holder of 'superior' knowledge whose job it is to 'deliver' this knowledge to less knowledgeable

<sup>1</sup> Lifeline Australia, Practice Handbook, Suicide Bereavement Support Group Facilitation, Lifeline Australia, 2009, p5.



others. Rather, the facilitator's purpose is to create an environment that allows the group members to draw on their own experiences and knowledge to further their own learning in a collaborative and supportive environment.

In other words, a facilitator provides the discussion framework – or ensures that a meeting structure is in place – which opens the way to group discussion.

#### 4.1 Facilitation – are you ready?

**If you would like to start a support group for suicide loss, key questions to ask yourself include:**

- Who can facilitate the group?
- If I plan to facilitate the group, am I ready to do this?
- A group ideally requires two or more facilitators – who else can facilitate?

A facilitator has a responsibility to provide a reasonable standard of care for all people attending the group, including the facilitators themselves.

If you are suicide bereaved, we recommend that a reasonable amount of time has passed since your bereavement and that you have had the opportunity to process your own loss, or understand what it means for you and the implications of the loss on your life.

While there is no set amount of time that 'should' pass, a minimum of at least one year is recommended, while two or three years is preferable. This time space allows you to gain an understanding of your own journey or personal

experience of suicide bereavement. Each journey before and after a suicide is unique.

Facilitation is a two-way process. You need to be 'safe' to coordinate a group, that is, not cause further stress or trauma for participants. The group also needs to be 'safe' for you and not cause you undue or overwhelming stress or trauma.

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As a group facilitator, it is always very satisfying to observe the positive changes in people, and see them strengthening over time and in turn help others within the group. I personally have gained and been helped with my own healing having been involved in our Empathy group over the last five years.

– Maureen, Hibiscus Coast

**If you would like to be a facilitator, think about whether you are:**<sup>2</sup>

- Able to listen to the stories of others without becoming immobilised by your own grief reactions.
- Able to see and honour the difference between your way of coping and that of other people who have been bereaved by suicide.
- Able to work appropriately and respectfully with group members who have different religious and cultural backgrounds from you, and different gender identities and sexualities.
- Able to respond appropriately to group members with different suicide circumstances.
- Able to work collaboratively with a co-facilitator.

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<sup>2</sup> Questions adapted from Jordan, J.R., & Harpel, J. Facilitating Suicide Bereavement Support Groups: A Self-Study Manual, American Foundation for suicide prevention, New York, NY, 2007.



- Able to maintain the confidentiality of each member's story.
- Comfortable with silence in a support meeting.
- Comfortable being assertive with group members who may be monopolising the conversation, judging other people's grief, giving unsolicited advice or behaving in other ways that disrupt the group's process.
- Willing to learn and improve your skills as a facilitator.

#### **Facilitators do not necessarily have to be:**

- Completely 'over' their loss.
- An expert on grief, suicide or mental health.
- Sure how to handle any situation that may come up in a group meeting.

#### **Other factors to take into consideration include:**

- Self-care – do you have a way to look after yourself? If you are caring for others, who is caring for you?
- Running a suicide bereavement group involves ongoing exposure to stories of loss and pain. On the positive side, this can lead to personal transformation, such as more compassion and gratitude, and a deeper understanding of what you value in life and why. However, it is important to be aware bearing witness to others' pain can result in 'vicarious traumatisation'. This can affect you physically, emotionally and spiritually. It can affect your ability to manage your emotions and make good decisions. It can also negatively affect the ways you see the world and your deepest sense of meaning and hope.
- Vicarious traumatisation and burnout can affect anyone, and do not indicate weakness or an inability to cope. It can occur as part of the process of being exposed to human suffering.

- If vicarious traumatisation or burnout occurs, or if you are deeply troubled by something you witness or hear, what will you do to look after yourself? You may need to talk to a trusted other or seek professional counselling. You may need to take a break from group duties or even stop your involvement.
- If you would like to learn more about vicarious traumatisation and burnout, a list of further resources is provided in Appendix 6.

#### **The following skills and attributes are useful for a facilitator to have:**

Good listening skills

Good communication skills

An understanding of grief and bereavement

An understanding of your own feelings and beliefs about suicide and its effects

The ability to be non-judgemental and respect other people's different experiences, values, beliefs and opinions

An ability to collaborate and work positively in a group situation

Ability to work respectfully across diverse social and cultural groups

Ability to manage emotionally demanding situations

Self-awareness of your own emotions and emotional responses

Empathy and compassion for yourself and others

### To help you decide if you are ready to facilitate a group, you may:

- Complete a facilitation self-assessment checklist (see Appendix 7).
- Seek a second opinion from someone you trust. Have an open discussion about what you are considering and ask them to also complete the self-assessment checklist with you in mind.
- Meet with someone who is facilitating a group, and talk to them about what this involves. What challenges do they face? What do they need to know in their role? What are the benefits of running a peer support group? Many people who have begun their own groups have found it useful to talk to an experienced facilitator.

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This is hard work but it's rewarding. There will be laughter, tears and amazement. I am constantly in awe of the power of the human spirit. Communities need this sort of specialised support – time and time again we hear from people that general bereavement groups don't cut it for suicide bereaved.

– Mark, Auckland

### 4.2 Ready to facilitate – skills

You have given some thought to the process and made the decision to facilitate a group. Congratulations on having the courage to take on this valuable role.

#### It is important to understand:

- Unless you are a trained counsellor or psychologist, as some group facilitators are, you

are not a replacement for professional support.

- Running a support group can be time-consuming. In addition to group meetings, time is needed for preparation, taking phone calls and talking to people outside the group. This can take a lot of time and energy out of your private life.
- Facilitation works best when shared and a group should have a team of two or three facilitators.

A facilitator requires an empathetic approach – the ability to step into another's shoes. However, it's impossible to know how someone else truly feels, so words like "I know how you feel" are not necessarily useful. Rather, a facilitator could say "I experienced something similar when..." or "I have an idea of how you feel".

It helps to have the ability to suspend judgement and be present with an open mind. In meetings, people's stories may include descriptions of behaviour or events which challenge or oppose a facilitator's own values. Facilitators need to be able to overcome their own attitudes and prejudices, so they are able to show appropriate respect and empathy when they hear how somebody's friend or loved one died.

Similarly, group members' identities, beliefs and backgrounds may be very different to those of the facilitator. A facilitator needs to be prepared to respect diversity with respect to age, culture, physical ability, religious beliefs, gender identity and sexual orientation. This might include learning about different cultural understandings of grief and attitudes about suicide.

A facilitator supports the group to form but should not see the group as 'theirs' – group members need to feel they have some ownership of the group. The facilitator can guide discussion but should not dictate what the group will discuss or dominate discussion.

### If you are suicide bereaved and facilitating a peer support group:

- Know that lived experience gives your contribution a unique value.
- Be kind to yourself.
- You are not obligated to share aspects of your own story if you don't want to or are unable to.
- Be aware of triggers (things that remind you of your own grief and spark a reaction). You may wish to have a backup plan for how to cope with this type of situation.
- Know how to acknowledge your own experience of grief and loss while listening to others' experiences.

When helping others, it's important to remain self-aware and acknowledge, or 'hold', your own experience of loss. Otherwise there is potential for the needs of others to subsume your needs, making your own issues more difficult for you to identify. The boundaries between your grief and loss and the pain of others can become blurred. When this happens, no one gets any help.

In 'holding' your own experience of grief and loss, you honour your loss and allow yourself to feel your pain. You can reach out to others and be honest about your own feelings while listening to what the other person has to say. In doing this, you maintain the boundaries between your issues and their issues. You each get some help.

### 4.3 Working with a co-facilitator

**Support groups work best with two (or more) facilitators. Advantages include:**

- You can support one another by checking in before a meeting and debriefing afterwards.
- You can support one another while supporting others during meetings.
- If one of you needs to accompany a group member outside, the other person can continue the meeting.

- If one of you is unable to attend a meeting, another facilitator can take over.

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My husband is my sounding board. I would recommend that people do not go into facilitating a group such as this without a co-facilitator, as you always need a backup if you cannot attend a group meeting. I think it is quite important to have a male role model as one of the facilitators. This allows any possible male attendees the sense that this group is not just for women and that it is all right for men to explore their grief within the group.

– Aynsley and Dennis, Hamilton

**Facilitating with another person requires effort by the facilitators to:**

- Be clear about each other's role and who will do what.
- Agree about the objective and purpose of the support group.
- Get together to plan each meeting.
- Get together after meetings to discuss issues that arose during the meeting and allow time to debrief.
- Discuss differences, problems and tensions with each other (where needed).

### Checking in before and after a meeting

Pre-briefing and debriefing are processes that support facilitators and help a group to function well.

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My co-facilitator and I talk before and after our meeting and discuss any issues affecting the group. This ensures we are united and supportive of each other, which is of great value.

– **Maureen, Hibiscus Coast**

**Pre-briefing** is an opportunity for facilitators to get together before a meeting and discuss issues relevant to the group.

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Pre-briefing is useful. The group committee will meet ahead of the meeting to discuss aspects of group function. Or because our meetings are once a month on a Saturday morning, we'll meet over breakfast for more detail.

– **Mark, Auckland**

**Debriefing** is an opportunity to get together after a group meeting. This is highly recommended. It's an opportunity to reflect on how the meeting went, discuss any concerns that came up and plan ahead. It is best, if possible, to debrief directly after a meeting.

**Choose from the following to include in the debriefing session:**

- How do you feel the meeting went, (A) for participants and (B) for you as facilitators?
- Give positive feedback to each other.
- Did anything stand out?
- Discuss any concerns raised. Do any members have particular needs?
- Is any follow-up needed?
- Did the meeting trigger anything for you?
- Review whether you need more information, skills or 'tools' to help you facilitate.
- Are there any organisational details to discuss or tasks to be carried out?
- Is there anything to prepare for the next meeting?

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Debriefing is such a valuable tool. If something has happened at a meeting we de-brief at the earliest convenience. A de-brief can last from 10 minutes to a couple of hours, discussing more tools to use.

– **Bonnie, Whanganui**

#### 4.4 During a meeting – facilitation techniques and tips

**Some general techniques you could use while facilitating a meeting include:**

- Guide discussion but don't take over – make sure your voice is not dominant.
- Give everyone an opportunity to contribute if they want to, especially new members.
- Listen to everyone and acknowledge what they bring to the discussion.
- Ask members what they would like to talk about, rather than directing discussion.
- Prompt discussions by encouraging members to build on what others have talked about. You could ask, "Has anyone else had a similar experience?" or "Would anyone else like to add to that?"
- Check that people understand what is being



talked about. You could ask, “Does that make sense?” or “Does anyone have any questions?”

- Remember you do not have to have all the answers. Encourage members to share their own experiences and knowledge. You could ask, “What do you think about that?” or “What has been your experience of that?”
- Summarise the key points of the discussion for the group. You could say, “What we’ve covered so far is...”
- Step in and moderate if the group is experiencing conflict or having trouble moving on from a topic.
- Anniversaries of events such as deaths or birthdays can be emotionally potent. Be aware of these if possible and guide the discussion to be safe for all group members.
- If a group member is particularly distressed or upset, a facilitator may accompany the person outside for some fresh air and one-to-one listening time. Meanwhile, a co-facilitator can continue running the group.
- Know how to help members if they need extra support after a meeting. Have an up-to-date list of local and national helplines and organisations or services to offer group members (see Appendix 4 for a list of help services).
- Allow for silence and emotions – don't feel like you have to move the discussion along too quickly. Silence allows time for people to find their words or think about what has just been shared.
- Maintain your passion – and a sense of humour!

## 4.5 Addressing diversity

Everyone grieves differently. Our experiences of grief can be shaped by factors such as culture, ethnicity, faith, gender, sexuality and background.

If your group is open to the general population, be mindful of the diversity that may exist among group members. Allow people the opportunity to express what grief means for them, in their own words.

- Some cultures may openly weep, for example, whilst others may be uncomfortable with overt shows of emotion. There is no one 'right' way to express grief.
- If needed, find a cultural advisor who can advise on cultural competence and how to best support group members.
- If there are members of your group with different backgrounds, you might invite the group to open up a discussion on how their backgrounds interact with or affect the way they express grief or relate to the topic of suicide.



# 5. Working with grief and managing difficult situations

**Grief and suicide bereavement are key topics of discussion in a suicide loss support group. Sharing between peers helps to build wider understanding of grief processes and teaches people they are not alone in their experience.**

The Australian resource 'Conversations Matter'<sup>3</sup> suggests the following principles for managing safety when talking about suicide loss with people who are bereaved by suicide.

## **Building rapport**

- Everyone grieves differently. People bereaved by suicide are likely to have intense feelings that may include anger, sadness, fear and guilt. Allow the person to talk freely and openly. Listen without judging, offering advice or trying to gloss over their feelings with clichés (e.g. 'time heals all wounds').
- Be open to talking freely about the person who died.
- The way people are brought up, their gender, age or culture may influence the way they grieve and communicate. The person may be experiencing shock, numbness and disbelief that may make it hard to communicate with them or for them to communicate with you.

## **Explanations for suicidal behaviour**

- Avoid offering simplistic explanations for why a suicide death occurred. Conversations about suicide should try to outline the complexity of the issue, and be framed in relation to the things that may increase someone's vulnerability (risk factors) and the things that may reduce someone's vulnerability (protective factors).

## **Details about death**

- Talking in graphic detail about the method of suicide can create images that are upsetting and can increase the risk of imitative behaviour by people who are at risk of suicide.
- Ensure any cultural considerations regarding talking about death or a person who has died by suicide are understood and applied.

## **Help-seeking and connections**

- Encourage those affected by suicide to seek support from people close to them, bereavement support services or health professionals. In group

<sup>3</sup> Core principles: postvention-focused conversations, 2013. A factsheet from Conversations Matter <http://www.conversationsmatter.com.au/professional-resource/core-principles>

discussions, the presenter should clearly address ways to obtain support. (For a list of support services in New Zealand, see Appendix 4).

- Refer people affected by suicide to accurate and helpful information and resources.

### 5.1 Talking about grief

**In the following comments, group leaders describe how discussions of grief proceed in their groups:**

Group members are invited to tell their stories. As this happens, the particular nature of suicide bereavement is spoken about. Putting people's experience of stigma under a spotlight after suicide loss can help to enable and empower people to navigate their way through this experience.

The dominant language around grief and the traditional models of grief are brought to light in conversation, and space is given for people to be able to take a position around the ideas presented. An example of this might be conversation around 'letting go' and/or 'saying goodbye', which can turn instead to conversation around maintaining an ongoing relationship with the person who has died.

– Rose, Palmerston North

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Gently ease people into the understanding that there are ebbs and flows to the grief and that this may change over time. Those people who have lost a loved one many years ago can talk about their understanding of grief and bereavement, and the complexities of it, with less emotion, which can be helpful for new people. It's also important to acknowledge newly grieving people's experience and the intensity of this. It may be hard for them to observe people a few years down the line laughing, remembering their loved one in a totally different way. I will often take time with people one-on-one and suggest appropriate reading material, and remind them of the importance of keeping in touch with a GP or seeing a grief counsellor. I always tell people, after their first meeting in particular, that they'll feel tired and drained. It's intense hearing other people's stories. I suggest going for a walk, sitting and staring into space, or having a deep warm bath on return home.

– Mark, Auckland

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We talk, we share and we listen. Grief is unique to each individual. Everyone reacts and handles their grief differently, so by talking, sharing and listening to others we gain an understanding of what we are going through and that we are not alone.

– **Warren and Sandra, Hawke's Bay**

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We support group discussions on grief by explaining that there are recognised steps outlined in a lot of literature but there is no right or wrong way of grieving. Everybody's personal experience is valid. We provide information for extra support, i.e. hand-outs, relevant books to loan out and pamphlets from organisations like Grief Centre, Lifeline, etc.

– **Maureen, Hibiscus Coast**

## **5.2 Listening to stories of loss**

Listening to stories of grief and pain is an essential aspect of facilitating. For group facilitators who have their own experience of suicide loss, this can be especially difficult.

**Group leaders share some of the ways they manage with this:**

One of the ways I bear the sadness is by connecting with my belief that members attend because they hold hope for their lives being liveable and having a future.

– **Janet, Tauranga**

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I use my coping tools. Understanding that this is their sadness, and by having empathy and not pity.

– **Bonnie, Whanganui**

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It is very sad sometimes and I often cry or have a tear in my eyes but I show that I care and have compassion for them as people who are hurting. Letting them know that we feel what they are going through as we too have been down a similar road of despair.

– **Aynsley and Dennis, Hamilton**

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I have come to believe that I cannot take people's experience from them. I can allow them the space to vent their feelings in a safe, empathetic environment, and protect myself by knowing that I have helped by allowing them a voice to tell their particular story.

– **Maureen, Hibiscus Coast**

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It is not easy but I have learnt. At first I used to take all their sadness and combine it with mine – that was wrong and it did affect me. Over time, I learned to listen and share without letting others' sadness affect me. It was a strength within to realise that I have my own sadness to deal with, and that I can be sad and upset for others without it affecting me.

– **Michele, Kawerau**

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I allow other people's stories to resonate with me. I believe that when I am no longer affected by people's stories, it will be time for me to stop doing this work. 'Bearing' people's sadness, for me, is about having the courage to be with

people in their pain and to be able to acknowledge the depth of it.

– **Rose, Palmerston North**

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Bearing sadness becomes a natural experience, which the whole group responds to. As and when these scenarios occur, people in the group often use their intuition to read the situation and then act with kind words, open affection or kind suggestions for the person to take a moment outside with someone to get fresh air and gain composure.

– **Puhiwahine, Waiheke**

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As peers, we share group members' sadness by crying with them.

– **Taupe, Rotorua**

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For some of us (including myself) who come from and are centred in spiritual or church communities, it is our spirituality and faith that sustains us in bearing the sadness people share with us. A compassionate theology of caring undergirds all I do and say when supporting sad and bereaved people.

– **Greg, Dunedin**

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I feel it's an honour that people can share. I think it's important for them and I respect that. I'm actually in awe of people who can speak so clearly and wisely and openly about something so deeply personal. I hope that by the end of the conversation we have reached an understanding in that place and time about what has happened to their loved one. That makes me feel good. I enjoy listening to people's stories. I get the sadness but I try not to take it on board. I talk alongside the person. It's their sadness. I measure it against my experience and being nine years on from my loss, I remember the intense feelings. It seems such a long time ago now for me, but it makes me realise the life I lead now is full and rich. This is part of that richness – being able to listen.

– **Mark, Auckland**

### **5.3 Managing difficult or sensitive situations**

As a facilitator, it is useful to work out ahead of time how you may respond in difficult situations, for example when a group member is very upset or there is conflict in the group. Discuss this with your co-facilitator(s). Most importantly, if a difficult situation does arise, talk about it when you debrief after the meeting by sharing your perceptions. See it as a learning curve, an opportunity to reflect and build your skills.

If a group member is very upset or expresses suicidal thoughts, it's important to know where to go for additional support and who to refer group members to if you feel they need further support. Appendix 4 provides a list of contact details for national support services. The World Health Organization's advice for survivor groups<sup>4</sup> notes that, "Not every bereaved person works out as a good support group member. People with extensive complications in the process of their grief or a history of serious emotional problems may be better suited to individual professional counselling."

Group guidelines may be a helpful tool to manage tension and personality conflicts. Guidelines set expectations of behaviour in a group. See section 2.5 of this handbook for advice about setting guidelines with your group.

#### **Group leaders share some of the ways they manage challenging situations:**

Firstly, calm the situation down. If voices are raised, be the one to support the kōrero and explain there are ways we can help, offer support. Ask what support is there for this person – do they have whānau they can talk to, is there someone they feel comfortable talking to? Talking about the effects of having lost someone and what is left behind and what it does to those left behind, and how, as bereaved, we have had to pick ourselves up – never sugar-coat it, be real, because what we live is real.

– **Michele, Kawerau**

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<sup>4</sup> World Health Organization, Preventing suicide, How to start a survivors group, WHO Press, Switzerland, 2008 p.25



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When this happens, a supper break is immediately called. The person(s) in question is taken aside and their immediate needs are discussed/assessed. If necessary, the person is referred to counselling.

– **Bonnie, Whanganui**

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Speaking quietly and not riling them any more than they are. There are sometimes attendees who are very upset and feeling guilty that they were unable to foresee or prevent a suicide. We can only try to convince them that they are not at fault.

– **Aynsley and Dennis, Hamilton**

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Suicide stirs up all sorts of feelings. Anger is normal – even toward the person who has suicided. Also not everyone has the same experience or feels the same way. I generalise a lot so people don't feel they have to agree or feel a certain way. For example, it's ok to feel angry and it's also ok not to feel angry. Using words like 'often' and 'mostly' can help to make statements more acceptable to those who may not agree.

– **Sylvia, Taranaki**

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I try to defuse things ahead of time. When it comes to topics like support from the mental health sector, use of clairvoyants or perils of medication, I steer away from these, as it's generally these topics that create the heat. I respect that they are valid topics and sometimes the cause of frustration for families. I will say we are a support group rather than an advocacy organisation. To make the discussion wider I might bring in other members of the group to downplay the heat. I will reiterate that we need to be respectful of each other's views, even though we may not agree with what someone says. I have followed up with group members over the phone if I feel they've been affected by the discussion. To be honest, we pride ourselves on dealing with these problems well and make it clear we are here to support each other and listening is part of hearing.

– **Mark, Auckland**

## Some of the difficult situations that may arise in groups

Situation	Techniques to manage situation
One group member dominates the meeting – takes more than their fair share of time and interrupts other speakers.	Refer to group guidelines at the start of every meeting and remind members if they are overrunning their time. Speak to the group member one-on-one (for example, during break time or after the meeting), and emphasise the need for listening and letting other people contribute.
A group member appears to be stuck in his or her grief and this is having a negative or disruptive effect on other group members.	Speak to the group member individually. You may suggest that the group does not seem to be meeting the person's needs and that individual counselling and support may be more beneficial. Suggest services where the person can go for extra help.
Family and/or friends of the same loved one are present and have different perspectives on the same suicide. Tensions arise and their behaviour disrupts the group.	Refer back to the group guidelines and how group members have agreed to behave. If necessary, acknowledge the feelings a person is having, such as anger, frustration or guilt. You could say, "Angry feelings are normal after a suicide. It's okay to talk about them but we need to respect each other, as well as the other people in the group."  If necessary, ask them to leave the room for time-out from the group and one-on-one discussion with a facilitator. If the tension cannot be resolved, the people involved could be split into separate groups. Some may find different types of support are more suited to their needs, such as individual counselling.
Angry, negative or judgemental behaviour. If the emotions expressed are frightening, loud or threatening, then the safety of group members must be ensured.	Defuse the situation by politely interrupting. For example, if the member has just cut off another member, you could say, "Can we hear some more from the next person, and then we can come back to you?" After others have spoken, give the individual a chance to speak and reframe their comments. Or you may need to acknowledge that this is a difficult/emotive issue with no easy answer and, if necessary, suggest talking about the issue one-on-one after the meeting. You could suggest seeking counselling. If the behaviour has been particularly disruptive, you might consider giving everyone time out by calling for a refreshment break.

## Situation

## Techniques to manage situation

Group members are at different stages of the grief process. This is generally a positive aspect of peer support groups, as group members can learn from one another. It can become difficult if one member judges another's grief reactions or when the rawness of someone's grief becomes a trigger for someone else.

Intervene and reaffirm the people involved, for example by saying, "That is such a difficult situation" or "This must be very painful for you". Redirect the conversation, for example by saying, "It might be more appropriate if we spoke about this separately. Let's talk after the meeting". When you meet, explain why you had to pause them. You may explain that open sharing is valuable but needs to be balanced with sensitivity towards other group members. Alternatively, for part of the meeting, the group could be divided into smaller subgroups for targeted discussion.

Group members have different views or beliefs about death, suicide or grief and express judgement towards other members.

Intervene and gently affirm that everyone experiences grief differently, and that it is important to respect each others' views and experiences.

You might invite the group to open up a discussion on how members' backgrounds, beliefs or traditions interact with the way they express grief or cope with the issue of suicide. Alternatively, for part of the meeting, the group could be divided into smaller subgroups for targeted discussion. For example, those with religious/spiritual beliefs and those who do not identify with a faith.

If necessary, suggest an extra source of support, for example a pastor or cultural elders such as kuia or kaumātua.

Group members get stuck on unanswerable questions.

Listen to the questions. Affirm that it is okay that they want to know the answers and it must be difficult for them that they do not. Do not try to give answers. Ask to set the questions aside and move on for now. If it seems necessary, you may suggest they seek counselling.

## 5.4 Managing suicide risk

As part of the experience of losing a loved one to suicide, it is not uncommon for people who are suicide bereaved to experience their own thoughts of suicide. People who are suicide bereaved are also more vulnerable to stress, and may be dealing with complicated grief and its attendant issues, such as post-traumatic stress syndrome, sleep problems and guilt. These can all contribute to a person being more vulnerable to suicidal thoughts and behaviours.

If a group member discloses their own suicidal feelings, know who you can refer them to for further support. Appendix 4 provides a list of contact details for national support services.

### **Here is what some group leaders shared about their response to this type of situation:**

Attention is given to safety in an ongoing way. When group members speak about 'end of life' thoughts, these are explored and safety is checked out. Referrals are made when necessary and follow-up phone calls are made if this seems helpful. The words calm, transparency and care come to me when thinking about defusing difficult situations, along with knowing that I can consult with others and get support if necessary.

– Rose, Palmerston North

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Remaining calm, listening and relating back what the person is feeling is important. If someone expresses the wish to end their own life, asking whether they have family, friends and professional support available to them. I also let them know that they can call me if they wish to talk further.

– Maureen, Hibiscus Coast

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Because of the small nature of our group, the last time it happened I asked the questions suggested through the Applied Suicide Intervention Skills Training (Do they have a plan? Have they ever tried?). In a bigger group I would ask the person to talk to me outside or after the group and go through the same process and refer them on if necessary.

– Tina, Waiheke

# 6. Sustainability and self-care

Maintaining a support group requires a dedicated team that can work well together. It also depends on group members being able to give and receive support, and to plan ahead.

Facilitator burnout is probably the greatest risk to the continuation of a support group. The support group should have a minimum of two facilitators, so that responsibility and commitment are shared, and each facilitator can take time out when they need it. In addition, the support group should be aware of the need for succession and be aware of potential future facilitators.

## 6.1 Self-care

**While running a group is rewarding, it takes energy and effort to be there for others. Self-care is necessary.** Sometimes when we are working hard to keep our own lives together and helping others as well, there is very little time or energy left for ourselves. Ways to practise self-care include:

- Eat healthily, and get enough sleep and exercise for your own wellbeing.
- Take time to do activities that you enjoy and that bring you comfort.
- Reflect on the positive things that happen in the group, not just the negative.
- Share your thoughts and feelings with other facilitators, and debrief after each meeting.

- Take time out from the group if you need it, including time for holidays.
- Recognise your own boundaries and limits.

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Self-care is critical through doing this mahi but not always easy. I found speaking with others in the group useful, especially when they would growl and tell me to remember to look after myself. I now use the term 'remember to take care of you' when sending messages to whānau.

– Michele, Kawerau

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Sitting by the beach watching the waves, cycling and climbing to a special place on Te Mata Peak helps me with this. I'm a great advocate in



practising self-care and as I say to everyone, you can't look after or take care of others unless you look after yourself.

– Warren and Sandra, Hawke's Bay

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After a group session I often ensure I have no work, so for the rest of the day I commit the time to being able to reflect and take good care of myself by doing something healthy, fun and life-affirming.

– Puhiwahine, Waiheke

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By taking care of myself and knowing what gives me some peace. Learning to switch off. Having supervision. Having peer support, such as another facilitator to talk to. Looking at the sea, going for a walk.

– Sylvia, Taranaki

## 6.2 Supervision

Supervision refers to a formal arrangement to regularly discuss work with someone who is experienced in both talking therapy and supervision. It helps support a person in the work they are doing, and provides a space for developing knowledge, discussing ethical considerations and self-care.

**Supervision is worth knowing about if you are facilitating a group. It is not something you have to do but some facilitators find it useful.**

Facilitators who are also practising counsellors or social workers will be familiar with this process, as they are ethically bound by the rules of their profession to attend supervision. If you are not a trained person but you are facilitating a group, some form of supervision can be useful to support both you and the work you are doing.

**Supervision in this instance does not refer to someone overseeing or directing your work.**

Supervision is a counselling process that offers a confidential setting in which to debrief and reflect on what is going on for you in relation to the work being done. Any concerns can be explored and discussed, including negative emotions such as anger, fear and sadness. You can also reflect on positive emotions – for example, joy at someone else's personal growth or surprise at how far you have come yourself. Good supervision can support both the person receiving it and the work they are doing. Supervision can also provide a form of education (almost like mentoring), in that it builds your knowledge about what you are doing.

**A supervisor is a highly experienced counsellor or therapist who is sufficiently experienced and trained to take on this role.** A supervisor in turn has their own supervisor and so on.

To find a supervisor, search online or in the Yellow Pages. Alternatively, you may consult the following online listings:

- **New Zealand Association of Counsellors Te Roopu Kaiwhiriwhiri o Aotearoa.** This website includes a 'search for a counsellor' tool, where you can specify supervisors and the location. [www.nzac.org.nz](http://www.nzac.org.nz)
- **New Zealand College of Clinical Psychologists Te Whare Wānanga o te Mātauranga Hinengaro.** This website's 'find a clinical psychologist' tool includes options to look for cultural supervision or professional supervision and you can specify a location. [nzccp.co.nz](http://nzccp.co.nz)

- **The 'Talking Works' website** connects the public with listings of counsellors, psychotherapists and psychologists, and also provides a list of supervisors, including cultural and online supervision. [www.talkingworks.co.nz](http://www.talkingworks.co.nz)

**If you would like to know whether a potential supervisor is a good match for you, or if they are sufficiently experienced or qualified, questions you can ask include:**

- How long have they been qualified?
- What experience do they have in suicide bereavement?
- What experience have they had as a supervisor?
- What training have they undertaken to be a supervisor?
- What do they think a good supervisor provides?

Unfortunately, supervision is not free. If your group is facilitated by an organisation, they may pay this cost for you. If you are in a voluntary role, you will need to pay for this yourself or find an alternative form of funding.

There are no rules about how often to attend supervision. You may choose to meet a supervisor monthly, every couple of months, or even twice a year. It is up to the individual to decide what they need or discuss what they need with their supervisor.

**Formal supervision is one way to get support. Alternatively:**

- If you attend counselling, you can use this space to discuss any issues that arise for you.
- Debriefing with your co-facilitator(s) is another way to get support and air concerns, and it's free.

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Supervision helps support me. It helps with clarity about what is my experience and what belongs to others – my understanding that it is ok for me to experience pain when listening to the pain of others is helpful for me.

– Rose, Palmerston North

### **6.3 Supporting yourself when other people's stories resonate with you**

**An effective facilitator is not someone who is void of emotional reaction or feelings.** As a suicide-bereaved person, your own grief may be activated or triggered during group sharing. If this happens, take time after the meeting to debrief and share with a co-facilitator, trusted friend or counsellor, or in supervision. You must be able to discuss or somehow process your reactions to intense emotional content (while keeping group members' confidentiality). Not doing this can contribute to emotional exhaustion or burnout.

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If my grief is activated I will say that I can identify and briefly share my experience. I tend to step back then and listen to others' views, which helps me.

– Maureen, Hibiscus Coast

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Previously it was hard, as I would take on board other people's stories and it would affect me. I learned that I have my own whānau and kōrero to work on. What group members share is vitally important, because when they share they are helping me and when I share I am helping them – we learn to help each other. It happens naturally this way.

– Michele, Kawerau

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I take a deep breath and listen. And learn. I still learn nine years on from my own loss. I'm always learning, so it can be exhausting. After a group session and debriefing to process what has happened in the group, I generally go home to be with family, go and do a nice relaxing family fun thing. Just park the thoughts for now.

– Mark, Auckland

## 6.4 Finding new facilitators

You or another facilitator may choose to leave a group at any time, for any reason. This should always be respected.

However, if a facilitator is leaving, how will the group continue? Sometimes support groups have to close when a facilitator cannot be replaced.

Sustainability is therefore important – the ability of a group to be able to successfully continue when a facilitator leaves. A group may wish to

discuss the issue of sustainability when setting up and think about a succession plan – a plan to find a replacement should a facilitator leave. This plan can include being aware of potential future facilitators among current group members, knowing who to 'shoulder tap' and giving group members the chance to practice facilitating meetings.

Alternatively, a group may decide to look outside and advertise for a new facilitator. If your group would like help finding a new facilitator, you can:

- Contact the Victim Support Bereavement Specialist for your area. They may be able to help find candidates. You can find contact details on the Postvention service page at [victimsupport.org.nz](http://victimsupport.org.nz)
- Contact the Mental Health Foundation Suicide Bereavement Service Coordinator and ask to have your request for a new facilitator shared with relevant networks. Phone 09 623 4810 or email: [info@mentalhealth.org.nz](mailto:info@mentalhealth.org.nz)

If you are ending your group involvement as facilitator, where possible give group members some warning and time to find a replacement. If a replacement cannot be found in time for group meetings to continue as scheduled, face-to-face meetings may be postponed until a suitable person is found. In the interim, group members can stay in touch, for example via newsletter or Facebook, or by meeting casually for coffee, conversation and companionship.

# 7. A successful group

We can't fix or change what has happened. The pain may never go away but collectively maybe we can help each other to ease the pain and help the fog to clear.

– Warren and Sandra, Hawke's Bay

How do you know if your group is successful or not? What factors would suggest it is functioning well?

A key indicator is the group's atmosphere – what mood or tone is created when group members meet together?

A peer support group is a collective endeavour to hold a space for open and shared discussion. The atmosphere is ideally respectful and supportive of all members, and at the same time gentle and mindful of the grief members are experiencing. Questions to ask include:

- Is there space for everyone to have their say and tell their story?
- Do group members seem relaxed and comfortable in each other's presence, and do they reach out to each other for help?
- Is there a group 'synergy'? (Synergy means 'the creation of a whole that is greater than the parts'.) Does your group have an energy

or momentum which draws people into participating positively?

- Do group members want to attend and return on a regular basis? A group which has clear aims and makes members feel comfortable and supported will be likely to have regular members. In contrast, a group with muddled aims and a tense and unpleasant atmosphere will quickly lose members.
- Regular attendance is not necessarily an indicator of success. In an open, ongoing group, flexibility matters. Group members need to be able to come and go as needed. Some people may attend group meetings occasionally. Some people may attend regularly for some time, then stop going and then start attending again due to issues resurfacing. Some people may attend once only – this may not be a reflection of the group itself, rather the process of participating in a group situation may not suit the person. It may also be an issue of timing, in that it may be too early in the grieving process for a person to be able to comfortably attend. They might come along later.
- Do members feel supported in their process of working through grief and bereavement? You could ask them what their experience of the group has been and what difference the group has made in their lives.

To understand how your group is going, it can be useful to stand back and think about what success in your own group looks like. You may like to schedule a regular time to do this with co-facilitators or with the group itself.

**Group leaders describe what they have achieved and the rewards they have found from running a group:**

Fellowship. Seeing how strong people can be. How people rebuild their lives over time. The way people in the group understand each other's experience as being their own but there are still so many similarities. Seeing people grow and develop over time. Often people don't recognise how 'better' they've become from when they first turned up at Solace. I know it helps people – that's good enough for me.

– **Mark, Auckland**

Hearing how much it helps people to be able to have conversations around suicide, and their loss and the connections that form from that.

– **Tina, Waiheke**

Giving people the opportunity to take steps forward in their lives. What has happened to us is the worst that can

happen but ultimately each individual decides what happens next. We are proud to be alongside them to support them in this process.

– **Warren and Sandra, Hawke's Bay**

The rewards include the self-care I get to practise, the ability to hear similar stories and/or being able to relate to others and their stories. And of course a huge sense of care and comfort in releasing thoughts and feelings in a safe environment.

– **Puhiwahine, Waiheke**

I love to see people moving forward and feeling more relaxed in their interactions in the group. It is great to see healing taking place over time and these people helping new people to find their way.

– **Maureen, Hibiscus Coast**

Helping people at their worst to come to terms with the fact that their lives will never be the same. To help them cope with their 'new' life.

– **Bonnie, Whanganui**



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Having a support group operating and having it recognised as an integral support system where previously nothing like this existed.

– **Taupe, Rotorua**

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Knowing that I may be of some good to a few people in need and that all I have to give is my time and a listening ear. Now and then we receive very positive emails of thanks for what we are doing in the community from attendees and we really appreciate this.

– **Aynsley and Dennis, Hamilton**

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As sad as the circumstances are that bring us together, we are connected. To be able to talk with someone who has no one else to talk to or relate to through their loss is a way to help those bereaved know they are not alone. Someone is hearing their plight, someone is there for them, that someone cares (without ticking boxes). It's not about money, it's about how these people feel when they leave a gathering – feeling more hopeful than before, knowing there is nothing to hide or fear. It allows them to be themselves and it shows them it is okay to smile every now and then. It's rewarding to see whānau feel good within themselves and leave happier than when they arrived.... It's about them.

– **Michele, Kawerau**

# Glossary

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<b>Bereavement</b>	The period of grief after a loss (usually the death of a loved one).
<b>Closed group</b>	A group that limits membership and may screen members before they join. Closed groups may meet for a set period of time rather than having ongoing meetings.
<b>Complicated / complex grief</b>	An intense and long-lasting form of grief, which may be unresolved and/or traumatic. It can interfere with daily life, work and social interactions.
<b>Confidentiality</b>	A rule or expectation that group members will not share each other's stories or experiences outside the group. It is important that suicide bereavement support groups can offer a confidential space for suicide bereaved.
<b>Continuing bonds</b>	A term used by grief experts which challenges the belief that grief proceeds in set stages and necessarily involves 'completion' or 'closure'. In practise, most people maintain a bond or link with the person who has died that leads to the construction of a new relationship with him or her. This relationship continues and changes over time and can provide the bereaved person with comfort and solace.
<b>Debriefing</b>	A structured time after a meeting to reflect and discuss how the meeting went.
<b>Disenfranchised grief</b>	An experience of grief that is not openly acknowledged or supported by a person's friends, family or social networks.
<b>Empathy</b>	The capacity to understand or feel what another person is feeling, without necessarily personally holding the same feelings, thoughts or experiences. The capacity to 'place oneself in another's shoes'.
<b>Facilitators</b>	People who lead a support group.

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<b>Grief</b>	An emotional response to the perception of loss, which has effects across a person's whole life: physically, spiritually, behaviourally, cognitively, psychologically and socially.
<b>Grief journey</b>	The process people go through after a death.
<b>Integration of grief</b>	Incorporating grief as an ongoing part of the bereaved person's life.
<b>LGBTI (or LGBTIQ, rainbow)</b>	<p>An umbrella term that describes people who do not identify as heterosexual or do not fit standard gender norms. This includes a range of sexual and gender identities, and encompasses:</p> <ul style="list-style-type: none"> <li>• Sexual orientation other than heterosexual (for example, gay, lesbian, bisexual, takatāpui, queer).</li> <li>• Diverse gender identity (for example, trans*, transgender, transsexual, takatāpui, whakawahine, tangata ira tane, fa'afafine, genderqueer, fakaleiti, leiti, akava'ine, fiafiafine, uakasalewa, FtM, MtF).</li> <li>• Diversity of reproductive or sexual anatomy (intersex).</li> </ul> <p>LGBTI stands for lesbian, gay, bisexual, transgender, intersex. LGBTIQ includes 'queer', and 'questioning', for those who are in the process of questioning their sexual or gender identity.</p>
<b>Mourning</b>	The process by which people adapt to the death of a loved one. Mourning is influenced by cultural customs, spiritual beliefs, rituals and by societal expectations of coping.
<b>Open group</b>	A group that does not limit membership and has ongoing, regular face-to-face meetings.
<b>Peer support</b>	Giving and receiving help from someone who has had similar experiences. Peer support is based on key principles of respect, shared responsibility and mutual agreement of what is helpful.
<b>Postvention</b>	Activities that help people who are bereaved by suicide to cope with what has occurred.
<b>Resilience</b>	An individual's ability to adapt to stress and adversity. Resilience can occur naturally and can also be learned and developed. Resilience comes through interacting with environments and processes that promote wellbeing or protect against risk factors.

<b>Risk factors</b>	Biological, psychological, spiritual, social and cultural factors associated with suicide or suicide ideation.
<b>Self-care</b>	Intentional actions you take to care for your own physical, mental and emotional health.
<b>Stigma</b>	A negative stereotype or a set of negative and often unfair beliefs that a society or group hold about something. Discrimination is the behaviour which results from this negative stereotype.
<b>Suicidal behaviour</b>	Actions such as suicide or attempted suicide.
<b>Suicidal ideation or thoughts</b>	Thoughts about, or making plans for, taking one's own life that may or may not lead to attempting or completing suicide.
<b>Suicide</b>	Death as a result of self-inflicted harm, where the intention was to die.
<b>Support group for suicide loss</b>	A support group for people who have lost someone to suicide: a family or whānau member, friend or someone else they knew.
<b>Supervision</b>	A formal arrangement to support facilitators by regularly discussing work with someone who is experienced in both therapy and supervision. Supervision provides a space for developing knowledge, discussing ethical considerations and self-care.
<b>Survivor</b>	A term often used in international literature for someone who has survived the death of a loved one to suicide. In New Zealand, the term 'suicide bereaved' is more commonly used.
<b>Trauma</b>	An experience that is emotionally painful, distressing or shocking, which often results in lasting mental and physical effects.
<b>Vicarious traumatisation</b>	The traumatic impact of being a witness to another person's sharing of a traumatic event.
<b>World Suicide Prevention Day</b>	An international initiative to build commitment and action around the world to prevent suicide. It is organised on 10 September every year by the International Association for Suicide Prevention (IASP), the World Health Organisation (WHO) and the World Federation for Mental Health. There is an annual theme and anyone can participate or organise an event. On the day, people who are suicide bereaved light a candle near a window at 8pm to show support for suicide prevention and to remember lost loved ones. For more information see the IASP website: <a href="http://www.iasp.info/wspd">www.iasp.info/wspd</a>

# Appendix 1.

## Example of a group advertisement notice

Developed by Michele Elliott, facilitator for The Support Group for Grieving Whānau of Suicide



### SUPPORT GROUP FOR GRIEVING WHANAU OF SUICIDE

**FACILITATED BY MICHELE ELLIOTT**

**(VOLUNTARY COMMUNITY SUPPORT GROUP)**

Phone (for introduction, meeting) Home:  
Cellphone (for texts, calls)

#### **SERVICES PROVIDED/OFFERED**

*INTRODUCTION: My son Jordan Leigh is my inspiration for setting this group up as support was, at the time, unavailable.....Through a Community Hui held 28 February 2011, this idea was mandated by the Community and our group has been running since then. It is a voluntarily run community group which is here to benefit those who have been bereaved by suicide, and as I am living it too, I know the pain and trauma of living this every single day. To be able to provide strong support for others as well, will help with the healing process for yourself, your family and those around you. You are more than welcome to be a part of our group..kia ora*

**COMFORT SAFETY RESPECT HONESTY**  
**TRANSPARENCY WELCOMING ONE ON ONE TALK SESSIONS**  
**PRIVACY CONFIDENTIALITY MEETINGS**  
**CONSTANT CONTACT THROUGH NEWSLETTERS, TELEPHONE**  
**CLOSED/PRIVATE PAGE ON FACEBOOK FOR MEMBER USE**

# Appendix 2.

## Examples of group guidelines

You can choose to develop guidelines, rules or a code or ethics for your group. The following samples can be used as they are or adapted to suit your group.

### Example 1: Bereaved by suicide group guidelines

**Developed by Rose Allan, group facilitator at Across Te Kotahitanga o te Wairua Social Service, Palmerston North**

Our group in Palmerston North does not have any rules/guidelines committed to paper. Partly this is a reflection of not wanting to impose a set of rules on group members, but rather have them 'own' the rules that will help them to participate as they wish to and find it the most helpful that it can be for them.

When new people come to the group, we revisit rules, and people are invited to reflect on this for themselves. In my experience of this, inviting people to be involved in naming the group guidelines/rules sets the tone for meetings to follow, in that people coming to the group are positioned at the centre of the conversations. I.e. it is their agenda, and what would be most helpful for them, rather than the facilitator's agenda, that takes priority.

Rules or guidelines are about making it a safe, respectful, and nurturing environment in which people are free to express themselves without

fear of judgement. A group culture of care, understanding and support for one another comes from this.

**In the group it seems that we have usually preferred to have fewer goals – broader goals – rather than a list of smaller ideas. Examples of these are:**

- This is your group and you are invited to say what is most helpful for you. The group is about supporting and encouraging one another.
- You are here because you have accepted an invitation to be here – anything you offer to the conversation is also by invitation, so please be in charge of this for yourself.
- You may share as much or as little as is right for you.
- Your tears are welcome.
- Your loved one is welcome here – please feel free to bring photos or other special items.
- We need to listen well to one another, giving time for everyone to speak.
- Confidentiality is important. Please be mindful of this when hearing other people's stories.



## Example 2: Solace support group, Hamilton

We stipulate that we are not trained professionals. Rather, suicide has affected our lives personally, therefore we don't give advice but sometimes offer suggestions when asked. Everything shared in the group must remain private and confidential. We are there to share our experiences so people know they are not alone. If people do not wish to talk, for example if the subject is too tender, they may 'pass' and no pressure will be placed on them to open up until they are ready to do so.

– Aynsley and Dennis, Hamilton

## Example 3: A code of ethics

### Excerpt from Lifeline Australia.<sup>5</sup>

1. Group members will respect the rights of all to confidentiality. Thoughts, feelings and experiences shared by the group will stay within the group, which means that members have the privacy to share their thoughts and feelings.
2. Group members will recognise that thoughts and feelings are neither right nor wrong.
3. Group members will not be judgemental or critical of other members, and will show acceptance.
4. Group members have the right to/or not to share their grief and/or feelings. They should make some spoken contribution to the meeting, but if they wish just to 'be there' at times, the group will accept that.
5. Group members come to the group with empathy (fully comprehending the impact, having experienced the situation), not sympathy (sharing another person's thoughts or emotions).
6. Group members appreciate that each person's grief is unique to that person. Respect and accept what members have in common and what is particular to each individual.
7. Group members respect the right of all the members to have equal time to express themselves and to do so without interruption.
8. The group acknowledges that each person is the authority on their own experience.

<sup>5</sup> Excerpted from Lifeline Australia, Practice Handbook, Suicide Bereavement Support Group Facilitation, Lifeline Australia, 2009, p.45. Lifeline Australia in turn adapted these from the World Health Organisation guidelines Preventing Suicide, How to Start a Survivors Group (2008).

# Appendix 3. Sample newsletter

From Solace Support Group in Auckland – April 2015 edition

**NEXT MEETINGS:**  
**SATURDAY 9 JUNE**  
**SATURDAY 14 JULY**

Meetings run from 9.30 am to 12 noon

Address:  
The Community of St Luke  
130 Remuera Road  
Remuera  
Auckland.

Come along to meet and talk with others who have suffered the loss of loved ones to suicide.

A gold coin donation is suggested to cover expenses

**Solace Support Group** 

## Peer Support after suicide

**JUNE 2018**

### Letter from the Solace Committee

Hello and welcome to Winter!

The cold weather sure has come as a shock. Suddenly it's dark and cold and rainy. Remember it's so important to get out and enjoy everything that mother nature throws at us. A walk along a windy beach, a forest walk or just a stroll round the block, getting outdoors is vital for physical and mental health. See inside for a recent Irish study that found links between physical health and suicide bereavement.

Looking forward to seeing you at the meeting on Saturday morning.

Best wishes  
Solace committee

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## Link Between Physical Health and Suicide

A recent Irish study published in the British Medical Journal (<http://bmjopen.bmj.com/content/bmjopen/8/1/e019472.full.pdf>) found significant associations between physical health and suicide bereavement. They found that suicide-bereaved family members were more likely to experience pain, more physical illnesses and poorer general health. They were also at increased risk of cardiovascular disease, hypertension, diabetes and chronic obstructive pulmonary disease. The study found that those bereaved by suicide had higher rates of physical illness and concluded that the evidence for an increased risk of adverse physical outcomes is growing and needs to be expanded with better quality studies than are currently available.

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## End of Life Choice

I recently heard from a friend who works in Singapore that he was off to Holland. His mother, an 80-something Dutch woman, had let him know that she had booked the date of her death by euthanasia and would he come to Holland to spend her last three weeks with her and to be there for the death. He was deeply distressed and of course my heart went out to him. But what I also noticed was that receiving that message and living those days with the family, albeit at a distance, had shot me straight back into my own traumatic experience of suicide. Other friends wanted to talk about it in a detached way, as an 'interesting topic' but I had to say, 'I'm sorry, I'm not the right person to help you,' while I tried to manage the physical and emotional symptoms that I had thought were behind me.

With David Seymour's End of Life Choice Bill now in Select Committee it's a topic in the news and there is lots to read, especially if you want to go into the parliamentary site and read the submissions that have been made. But do look after yourself. We've all had an experience that can be triggered at any time, often when we are not prepared, so it's important to know your limits and if it doesn't feel safe for you don't go there.

If you are interested the submissions to the Bill can be found at [https://www.parliament.nz/en/pb/bills-and-laws/bills-proposed-laws/document/BILL\\_74307/end-of-life-choice-bill](https://www.parliament.nz/en/pb/bills-and-laws/bills-proposed-laws/document/BILL_74307/end-of-life-choice-bill) Under the tab called submissions you can read the submissions that have already been read by the Select Committee. On a slightly different tack you might be interested in a site called 10 Questions for David Seymour which you can find at <http://10questionsfordavidseymour.nz/>

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## Gender Differences in Grief

It is no surprise that men and women are profoundly different in a variety of ways and one of

these key differences is the area of grief. It can be helpful to understand how gender differences play a part in how we grieve, whether we are the person grieving or if it is a family member or friend.

Women frequently express that they feel their male counterparts are not grieving or supportive; often men say that they do not know how to best support their female loved ones, or how to handle the emotion and pain that stems from grief.

Men tend to be more comfortable attending to life changes by taking on new roles and responsibilities that result from the death of a loved one. Learning new non-traditional roles such as cooking, cleaning can be a distraction from their grief. Males often view social relationships as more of a time to share activities than emotions. So often they state that they know the story in their head and they don't need to retell it. They tend to want to "fix it" and will rely on their own resources—often keeping feelings and emotions to themselves.

Women, on the other hand, tend to be more emotional and will work on their grief by talking about it. They will tell their story over and over again because they say it helps them process and work through their grief. Women confide in friends, outwardly express their feelings and emotions, and "feel" their way through grief.

Men say that they limit their expression of emotion because they may not want to appear weak. Women report frustration with men demonstrating little emotion and not wanting to talk about the person who died. Women may view this as cold and think that the man is not grieving. Men often feel the expectation to be strong and so may be given or may accept little social support. Society has traditionally taught little boys not to cry while comforting girls. Hopefully this message is changing. These conflicting gender messages can carry through one's entire life and may cause misunderstandings between males and females who are grieving. This can lead to frustration, anger, and feeling isolated in one's grief for both genders.

Men are generally "inward" thinkers; they think of the "situation" not the emotional responses. This does not make them less emotional, or less responsive to those around them; they just have a different method of looking at the emotional response. The woman in grief is traditionally looking for support. She will look to those that can understand and listen to her express her emotions. She is not looking to "FIX" anything, but to regain her perspective and understand some purpose in her grief. Both men and women need support in grief. They need to hear from others their emotions are normal and their responses to the emotions are normal.

It is critical to stress that whether you are a male or female dealing with a loss of a loved one, if you are unwilling to express grief in any form at all, you will likely face serious consequences during your future journey. It is a make-or-break choice for those of us who lose someone and are willing to express our grief fully, in whatever way we are comfortable. Not to express our grief is to potentially set ourselves up for a lifetime of illness, bitterness, anger, and lack of connection to life.

When we look at gender differences in grief, what is important to remember is that neither way is right or wrong, just different. Both genders can learn from the other. If we learn to understand and accept one another's differences, we can learn to support one another without trying to change them. Grief is a very personal and individual experience with everyone navigating through this journey in his or her own way. The hope is that those walking this journey can experience comforting support along the way.

This article by Thomas Bekkers can be found at: <https://gboncology.com/blog/gender-differences-in-grief/>

#### Online websites for suicide loss and grief

**Alliance of Hope** <http://www.allianceofhope.org>

For suicide loss survivors, a place of healing and remembrance.

**The Compassionate Friends** <https://www.compassionatefriends.org>

Supporting family after a child dies.

**Modern Loss** <http://modernloss.com>

Candid conversations about grief. Beginners welcome.

**Sibling Survivors** <http://www.siblingsurvivors.com>

For anyone who has lost a brother or sister to suicide.

**Suicide Grief Support Forum** <http://www.suicidegrief.com>

Information and support for those affected by suicide.

#### Things to listen to - podcasts on grief & loss

**Dear Dougy Podcasts** <https://www.dougy.org/grief-resources/podcasts>

Drawing from over 30 years of stories of grieving and wisdom from grieving teens, children and adults, the Dear Dougy podcast opens up the conversation about dying, death and bereavement.

**Open to Hope** <http://www.opentohope.com/>

Finding hope after loss. Stories of hope and compassion to read, watch and listen to.

**Terrible, thanks for asking** <https://www.apmpodcasts.org/ttfa>

You know how everyday someone asks 'How are you?' And even if you're totally dying inside, you just say 'fine', so everyone can go about their day. Hosted by author and widow Nora McInerney. This is a funny / sad / uncomfortable podcast about talking honestly about our pain, our awkwardness, and our humanness.



## Solace Contact Phone Numbers

(omitted: personal contact details for support group committee)



# Appendix 4.

# Help services in Aotearoa New Zealand

## In a crisis or emergency

If someone has attempted suicide or you're worried about their immediate safety, do the following:

- Call your local **mental health crisis assessment team** or go with them to the emergency department at your nearest hospital.
- Contact details for mental health crisis assessment teams can be found online at: [www.health.govt.nz/mentalhealthcrisis](http://www.health.govt.nz/mentalhealthcrisis), or ring your local hospital and ask for the mental health crisis team.
- If they are an immediate physical danger to themselves or others, call 111.
- Stay with them until support arrives.
- Remove any obvious means of suicide they might use (e.g. medication, car keys, knives, rope, guns).
- Try to stay calm and let them know you care.
- Keep them talking: listen and ask questions without judging.
- Make sure you are safe.

For more information and support, talk to your local doctor, medical centre, hauora, community mental health team, school counsellor or counselling service.

## Finding a counsellor or psychologist

To find a professional to talk to, you may search online or look in the Yellow Pages. You can also ask others who have received good counselling for word-of-mouth recommendations.

## Online listings include:

- **New Zealand Association of Counsellors Te Roopu Kaiwhiriwhiri o Aotearoa.** This website includes a 'search for a counsellor' tool, which allows you to specify the area of interest and location. [www.nzac.org.nz/](http://www.nzac.org.nz/)
- **New Zealand College of Clinical Psychologists Te Whare Wānanga o te Mātauranga Hinengaro.** This website's 'find a clinical psychologist' tool includes options to specify what help you require and your location. [nzccp.co.nz](http://nzccp.co.nz)



- **The 'Talking Works' website** provides listings of counsellors, psychotherapists and psychologists. You can specify your location for face-to-face counselling and also see a listing of professionals who offer online counselling via Skype. [www.talkingworks.co.nz/dir](http://www.talkingworks.co.nz/dir)
- **Skylight** offers counselling in Wellington and Auckland. See: [www.skylight.org.nz/get-support/counselling](http://www.skylight.org.nz/get-support/counselling)
- **The Grief Centre** (North Shore, Auckland) [www.griefcentre.org.nz](http://www.griefcentre.org.nz)
- **The Loss and Grief Centre:** (Southland) [www.lossandgriefcentre.com](http://www.lossandgriefcentre.com)

**To get effective counselling support for suicide loss, it is best to find a counsellor or psychologist who has specific skills or interest in this area. Questions you can ask include:**

- What experience do they have in suicide bereavement?
- Do they have lived experience? This is not necessarily essential, but it is useful for you to know.
- Are they comfortable working in this subject area?
- Have they had professional development or undertaken skills training in the area of grief and bereavement or suicide loss?

Most face-to-face counselling services charge a fee. It is best to check what the cost is before agreeing to an appointment.

Below is a list of some free services available in New Zealand which offer support, information and help. These services are available 24 hours a day, seven days a week, unless otherwise stated.

**For counselling and support:**

- **Need to talk?** Free call or text 1737 to talk with a trained counsellor, anytime
- **Lifeline** – 0800 543 354 (0800 LIFELINE) or free text 4357 (HELP) for counselling and support.
- **Depression Helpline** – 0800 111 757 or free text 4202 to talk to a trained counsellor about how you are feeling or to ask any questions.
- **Healthline** – 0800 611 116 for advice from trained registered nurses.
- **Samaritans** – 0800 726 666 for confidential support for anyone who is lonely or in emotional distress.
- [www.depression.org.nz](http://www.depression.org.nz) – includes free online self-help tool, The Journal.

**Counselling and support for children and young people:**

- **Youthline** – 0800 376 633, free text 234, email [talk@youthline.co.nz](mailto:talk@youthline.co.nz), or webchat at [www.youthline.co.nz](http://www.youthline.co.nz) for young people, and their parents, whānau and friends.
- **What's Up** – 0800 942 8787 or webchat at [www.whatsup.co.nz](http://www.whatsup.co.nz) from 5-10pm for 5-18 year olds.
- **Kidslines** – 0800 54 37 54 (0800 KIDSLINE) for 5-18 years of age.
- [www.thelowdown.co.nz](http://www.thelowdown.co.nz) – 0800 111 757 or free text 5626 or visit [www.thelowdown.co.nz](http://www.thelowdown.co.nz) to send an email.
- [www.SPARX.org.nz](http://www.SPARX.org.nz) – an online self-help tool that teaches young people the key skills needed to help combat depression and anxiety.
- [www.auntydee.co.nz](http://www.auntydee.co.nz) – a free online tool for anyone who needs help working through problems.

### For help with specific issues:

- **OUTLine NZ** – 0800 688 5463 (0800 OUTLINE)  
for sexuality or gender identity issues; 10am-9pm  
Monday to Friday, and 6-8pm weekends.
- **Alcohol Drug Helpline** – 0800 787 797,  
free text 8681 or chat online  
[www.alcoholdrughelp.org.nz](http://www.alcoholdrughelp.org.nz)  
for people dealing with alcohol or other drug  
problems.
- **Shine** – 0508 744 633  
for people living with domestic violence;  
9am-11pm every day.
- **Women's Refuge Crisisline** – 0800 733 843  
(0800 REFUGE)  
for women living with violence, or in fear, in their  
relationship or family.
- **Shakti Crisis Line** – 0800 742 584 (0800 SHAKTI)  
for migrant or refugee women living with family  
violence.
- **Rape Crisis** – 0800 883 300  
for support after rape or sexual assault.
- **PlunketLine** – 0800 933 922  
support for new parents, including mothers  
experiencing post-natal depression.
- **Rural Support** – 0800 787 254  
for people in rural communities dealing with  
financial or personal challenges.
- **Refugees as Survivors** – 0800 472 769  
[www.rasnz.co.nz](http://www.rasnz.co.nz)  
psychological support for refugees and asylum  
seekers.
- **Anxiety Helpline** – 0800 269 4389  
(0800 ANXIETY)

### For families, whānau, friends and supporters

- **Skylight** – 0800 299 100  
for support through trauma, loss and grief; 9am-  
5pm weekdays.
- **Supporting Families In Mental Illness** –  
0800 732 825  
for families and whānau supporting a loved one  
who has a mental illness.
- **Le Va** – [www.leva.co.nz](http://www.leva.co.nz)  
information and support for Pasifika families on  
mental health, addiction and suicide prevention.
- **Common Ground** – [www.commonground.org.nz](http://www.commonground.org.nz)  
a central hub providing parents, family,  
whānau and friends access to information, tools  
and support to help a young person who is  
struggling.
- **Mental Health Foundation** –  
[www.mentalhealth.org.nz](http://www.mentalhealth.org.nz) or 09 623 4810  
for information about supporting someone in  
distress, looking after your mental health and  
working towards recovery.
- **After a Suicide** – [www.afterasuicide.nz](http://www.afterasuicide.nz)  
a website offering practical information and  
guidance to people who have lost someone to  
suicide.

Contact details for these services along with local  
mental health crisis teams are available in the  
Mental Health Foundation's '**Helplines and local  
mental health services**' booklet, free to download  
at: [www.mentalhealth.org.nz](http://www.mentalhealth.org.nz)

# Appendix 5.

## The Charter of the Rights of Suicide Survivors<sup>6</sup>

### **This charter was developed by the Flemish Working Group on Suicide Survivors, Belgium**

The survivor has the right:

- 1) To mourn in his/her own way and within the time it takes.
- 2) To know the truth about the suicide, to see the body of the deceased, and to organise the funeral with respect to one's own ideas and rituals.
- 3) To consider suicide as the result of several interrelated causes that produced unbearable pain for the deceased: suicide is not a free choice.
- 4) To live, wholly, with joy and sorrow, free of stigma or judgement.
- 5) To respect one's own privacy as well as that of the deceased.
- 6) To find support from relatives, friends, colleagues and survivors, as well as from professional helpers who have knowledge and insight in the dynamics of bereavement, potential risk factors and in the practical consequences.
- 7) To be contacted by the clinician/caregiver (if any) who treated the deceased person.
- 8) To not be considered as a suicide candidate or as a patient.
- 9) To place one's experiences in the service of other survivors, caregivers and everyone who seeks to better understand suicide and suicide bereavement.
- 10) To never be as before: there is a life before the suicide and a life afterwards.

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<sup>6</sup> Andriessen, K. 'How to increase suicide survivor support? Experiences from the National Survivor Programme in Flanders-Belgium.' Flemish Working Group on Suicide Survivors, Belgium, 2004.

# Appendix 6.

## Resources

A selection of resources that may be useful for you and/or your group.

**For more guidance on how to set up support groups for suicide bereavement, see the following webpages and books:**

- **Bereavement After Traumatic Death – Helping the survivors** edited by D. De Leo, A. Cimitan, K. Dyregrov, O. Grad, K. Andriessen
- **Pathways to Purpose and Hope**, created by Friends for Survival [www.friendsforsurvival.org/pathways.html](http://www.friendsforsurvival.org/pathways.html)
- **Preventing Suicide, How to Start a Survivors Group**, by the World Health Organization: [www.who.int/mental\\_health/prevention/suicide/resource\\_survivors.pdf?ua=1](http://www.who.int/mental_health/prevention/suicide/resource_survivors.pdf?ua=1) (PDF)
- **Setting Up and Facilitating Bereavement Support Groups: A practical guide** by Dodie Graves
- **Practice Handbook - Suicide Bereavement Support Group Facilitation**, from Lifeline Australia: [www.lifeline.org.au/get-help/topics/suicide-bereavement](http://www.lifeline.org.au/get-help/topics/suicide-bereavement) (PDF)

**For a current list of suicide bereavement groups in New Zealand see:**

- Mental Health Foundation: [www.mentalhealth.org.nz](http://www.mentalhealth.org.nz)
- Skylight: [www.skylight.org.nz/](http://www.skylight.org.nz/)

### Information and resources on suicide bereavement in New Zealand

- **After a suicide**, offers practical information and guidance if someone you love has died by suicide: [www.afterasuicide.nz](http://www.afterasuicide.nz)
- **Coronial Services** provides information on the coronial processes around suicide: [coronialservices.justice.govt.nz/](http://coronialservices.justice.govt.nz/)
- **Le Va** provides information and resources for Pacific families and communities after a suicide: [www.leva.co.nz](http://www.leva.co.nz)
  - **Pacific Communities bereaved by suicide**, resource for support groups (PDF). [www.leva.co.nz/resource/Pacific-Suicide-Postvention-Supporting-Pacific-Communities](http://www.leva.co.nz/resource/Pacific-Suicide-Postvention-Supporting-Pacific-Communities)
- **Mental Health Foundation**, provides suicide bereavement information, advice and resources: [www.mentalhealth.org.nz/get-help/suicide-bereavement-3/](http://www.mentalhealth.org.nz/get-help/suicide-bereavement-3/)
- **Skylight Resilience Hub**, a resource site offering personalised information, support, counselling services and library: [www.skylight.org.nz](http://www.skylight.org.nz)
  - **Waves**, suicide bereavement support groups facilitated through Skylight: [www.skylight.org.nz/build-resilience/waves](http://www.skylight.org.nz/build-resilience/waves)
- **Victim Support**, information about postvention support following a suicide: [www.victimsupport.org.nz](http://www.victimsupport.org.nz)

- **Waka Hourua**, national suicide prevention programme for Māori and Pasifika communities – supports Māori whānau, hapū, iwi, Pasifika families and communities to develop and enhance their own capability to prevent suicide, and to respond safely and effectively when and if suicide occurs: [www.wakahourua.co.nz](http://www.wakahourua.co.nz)

### International websites with information on suicide bereavement include:

- **American Association of Suicidology:** [www.suicidology.org/suicide-survivors/suicide-loss-survivors](http://www.suicidology.org/suicide-survivors/suicide-loss-survivors)
- **American Foundation for Suicide Prevention:** [www.afsp.org](http://www.afsp.org)
- **International Association for Suicide Prevention:** [www.iasp.info](http://www.iasp.info)
- **Postvention Australia:** [www.postventionaustralia.org](http://www.postventionaustralia.org)
- **Suicide Prevention Australia:** [www.suicidepreventionaust.org](http://www.suicidepreventionaust.org)
- **Survivors of Bereavement by Suicide** – a national charity in the UK providing support to adults bereaved by suicide: [www.uksobs.org](http://www.uksobs.org)

### Books for adults

**After Suicide Loss: Coping with your grief** by Bob Baugher and Jack Jordan

**Do They Have Bad Days in Heaven? Surviving the suicide loss of a sibling** by Michelle Linn-Gust

**Dying to be Free: A healing guide for families after a suicide** by Beverly Cobain and Jean Larch

**In Her Wake** by Nancy Rapport

**No Time to Say Goodbye** by Carla Fine

**Suicide Survivors: A guide for those left behind** by Adina Wroblewski

**Touched by Suicide: Hope and healing after loss** by Michael F. Myers and Carla Fine

### Books for children

**Beyond the Rough Rock: Supporting a child who has been bereaved through suicide** by J. A. Stokes, D. Stubbs and Heidi Baker

**But I Didn't Say Goodbye: Helping children and families after a suicide** by Barbara Rubel

**Red Chocolate Elephants** by Diana Sands

**Rocky Roads: The journeys of families through suicide grief** by Michelle Linn Gust

The above titles are just some of the many books available. For further lists of reading material and resources for all ages, see:

**Australian Centre for Grief and Bereavement Resource guide:** [www.grief.org.au](http://www.grief.org.au)

**Skylight library and shop:** [skylight-trust.myshopify.com/](http://skylight-trust.myshopify.com/)

**Mental Health Foundation Information Service:** [www.mentalhealth.org.nz](http://www.mentalhealth.org.nz)  
info@mentalhealth.org.nz  
09 623 4812

## Learn more about self-care, burnout and vicarious traumatisation

**Transforming the Pain: A workbook on vicarious traumatization** by Karen W. Saakvitne and Laurie Anne Pearlman. This book contains discussion on the topic, along with exercises and tools to build emotional wellbeing.

A free online tool from the book **Self-Care Assessment Worksheet** provides an overview of effective strategies to maintain self-care. You can download and print it out:

[www.mentoring.org/new-site/wp-content/uploads/2015/09/MARCH\\_2015\\_Self\\_Care\\_Assessment.pdf](http://www.mentoring.org/new-site/wp-content/uploads/2015/09/MARCH_2015_Self_Care_Assessment.pdf) (PDF)

**The Compassion Fatigue Workbook** by Francoise Mathieu

A free chapter from this book, chapter 6 'Warning signs of compassion fatigue and vicarious trauma' is available at:

[tandfbis.s3.amazonaws.com/rt-media/pp/common/sample-chapters/9780415897907.pdf](http://tandfbis.s3.amazonaws.com/rt-media/pp/common/sample-chapters/9780415897907.pdf) (PDF)

An article on **mindfulness** and suicide bereavement:

[www.suicidefindinghope.com/content/mindfulness](http://www.suicidefindinghope.com/content/mindfulness)

Local mindfulness resources:

[www.mindfulaotearoa.nz](http://www.mindfulaotearoa.nz)

## For resources on suicide bereavement for all ages, see:

**Australian Centre for Grief and Bereavement Resource guide:** [www.grief.org.au](http://www.grief.org.au)

**Conversations Matter:**  
[www.conversationsmatter.com.au](http://www.conversationsmatter.com.au)

**Doughy Centre for Grieving Children and families:**  
[www.tdcbookstore.org](http://www.tdcbookstore.org)

**Grief Centre (NZ):**  
[www.griefcentre.org.nz](http://www.griefcentre.org.nz)

**Skylight Resilience Hub's online shop:**  
[skylight-trust.myshopify.com](http://skylight-trust.myshopify.com)

**Winston's Wish (UK):**  
[www.shop.winstonswish.com](http://www.shop.winstonswish.com)

**Mental Health Foundation's Information Hub:**  
[aiscloud.nz/MNT03/#!dashboard](http://aiscloud.nz/MNT03/#!dashboard)

**Mental Health Foundation's online shop:**  
[www.mentalhealth.shopau9.info](http://www.mentalhealth.shopau9.info)

**Mental Health Foundation Information Service:**  
[info@mentalhealth.org.nz](mailto:info@mentalhealth.org.nz)  
09 623 4812

## Learn more about suicide prevention

**Lifekeepers** – New Zealand's evidence informed suicide prevention training programme:  
[www.lifekeepers.nz](http://www.lifekeepers.nz)

**QPR NZ Suicide Prevention Training:**  
[www.qpr.org.nz](http://www.qpr.org.nz)



# Appendix 7.

## Facilitation self-assessment checklist – am I ready to do this?

1) I have discussed my own grief journey with others – for example, people in my own support circle or a counsellor.	Yes / No
2) Enough time has passed for me to have worked through enough of my own experience to now be helpful to others.	Yes / No
3) While others are talking about their struggles, I do not feel an urgent need to tell my own story.	Yes / No
4) Listening to those with similar situations does not exhaust me.	Yes / No
5) I have thought about effective ways I can deal with my feelings and my triggers while I'm running a group.	Yes / No
6) I don't feel I need to fix other people's grief.	Yes / No
7) I am able to talk about my own experience of suicide loss honestly, without feeling too overwhelmed.	Yes / No
8) I am able to identify when I am feeling overwhelmed and, if necessary, talk about this with supportive others.	Yes / No
9) I can find time to prepare for and run a regular group meeting.	Yes / No
10) I have thought about my own identity (cultural, gender, sexuality and religious beliefs) enough to be able to work sensitively and well with people across cultural, faith, gender and sexuality groups.	Yes / No
11) I have spent time learning about suicide bereavement, grief and trauma.	Yes / No
12) I have a self-care plan in place.	Yes / No
13) I have a list of safe contacts in case someone needs help.	Yes / No
14) I am capable of leading and providing a supportive network for those affected by suicide.	Yes / No
15) I have a great co-facilitator or coordinator to work with me.	Yes / No
16) I have sought a peer assessment (a second opinion about setting up a support group). They agreed: 'Yes, this person has enough personal insight to listen to and respond thoughtfully to other people's grief'.	Yes / No

### How did you do? Count the number of 'Yes' responses

10–16: Excellent time to facilitate a group.

7–9: Good time to consider facilitating a group.

1–6: Not a good time to facilitate a group.

# The two best pieces of advice – sharing what works

Support group leaders were asked to share two best pieces of practical advice they would give to someone setting up or running a bereaved by suicide support group.

## Here are their answers:

Set strong guidelines with confidentiality being paramount – open each meeting with this. Remember: although everyone grieves, people will be at different stages in their grief.

**Bonnie, Whanganui**

Make sure you are in a good space yourself – running a group can be very taxing on your emotions. Be honest and show empathy to others. Find premises that are warm and welcoming and allow people to feel safe and unthreatened – a neutral venue is ideal.

**Warren and Sandra, Hawke's Bay**

Be open and compassionate, supportive and non-judgemental. Remember that you are providing a forum for discussion and you can't actually fix anyone.

**Maureen, Hibiscus Coast**

This is not a quick-fix group that will instantly take your pain away. However, attending the group over months may help to ease the pain and help you to grow strong again. We feel that a low-key approach is necessary.

**Aynsley and Dennis, Hamilton**

Don't get put off by any negativity. People need and want support. Advertise and start your own group. Make sure you have supportive people to help run it.

**Corinda, Dunedin**

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Never be afraid. Be confident in yourself and what you want to accomplish.

Know you are not alone and know that what you do matters.

**Michele, Kawerau**

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Start setting up when you and others are ready.

Make the time to meet, and avoid time limits.

**Taupe, Rotorua**

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Make sure that you have enough support in your own life.

Attend an established bereavement group and talk to the facilitators.

**Tina, Waiheke**

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Research, plan, have a process, have trained skilled facilitators.

**Joanah, Taranaki**

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Have a couple of passionate people in the group who feel able to hold a topic and energy.

Tell the truth about your feelings on anything that comes up for you, and offer suggestions or share ideas. Stay open-minded and self-aware.

**Puhiwahine, Waiheke**

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Confidentiality is very important. Suicide deaths should not be an opportunity for gossip with others outside the group.

Do not forget that you are talking to people who have lost a loved one. I really try not to cause damage by saying things like "There are always signs that someone is going to kill themselves". Hearing that will make people feel really bad. And it just isn't true.

**Sylvia, Taranaki**

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It took time to get our group established and known about in the community. Advertising and visiting key people in the community was an important part of becoming established.

**Rose, Palmerston North**

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