

A guide for workplaces

Supporting your
**staff and
organisation**
after a
**suspected
suicide**

Whakatauki

Ruia te pō, ka ao, ka awatea

*Move from the darkness
into the light*

Karakia

*Waerea, Waerea
Waerea i runga, Waerea i raro,
Waerea i roto, Waerea i waho
Waerea ngā taimahatanga o te wā,
kia wātea*

*Tūturu o whiti, Whakamaua kia Tina,
Tina, Haumi ē, Hui ē, Tāiki ē!*

*Clear a path ahead
Clear above, clear beneath,
Clear all obstructions within and outside,
Clear and relieve us of any burdens that
today may bring
And let us be free in mind, body and spirit.
We comprehend and agree,
And we make it so.
Unified, collected and blessed!*

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Foreword

Tēnā koe, ko Shaun Robinson ahau.

I am privileged to be the chief executive of the Mental Health Foundation. I know from personal experience how confronting and difficult it can be when someone we know takes their own life.

Big life events, like death and loss, are ever-present in the workplace environment. But a death by suspected suicide has an impact that ripples through networks and communities, including workplaces.

A suspected suicide has unique aspects to it in terms of grief, including guilt, judgements or unanswered questions that are not present in other deaths (such as deaths from accidents or a medical condition). Everyone within the workplace will be emotionally affected. For some, knowing someone who has died by suspected suicide can increase their own difficult feelings and risk of suicidality.*

Everyone responds to a suspected suicide in different ways. There is not a right way or a wrong way. Factors like the person's own personal journey, their relationship to the person who died, and things said and done before the death can all have a significant impact on how people cope and how much support they will need.

Leaders need to respond with compassion and care, for everyone's benefit. These guidelines help workplaces to do that. They are flexible and their use will depend on what works best for your response team and your workplace. Feel free to adapt these guidelines to suit your, and your team's, needs.

A supportive community at work can be a protective factor for all team members. Many workplaces already do a lot to create positive work environments, but it can be daunting to know where to start after a suspected suicide. This resource will give you options and steps.

We are very grateful to everyone who shared their stories and experiences to help create this resource. Your honesty and valuable insights have helped ensure this resource is both practical and meaningful.

Ngā mihi



Shaun Robinson
Chief Executive
The Mental Health Foundation of New Zealand

*See glossary

Introduction

“Suicide is a rare event statistically. It is a fraction of other working-age deaths that occur from accidents, disease or ill health. But suicide loss has an outsized emotional impact, and so we must provide the targeted support it needs.”

— Hugh, workplace wellbeing programme advisor

To share the overall responsibility for effectively using this resource's guidelines and providing informed and caring leadership, we recommend forming a postvention response team. See page 10 for further information.

The steps within this resource were developed with input from people with lived experience of suicide in the workplace and clinical specialists. These steps provide clear guidance on the immediate actions that need to be taken to support people in your workplace following the suspected suicide of a team member.

This guide will support and inform employers and organisational leaders with their postvention response. It offers practical ways to support those affected at this time and provides a path towards healing and hope. It also includes guidance on supporting staff after the suspected suicide of someone close to them outside of work.

It's important to find the right balance. Keeping the workplace functioning and ensuring the wellbeing of your team is vital. Maintaining normal routines and processes while providing the time and space to give and receive support can be reassuring for staff.

To help guide your postvention response, this resource has been divided into critical time periods and includes checklists and templates. For the purposes of this resource, 'team' encompasses everyone within the workplace, including staff, contractors, Board Directors, volunteers and other personnel.

Agencies such as Victim Support, regional Suicide Prevention and Postvention Coordinators (SPPCs) and other NGOs may all play a part in providing postvention support. The *Helplines and Local Mental Health Services Directory* can provide more information. Visit: www.mentalhealth.org.nz/helplines to access the directory.

Please note: The death may also be an 'ambiguous death', if there is insufficient evidence to determine the cause of death or if there are other complicating factors. In each of these cases, refer to the death as a 'sudden death'.

What is a postvention response?

A 'postvention response' is the term used for all steps taken following a suicide that support those impacted (e.g. the processes, actions and activities undertaken in the response).

Who is this guide for?

This guide is for those who support or lead people in workplaces throughout Aotearoa New Zealand. It is designed to offer guidance to people taking a leading role in an organisation's response to the suspected suicide of a team member.

This guide recognises that all workplaces have different access to support services. These include internal human resources (HR) and health and safety (H&S) teams, and external supports such as employee assistance programme (EAP) providers, peak body organisations, local business associations or sector-specific support. The information and guidance in this resource is designed to be adapted to best suit your workplace and your available support networks.

Please note: This resource provides practical guidance on how to best support people following a suspected suicide, but it does not cover occupational health or legal advice.

Looking after yourself

Supporting staff after a suspected suicide can be tough. It can be an extremely stressful time and disruptive both for a workplace and those leading the postvention response.

If you, or any member of the response team, feel adversely impacted during this time, remember to share any concerns with colleagues and ask for support. It is important to look after your own wellbeing when helping others.

During this time practice self-care and aim to:

- Eat healthily and get enough sleep.
- Do activities that you enjoy.
- Limit social media use and doomscrolling.
- Share your thoughts and feelings with someone you trust.
- Set your own boundaries and recognise your limits.
- Encourage other trusted people to help.
- Build and develop a support network.
- If you need help, contact an EAP provider, a helpline (see page 34), your GP or a local counsellor.

When a suicide happens

“A death by suicide has an impact that is often far-reaching. It can ripple beyond those who were immediately connected with the person who died. Following the death, a critical part of suicide prevention is providing warm and empathic support within the workplace.”

— Mark, peer support worker

Suicide has a long-lasting and far-reaching impact on the lives of those affected, including whānau, friends, colleagues, hapū, iwi and wider communities. It is a complex issue with many contributing factors.

A death by suspected suicide can affect both internal workplace connections and external work contacts (such as clients and business networks of the person who died). It can also garner media attention and have a wider reach into the community.

The police investigation

In Aotearoa, the law requires police to investigate the cause of every sudden, unexplained death on behalf of the coroner, to ensure no one else was involved in the person's death.

To investigate, police must ask questions and speak to any witnesses and those who discovered the death. They are likely to speak with whānau, friends, and sometimes work colleagues, of the person who died.

The death will remain a 'suspected suicide' until the coroner has determined a cause of death (see page 36 for more information on the coronial process).

Ways to reduce factors associated with suicide



Prevention

Provide and promote protective actions within the workplace. See *A guide for workplaces: Responding to a staff member's suicidality* for more information.



Intervention

Support people in suicidal distress (including after a suicide attempt) with targeted approaches.



Postvention

Support people and communities after a suspected self-inflicted death or suicide.

Early intervention is vital

The days, weeks and months after the suspected suicide of a team member can be an intense period for workplaces, including the postvention response team and staff.

The actions taken during this period will help support both the wellbeing of your team, and the continuing operations of your workplace.

We recommend the postvention response is led by a team from within the workplace (a key response or incident team), with defined roles and responsibilities for each member. This team should meet regularly in the days, weeks and months following the death. See page 10 for more information.

Keep in mind: Those guiding the workplace's postvention response may be experiencing emotional distress themselves, while also balancing the need to continue workplace operations and support other staff. Ensure that everyone involved in your workplace's postvention response is also looking after their own wellbeing, and knows where to seek help should they need it.

Talking safely about suicide

Talking safely about suicide is critical, because the aftermath of a suspected suicide may trigger suicidal thoughts in some people.

If discussed safely, talking about suicide and listening to how people are feeling can reduce the risk of someone acting on their suicidal thoughts, and provide hope.

“Wherever possible and safe, being real and honest with staff is an important way to keep your workplace safe. Encourage open communication, remember staff may know more than you about what happened. Be mindful that misinformation may be circulating.” — Paul, ex-Suicide Prevention Coordinator (SPPC)

To help protect people, there are legal restrictions in Aotearoa on what can be made public about a suicide or suspected suicide. These restrictions are set out in Section 71 of the Coroners Act 2006 (the Act was amended in 2016 to clarify the restrictions).

Unless you have an exemption, you can't make public:

- The method or suspected method* of the death.
- Any detail (like the place of death) that might suggest the method or suspected method of the death.
- A description of the death as a suicide before the coroner has released their findings and stated the death was a suicide (although the death can be described as a 'suspected suicide' before then).

'Making public' doesn't just mean reporting it in the media — it can also include statements, public posts on social media and correspondence.

*See glossary

How to talk safely about suicide

Talking about suicide is important, but it needs to be done in a safe way.

Do	Don't	Why?
Give people hope. Talk about suicide prevention — remind people that suicide is preventable.	Don't talk about suicide as though it is inevitable.	Suicide is preventable. Hopelessness is a feeling many people who are suicidal or who die by suicide have in common. Work to create hope and talk about suicide prevention for individuals, families, whānau and communities.
Talk about what causes distress — the factors that can be associated with suicide and how to address these.	Don't say all people in a certain group (e.g. people who lost their homes due to natural disasters) are at risk of suicide.	It is impossible to predict who will take their life. We all need to understand the factors that can be associated with suicide. We don't want to normalise suicide — suicide is never inevitable.
Talk about people 'dying by suicide' (e.g. "I had a friend who died by suicide").	Don't use the term 'commit' or 'committed' suicide (e.g. "he attempted to commit suicide").	The word 'commit' increases the stigma around suicide — both for people who have had their own experiences of suicidal thoughts or suicide attempts and for those bereaved by suicide. 'Commit' is generally only used when talking about crime.
Know your stats and only use official suicide data. Say 'higher rates' or 'concerning rates' when referring to statistics.	Don't sensationalise numbers or share, discuss or speculate about increases in suicide for certain groups, areas or professions.	Using sensational language increases hopelessness and removes the focus from suicide prevention. Rumours about suicide clusters, spikes or increases are often false, can increase a sense of hopelessness for people, and can normalise suicide as a response to tough situations.
Remind people that suicide is complex and there is no single cause of suicide.	Don't attribute suicide to a single cause (e.g. bullying, natural disasters, or working in a particular profession).	Suicide is complex, and there is very rarely a single attributable reason why someone takes their own life. Simplifying the causes of suicide both puts more people at risk (if they identify with that cause) and contributes to misunderstandings about how suicide can be prevented.
Remember the person, not their death.	Don't talk about the details of a suicide (including method and location).	Details about someone's death are unnecessary and can be deeply distressing. Talking about the method used or the location can also increase risk for people who may be experiencing suicidality.
Talk about mental health as something we all have, in the same way we all have physical health.	Don't use 'mental health' when you mean 'mental distress' or 'mental illness'.	At any one time at least one in five of us will be experiencing mental distress or illness. We want people to know their mental health and wellbeing is something they can always strengthen and they can live great lives.
Acknowledge suicide loss with humility, sadness and aroha.	Don't portray suicide as a selfish act or focus on how it has harmed people bereaved by suicide.	People react to a suicide in different ways. It's important to avoid talking about the death in ways that increase stigma or imply a sense of shame surrounding suicide. Stigma around suicide often causes people to hide suicidality and avoid seeking support. Those bereaved by suicide may be reluctant to talk about their feelings and get the support they need if there's a focus on shame and blame.
Always mention and provide details for help and support services.	Don't assume people know where and how to access help. Spell it out. Normalise help-seeking as a healthy and wise step to take.	Help-seeking can carry stigma for some people. Encouraging help-seeking and talking openly about where and how to access support can help remove that stigma, boost team mental health and potentially save lives.

A death on-site

If the body of a team member (or someone unconnected to your organisation) is found on-site at your workplace or after a welfare check at a team member's home, you'll need to:

- Check for signs of life.
- Call 111 immediately. Follow the emergency service's instructions. Provide first aid, if appropriate.
- Keep others away from the site until it's secured by emergency services.
- Make sure the person who discovered the body (the discoverer) is supported and not alone. A Victim Support worker can provide further guidance to the discoverer. Call 0800 842 846.
- Notify WorkSafe on 0800 030 040 (24/7).
- Alert your EAP provider (if applicable).
- Follow your workplace's health and safety compliance requirements, as necessary.

Supporting discoverers or witnesses

Witnesses may be those who saw the suspected suicide, tried to resuscitate the person or located the body (the discoverer). People may also be impacted if they were near the location of the suicide, searched for the missing person or were exposed to repetitive media/social media coverage about the death.

Discovering or witnessing a suspected suicide is traumatic and distressing. People affected may experience shock afterwards as well as a range of emotions and reactions, some of which may impact them later.

Everyone deals with a traumatic event in their own way. It's important that witnesses know that support is available. You should also:

- Ensure someone is with the witness immediately after the event, and for an agreed period (for example, a colleague or health professional). This will also include their whānau or close friends after hours.
- Let them talk openly if they want. Understand that their reactions may be different to your own. You could ask "who's the best person to be with you, right now?" and "what do you need, right now?".
- Recognise there are many ways a person can react. If someone says, "I'm fine" or "I don't want to discuss it", that is okay. Ensure they know support is available should they need it later.
- Make the witness a cup of tea and sit with them.

- Be guided by them on whether they need time-out or want to follow their normal routine that day.

It is also good practice to:

- Let the witness know that support is available — see helplines and services on page 34.
- Check in with them after work hours or over the weekend in the following days.
- Have an agreed process for check ins with the person over a longer period of time.
- Recognise distress can be expressed in a culturally-specific way. Not all cultures view a death, especially a suicide, in the same way. It may be necessary to provide culturally-appropriate support systems (e.g. seek advice from a faith leader, kaumātua or community elder). Ask the person who is best to support them.
- Organise a blessing at the place of death. Many people find this to be calming and helpful (see page 25 for more information).

For more information on how to support witnesses or discoverers, visit aftersuicide.nz

Rāhui

Depending on the site of the death, the workplace must seek guidance from the local iwi or kaumātua to put a rāhui (restriction) in place. A rāhui is a way to separate people from things that are tapu*. After an agreed time, the rāhui is lifted. A rāhui is marked by a visible sign, such as the erection of a pou rāhui (a post). The rāhui is initiated, and lifted, with appropriate karakia by a tohunga or kaikarakia.



*See glossary

The first 12 hours after discovery or notification: Response planning

“While it’s important not to overreact and to stay calm, ignoring the impact of the death or pretending it didn’t happen is not a healthy option for anyone impacted.” — Paul, ex-SPPC

In many ways, a workplace’s postvention response following a suspected suicide should be the same as any other response to a team member’s sudden death.

However, because of the potentially more complex impacts of suicide, the postvention response needs to be well-informed, clear and coordinated. This response will help to manage the complexities of the situation and ensure team members receive support as necessary.

Initial notification

Following news of a suspected suicide, it’s normal to experience shock and disbelief. This is completely understandable, even if you didn’t know the person who died.

A whānau member of the person who died may tell you the news or, if the death was at your workplace, you may be told by the police. Make a note of who informed you and their contact details for future discussions.

Planning how to **safely** communicate this news to your team members will help to:

- Navigate the immediate situation.
- Shut down or dispel rumours or speculation.
- Provide support for your team.
- Allow your business to continue to operate.

Forming a postvention response team

Depending on the size of your workplace, other people leaders, human resources (HR), health and safety (H&S) and communications personnel (and potentially your EAP provider) may need to be notified and involved in planning your postvention response.

Postvention roles and responsibilities chart

Role	Tasks
Team lead	Establishing facts about the situation; coordinating and leading the team and workplace response.
Staff support	Coordinating initial support for staff (e.g. EAP services, counsellors, resources, etc.); booking rooms and other practical support; organising the blessing; acting as the ongoing contact for staff seeking additional support for themselves and other team members. NB: This person would also be responsible for supporting a bereaved staff member.
Communications (including social media)	Coordinating all communications about the death both internally/externally; acting as the media contact; overseeing social media channels and response.
Whānau support	Primary contact for whānau; representing the organisation directly or assigning a close colleague of the person who died as direct liaison; coordinating any correspondence; updating whānau; organising support for whānau.
Emergency services & agencies contact	Liaising with emergency services (e.g. police, ambulance, fire services) and other response services (e.g. Victim Support, Suicide Prevention and Postvention Coordinator (SPPC), WorkSafe, etc.).
Scene of death support (if applicable)	Securing the site; initially supporting witnesses or discoverers; sensitively returning the site to use after the body is removed.

This **postvention response team** should meet in the first instance to:

- Share information about what has happened.
- Plan how to notify others about the death within the workplace.
- Assign roles and responsibilities. See chart on page 10.
- Discuss any support to be provided and steps to lessen the impact of the death on team members and the workplace.
- Share guidance around speaking safely about suicide.

Share the news early with a team member who is well-regarded and trusted in the workplace, and who can *kōrero*/talk easily with team members. This may be especially relevant if your team largely identifies with a particular culture.

Preparing to share the news

“Be you, be honest. Let your humanness show.”
— Russell, SPPC

Organise an **all staff, in-person** meeting as soon as practically possible. If it is a large workforce or one that operates remotely throughout the country, it may be best to tell staff in smaller groups at the same time or as close to each other as possible.

When organising the meeting:

- Consider how team members usually hear from people leaders, and what the best approach to communicate with them will be.
- Share that attendance is compulsory. Be mindful of respecting privacy and do not share what the meeting is about. Instead, frame it as an all staff meeting.
- Note anyone who can’t attend (including those on leave). Assign someone to contact them as soon as possible.
- Provide appropriate support for people told over video-link or phone. A follow-up call should also occur, particularly for remote workers.
- Be guided by the person’s whānau on what can be shared with team members about their death (see page 15).
- See page 12 for speech templates to assist with delivering the news to your workplace.

Identify and inform those who may be adversely impacted by the news first, either in small groups or individually. For example, close colleagues of the person who died or someone who’s recently bereaved or has experienced a significant life event. Details about the death may quickly spread on social media or via word of mouth.

See page 19 for more ways to support staff. To support staff who may be adversely affected, refer to *A guide for workplaces: Responding to a staff member’s suicidality*.

Organising support for initial staff meeting

Following the initial staff meeting or notification of the death, it is important to organise appropriate support for team members, should they need it.

You could:

- Refer to your workplace’s crisis management document (if applicable).
- Contact your EAP provider or another support agency for advice (see page 34).
- Arrange for on-site counsellors to attend the first meeting and/or be readily available if needed.
- Talk to your HR and H&S teams, regional SPPC network, sector industry group or peak body network for guidance.
- Order wellbeing resources for staff (see page 34).
- Set aside rooms to be used as breakout rooms for staff.
- Encourage staff to reach out to their natural support people, such as whānau or close friends.

Also, identify what support your workplace needs to continue to operate in the short-term. For example, do you need cover for the role of the person who died or to assist with other employees’ workloads, should they need time-out?

If a counsellor or incident responder is invited to speak at this initial staff meeting (or follow-up ones), connect with them first to provide an overview of your workplace and information about the person who died. Explain how the meeting will run, who else will speak and what you need from them.

Example speech for all staff meeting

(when stating the cause of death is suspected suicide)

This speech template is written specifically for verbal, in-person delivery. We don't recommend sharing this information in written or email format for privacy reasons, and because it could be shared without context.

“ I have some difficult news to tell you.

I/We are deeply saddened to share with you that our colleague **<Name>** died suddenly **<this weekend/yesterday, etc.>**.

As many of you may know, **<Name>** worked for **<workplace>** since **<timeframe>**, in **<department>**.

<If contact has been made with whānau> We have expressed our sympathy to **<Name's>** whānau, and our thoughts are with them at this very difficult time. Please know that we are offering them support **<if applicable, list any support that you are providing to the whānau>**.

With **<Name's>** whānau's permission, we are sharing that their death is being treated as a suspected suicide. **(DO NOT MENTION PLACE OR METHOD USED FOR SUICIDE)**.

Suicide is complex, and many factors can contribute to a death by suicide. There is no single cause. While it's natural to wonder how something like this can happen, we ask you to remember **<Name>** as a colleague and friend, as well as the contribution they made to working here.

This news may cause you to feel a range of different emotions. This is okay, and perfectly natural.

To support you, we have **<list what support is available in the immediate timeframe e.g. counsellors on-site, resources, breakout rooms>**. Please speak to **<me, your line manager, team lead, HR, H&S teams, etc.>** if you need to take some time away from work.

We will stay in touch with **<Name's>** whānau and will share information about their funeral arrangements, when we can.

While our thoughts are with **<Name's>** whānau, the wellbeing of you, our team, is utmost in **<my/our>** mind/s.

As I mentioned, we have put in place help and support for you, which is available immediately. You'll find information about support and helplines in **<lunchroom, by photocopier, on intranet, etc.>** and we'll also email these details to all staff.

I can take questions now, and we will provide you with regular updates. Arohanui. ”

Example speech for all staff meeting

(when not disclosing the cause of death)

This speech template is written specifically for verbal, in-person delivery. We don't recommend sharing this information in written or email format for privacy reasons, and because it could be shared without context.

“ I have some difficult news to tell you.

I/We are deeply saddened to share with you that our colleague **<Name>** died suddenly **<this weekend/yesterday, etc.>**.

As many of you may know, **<Name>** worked for **<workplace>** since **<timeframe>**, in **<department>**.

<If contact has been made with whānau> We have expressed our sympathy to **<Name's>** whānau, and our thoughts are with them at this very difficult time. Please know that we are offering them support **<if applicable, list any support that you are providing the whānau>**.

<Either> **<Name's>** whānau has requested that information about **<Name's>** cause of death not be shared at this time **<OR>** At this stage, **<Name's>** cause of death is not known, and will be determined by a coroner at a later date. We ask that you please respect **<Name's>** whānau's privacy at this difficult time.

Out of respect to **<Name's>** whānau and friends, please do not speculate on the cause of their death. Instead, we ask you to remember **<Name>**, and the contribution they made while working here, remembering them as a colleague and friend.

This news may cause you to feel a range of emotions. This is okay, and perfectly natural.

To support you, we have **<list what support is available in the immediate timeframe e.g. counsellors on-site, resources, breakout rooms>**. Please speak to **<me, your line manager, team lead, HR team, etc.>** if you need to take some time away from work.

We will stay in touch with **<Name's>** whānau and will share information about their funeral arrangements, when we can.

While our thoughts are with **<Name's>** whānau, the wellbeing of you, our team, is utmost in **<my/our>** mind/s.

As I mentioned, we have put in place help and support for you, which is available immediately. You'll find information about support and helplines in **<lunchroom, by photocopier, on intranet, etc.>** and we'll also email these details to you.

I can take questions now, and we will provide you with regular updates. Arohanui. ”

Addressing speculation about the cause of death

If there is already speculation before the staff meeting that the death is a suspected suicide, you may choose to verbally include the following statement. Alternatively, this statement could be used at another time to address speculation.

“ We’re aware there’s been talk that <Name’s> death was possibly a suspected suicide. Out of respect for <Name>, their whānau and everyone who knew and cared about them, please avoid further speculation. Until the coroner’s inquest is complete, we will not know the cause of their death.

Suicide is complex. There is no single reason why someone may take their life. Suicide is also preventable.

There are things we can all do to take care of each other during this time. For ways to support loved ones or colleagues during tough times, visit the Mental Health Foundation’s website for resources and information about support that’s available. <If applicable> You can also talk to our EAP provider.

If you are finding this a distressing or difficult time or you are having your own challenges, please know that support is available. <List what other support is on offer> ”



Checklist: Preparing to share the news

It’s important the way you deliver the news is genuine and honest, and shows that you care about the person’s death, their whānau and your workforce. When preparing to share the news with your team, ensure you and/or the postvention response team have:

- Read *How to talk safely about suicide* to avoid simplifying why suicide happens, glamorising the person’s death or sharing information that may be distressing to others. (See page 8).
- Understood and respected the whānau’s wishes around details that can be shared with staff.
- Confirmed as much information as possible about the death (without sharing details about method* or location).
- Used the example speech templates to help prepare what you’ll say.
- Included details about your workplace’s postvention response team and their responsibilities.
- Discussed what support is organised for team members (e.g. counsellors on-site, resources, leave, time out options, their natural support networks, etc.).
- Shared that your workplace is in contact with the person’s whānau and any details about support offered to them.
- Offered information about the funeral or tangihanga (if/when known).
- Shared how you’ll inform external workplace connections, and who is responsible for this.
- Let staff and the person’s whānau know about any workplace events (e.g. having a blessing).
- Respected the dignity of the person who died (and their whānau), including who they were, what they believed in and what was important to them.

Honour the person’s life, not the way they died.

*See glossary

Communicating with the whānau of the person who died

Once the person’s whānau is informed, reach out to them to offer condolences and support. Often the best person to make initial contact is a colleague(s) who knew the person well, if they feel comfortable to do so. If appropriate, a staff member may visit the whānau.

Where possible, and appropriate, kai/food, koha or help with practical things can be offered. However, depending on the specific nature of the situation, whānau may refuse help. If this happens, ask if it’s okay to check in with them later.

Disclosing the suspected cause of death

All information shared with your workplace, and networks, about the person who died should be guided by the wishes of the person’s whānau.

The whānau may ask that the death is not disclosed to be a suspected suicide. This could be due to needing time to process what’s happened, their cultural or religious beliefs about suicide or simply their belief that the person couldn’t have killed themselves.

The death may also be an ‘ambiguous death’ — one that has insufficient evidence to determine its cause or other complicating factors. In all these cases, refer to the death as a ‘sudden death’.

Remember:

- Let all your communication be guided by ngākau aroha (compassion).
- There can be many reactions to grief, including anger at other people or blame. Showing ngākau aroha (compassion) and āwhina (support) can bring calm to the situation.
- Ask the whānau for a suitable time to talk or if there’s a family spokesperson you can liaise with.
- The whānau may seek answers about the person’s actions on their last day at work. Consider your response to this and be honest about the person’s day, detailing any meetings, what they did, etc.
- Be aware that the whānau may focus on work-related stressors that impacted the person who died.

Ongoing communication with the whānau

Following initial contact, keep in touch with the whānau regarding:

- Funeral or tangihanga arrangements.
- If, or when, it’s okay for colleagues to contact them directly to share condolences.
- Contribution(s) the whānau would prefer from the workplace (e.g. meal delivery, flowers, charity donation or help with funeral expenses).
- What to do with their loved one’s personal belongings.
- Any media or public statements made by your workplace about the death.
- Any blessings at the workplace or memorial service.

Migrant workers’ family support

If the person who died has little or no family support in Aotearoa, you may need to assist authorities or support agencies to connect with their family overseas.

The deceased’s family may also need your support with arrangements like transporting the body or official processes (e.g. with ACC, the coroner, police, etc.).

You can contact the Police Inquest Officer, Victim Support, the appropriate Embassy or Consulate, the person’s local faith group or the Migrant and Worker’s Association for support and guidance.





Checklist 1: The first 12 hours after notification or discovery: Response planning

If the death was on-site: Locate the body, contact emergency services and secure the location. Identify a well-respected team member to help with team liaison. See page 9 for more guidance on this scenario.

Before communicating with all team members, ensure you and/or the postvention response team have:

- Formed a postvention response team. Assigned roles and responsibilities (see page 10).
- Gathered the facts about the death. Be clear about what can and cannot be shared.
- Assigned a whānau liaison.
- Contacted whānau (once they have been informed), to offer condolences and support.
- Asked the whānau what information can be shared about the person's cause of death.
- Identified people who may be particularly impacted by news of the death (e.g. close colleagues or people recently bereaved or who have experienced a significant life event).
- Considered how to inform staff on leave or out of the workplace.
- Organised an all staff meeting. Listed all invitees, including volunteers, board members, etc.
- Sent the all staff meeting invitation. Remembered to respect the person's privacy by not sharing what the meeting is about.
- Arranged catering for after the meeting.
- Prepared how you'll communicate the news. Used safe language guidelines and templates. Be guided by whānau on what information can be shared.
- Made decisions on how the workplace will operate on the meeting day. What leave or time-out spaces will you offer (e.g. setting a room aside)? Will you need temporary or relief workers?
- Contacted an EAP provider or another support agency. Arranged for counsellors to be on-site and/or available to staff.
- Sought guidance from your HR and/or H&S teams and your peak body or sector-specific organisation.
- Ordered wellbeing resources for staff (see page 34).
- Identified any external contacts of the person who died and determined who will contact them.
- Looked after yourself and other members of the postvention response team. Talked to people you trust about how you are feeling.

The first 24-48 hours: Informing and supporting staff

“Information is power – make it timely, accurate. Tell people what you can about what has happened, and let them know what you don't have information about. The not-knowing is still information and it needs to be clearly communicated.” — Kitty, EAP provider

Informing others about the death of a colleague and friend is never easy. When it's a death by suspected suicide, this can be especially difficult.

It is vital to communicate news of the death with team members as soon as possible — ideally in person. Early notification and transparency can stop misinformation and rumours from spreading and allow an effective postvention response to take place.

“If team members have questions, do your best to be as honest as possible about what happened without sharing speculation about how and why they died. Honest responses encourage open feedback and help to reduce risks.” — Paul, ex-SPPC

For some, talking about suicide can be challenging. Remind people that despite the circumstances of the death, it is still safe and healthy to talk about and remember the person — exactly as you would if they had died in an accident or from a medical condition.

Addressing your team

“It's important that the conversation is safe, genuine and empathetic.”

— Madison, human resources

Suicide is an emotive topic. It's crucial that after being told the news, staff don't leave the meeting with high levels of distress (as this can create an increased risk of suicide). Have snacks and hot/cold drinks available after the meeting to keep people from leaving immediately.

Key things to consider when addressing team members:

- Opening and closing the meeting with a karakia or prayer can be a calming and respectful way to begin

the meeting. Do whatever feels right for your workplace.

- Beginning the meeting with something along the lines of 'I have some difficult news to tell you' helps prepare those at the meeting.
- Using simple, empathetic language. A short explanation is okay. Be genuine.
- Stating that it's okay for staff to show grief, but equally as important to remain calm.
- Sticking to the facts and respecting the wishes of the whānau.
- Reminding staff that it's good to speak about and remember the person and their contribution.
- If applicable, discussing how to talk safely about suicide. See *How to talk safely about suicide* on page 8.

Remember, you don't have to have all the answers. Be present, listen and respond empathetically to any questions or concerns raised. Direct team members to where they can access help.

“It's important to remember the person as they lived and their time with the team, rather than the way they died. Give your team permission to speak freely about the person, and not let it become a secret that no-one mentions again.”

— Russell, SPPC

Communicating with external contacts

Assign a postvention response team member to liaise with the person's external contacts (e.g. volunteers, clients, industry partners, etc.). Don't share any details about the death, aside from the fact that it was sudden and unexpected, and that you're in contact with the person's whānau.

Not every external contact needs to be told immediately. Use a case-by-case process for deciding timings for engagement, depending on the level of contact they had with the person. In some instances, it may be better to wait until more information is available.

On page 18 is an email template that can be shared with external contacts to advise them of the death.

Email template: Contacting external contacts

This email can be shared electronically with external contacts of the person who died.

“ Tēnā koe <name>

Our workplace is saddened to inform you of the sudden death of <employee Name, title>, who we know you <and/or your business/others> worked closely with.

<Name> worked for <workplace> since <timeframe>, in <department>. Our hearts and condolences go out to their whānau at this difficult time, and we are in contact with them to offer our support.

We are also offering support to our team members who are understandably grieving the loss of a colleague and friend.

The news of <Name's> sudden death may cause you to feel a range of emotions. We hope that you can reach out and connect with others at your workplace or with your whānau and friends for comfort and support. Please also feel free to reach out to us if we can help.

If you need to, please consider calling a support service (like an EAP provider or a helpline) to talk about how you're feeling.

Please let me know if you would like to be informed about funeral details or other updates around <Name's> death from our workplace.

In the interim, for any work queries please contact <Name> on <details>.

Arohanui,
<Name/title>

”

Notifying the public

In line with how you would acknowledge other deaths within your workforce, and/or depending on the person's role or public profile, your workplace may wish to comment publicly on their death. This commentary may be posted on a social media channel or the media may ask for a comment.

Social media

If you decide to post a statement to your workplace's social media accounts, run the idea by the person's whānau first. They may want to also supply a photo or a comment.

If you post a memorial on your workplace social media accounts:

- The post needs to be closely monitored to ensure that the death is treated respectfully, that no information that could breach S.71 of the Coroner's Act (see page 36) is shared, and that unsafe comments are removed. Assign someone to oversee this task.
- Remove the ability to "Make Comments" on the post and ask people to direct message (DM) or email their condolences. You could include a link to the funeral director's remembrance page.
- Provide information on the post about how to access helplines and support services.
- If team members are planning to post on their personal social pages, remind them that the post should respect and honour the person who died and avoid speculation or discussions about the cause of death.
- Refer to your workplace's social media policy or to ChatSafe (see page 35) for guidance. Be aware of other local community or personal pages on social media that may focus on the death. Reach out to moderators if misinformation or rumours are being posted.

Social media is the most likely way news about the person's death will spread. Seeing posts on social media can also be distressing for team members, particularly if misinformation or rumours are shared.

If you're concerned about any posts or information online, contact Netsafe or the social media platform directly. Contact the police if specific threats of suicide are made by someone online.

Media

A death by suspected suicide can attract media attention, and your workplace may be approached by media for comment or an interview. You don't have to speak to media if you don't want to — simply reply with a 'no comment'.

If you do decide to speak to the media:

- Discuss with the person's whānau first.
- Appoint a workplace media spokesperson.
- Refer to your workplace's media guidelines.
- Ensure all team members (especially those in customer-facing roles) are aware of your media policy and who the spokesperson is.
- Follow the safe speaking guidelines (see page 8) when addressing the person's death.
- Read the Mental Health Foundation's *Comment or No Comment* resource.

Acknowledging staff grief and wellbeing needs

"A death of someone in the workplace really shakes those they worked with. It also raises questions of what you do and say."

— Liam, senior manager strategic wellbeing

After the news is delivered, people will respond in their own way. Be aware that grief can bring with it many strong and often unpredictable reactions. It can affect people more than they expect.

Not all people will have a visible response. Some people may show no reaction or not want to discuss it, or they may wish to continue on with their work 'as normal'. These are all coping responses.

While those closest to the person are usually profoundly affected, don't underestimate the impact of a suicide on others. You may not be fully aware of all relationships/connections within the workplace the person had or other people's lived experience.

"Grief is as individual as a fingerprint. We all grieve differently. Just because someone isn't grieving like you are doesn't mean they're not grieving." — Dr Lucy Hone, *Coping With Loss*

The grief that follows a suspected suicide has some unique factors, including people questioning what more could have been done to help the person who died.

Acknowledge that these are normal questions given the circumstances. Encourage staff to talk with a counsellor or someone they turn to for guidance like a faith leader, kaumātua or health professional.

New migrants, particularly those unfamiliar with Aotearoa's public health approaches, may be hesitant to discuss grief. Emphasise that it's acceptable and important to talk about our wellbeing here.

Refer to *How to talk safely about suicide* on page 8 for more advice. For more information about grief after a sudden or unexpected bereavement, see the Mental Health Foundation's resource *Grief after a sudden or unexpected bereavement*.

Diversity of needs

“Being culturally responsive and safe is more than ethnicity – it’s about how cultural norms around gender, class, sexuality and ability intersect and impact grief, loss and the need for support.” — Dr Chris Bowden, lecturer

It is important to provide culturally responsive and inclusive communication and support after the death, ensuring that everyone in the workplace feels acknowledged.

The way people view and respond to death, suicide and grief is individual. It can be framed by how they were raised, their identity, gender identity, culture, beliefs and customs. Being sensitive to these beliefs and customs is important.

Fostering open communication and encouraging help-seeking behaviours within the workplace is essential. Engage and empower people leaders, as well as trusted and well-regarded staff, to help develop effective support systems within your workplace.

Addressing cultural diversity

Different cultures have differing views of suicide. Be aware of these views and respect them when considering your response. Be guided by others within the workplace from the same culture or community as the person who died, if appropriate, but ensure support is available for anyone who needs it.

If unsure of how to proceed, contact a trusted community or faith leader for guidance.

Supporting Māori kaimahi/staff

Tautokona te whānau me ngā kaimahi, arohaina te whānau me ngā kaimahi, manaakitia te whānau me ngā kaimahi
Support, love, and take care of whānau and work colleagues with respect, truthfulness and compassion at the forefront.

If your workplace or workforce largely identifies as Māori, incorporating tikanga Māori (customary practices or culturally-appropriate behaviours) and te ao Māori (the Māori worldview) into all aspects of work, including your postvention response, will help promote an inclusive and culturally-safe working environment.

Whānau and kaimahi may express feeling taimaha — an extreme heaviness weighing on their body, mind or spirit brought about by losing someone they were close to. Give them the space and time they need and offer support, if needed. Create a connection with kaumātua, local iwi and whānau leaders.

Te reo Māori is important for expressing te ao Māori concepts and values. Speaking to the values of the kupu (words) below and following tikanga Māori offers a protective space for kaimahi that embraces them and brings them together to grieve and heal at this time.

Relevant te ao Māori concepts

Manaakitanga — showing care and respect for workers and their wellbeing.

Manaakitanga is a powerful way of expressing how Māori communities care about each other's wellbeing, nurture relationships, and engage with one another. 'Manaakitanga' derives from two words — 'mana' (a condition that holds everything in the highest regard) and 'aki' (to uphold or support). Extending manaakitanga towards someone requires respect, humility, kindness and honesty.

Tika, Pono, Aroha — respect, truthfulness, compassion.

Working with tika, pono and aroha is working in a way that protects and enhances the mana of the people and communities you interact with. This is achieved through respect, acting with integrity, having open and honest conversations and actively listening to understand people's perspectives.

To bring these principles to life, seek guidance from your team members who whakapapa Māori, kaumātua, your local marae or Te Rau Ora. For more information visit www.mentalhealth.org.nz/workplaces.

Supporting migrant workers

“People often feel more comfortable if they can speak in confidence to someone who speaks their language and understands their culture.”
— Anu, Migrant Worker's Association

Special attention should be paid to new migrants. They may not be accustomed to conversations about suicide and wellbeing, and the openness of these discussions may shock those unfamiliar with them.

Additionally, pay attention to any individuals who were close to the person who died, as they may have been their only connection in the workplace and/or in Aotearoa.

Remember, a migrant worker may be here without their family or friend networks. Discuss with them who they can connect with for support.

Considerations for types of support

“Men often feel like they need to be staunch and hide their emotions. Being able to be vulnerable, and to not be afraid of speaking openly and show their emotions is so important. Workplaces need to be able to give them the tools and provide the space where these open conversations can happen.”

— Tyson, Mates4Life

Workplaces need to ensure that any support offered will resonate with their staff, both individually and in groups/teams.

The following emotions and behaviours may be experienced following the death of a colleague:

- Withdrawal — from family, friends and colleagues, both physically and emotionally.
- Irritability — people may be more easily irritated by small annoyances.
- Anger — at those perceived as responsible for their colleague's death, at themselves, or even at nothing in particular. Overreactions to small issues.
- Persistent thoughts of death — including thinking about how their colleague died.
- Substance abuse — masking pain with alcohol or drugs.

See page 28 for ways to put ongoing wellbeing support in place. You can also refer to *A guide for workplaces: Responding to a staff member's suicidality* for more advice.

Checklist 2: The first 24-48 hours: Informing and supporting staff

Ensure you and/or the postvention response team have completed the following list so that team members are informed and supported.

- Finalised support services for your team members.
- Organised for resources and helpline information to be easily available for staff, e.g. sharing on the intranet or displaying posters and pamphlets in high-use areas.
- Arranged dedicated rooms where staff can meet with counsellors or take time out.
- Met with close colleagues of the person who died or those people who may be adversely impacted by the news.
- Set up and held meeting(s) with all team members.
- Noted anyone not in attendance at the meeting and contacted them.
- Communicated who is leading the response and their roles/responsibilities with staff.
- Noted that contact has been made with the person's whānau (including who is leading this contact and what support has been offered).
- Arranged for regular staff updates (in person or via email).
- Encouraged staff to reach out to their natural support people, such as whānau or close friends.
- Reminded staff that their wellbeing is important. Potentially set up a buddy system within the first week. See *A guide for workplaces: Responding to a staff member's suicidality* for more information.
- Considered if your workplace will make any social media posts or talk to media (if applicable).
- Checked your workplace social media/media policy.
- Reviewed and checked emergency contacts for all staff.
- Reached out to external contacts of the person who died, if appropriate. N.B. This should be done on a case-by-case basis.

The first week: Supporting your team and your business

"It's okay not to be okay in the days and weeks following a suicide. Let people unpack as they need to. Not everyone has the tools or capacity to deal with this at first."

— Gloria, MATES in Construction

In the immediate aftermath of the suspected suicide, people will react and grieve in different ways. Some people may be in deep shock, while others may want things to 'just return to normal'. Empathy and manaakitanga (respect and care for others) will play a big role in supporting your workplace.

"Make sure people feel safe to talk about the real stuff, and that not knowing what to say is okay too." — Steph, employment lawyer

While it's good to maintain normal working routines for staff, this needs to be balanced with an understanding that it may be difficult for some to stay focused and be productive. Try to:

- Reinforce what confidential support is available to staff and offer ways to access this.
- Ask people leaders to share information about support services with their direct reports.
- Identify those who may need extra support, and ensure it is easy for them to access that support.
- Gauge how people are doing through open and empathic conversations.
- Ask for feedback about how regularly team meetings should be held, and updates provided.
- Be aware that grief may interfere with job performance. Consider what work can be delayed.
- Encourage staff to take breaks, step outside for fresh air or work from home.
- Ensure staff know who to approach if they need extra support or are worried about someone else in the workplace.
- Display wellbeing resources and helpline information.
- Prepare staff on how to respond to external contacts. Share tips from *How to speak safely about suicide*.
- Connect with relevant cultural support services, as appropriate for your workforce.

- Refer to *A guide for workplaces: Responding to a staff member's suicidality* for more practical guidance and advice on supporting staff.

In the first few days, people may not need a counselling service. They may just need to spend time with people they know — to connect with and be there for each other. Don't rush in. Read the room and try to gain a sense of what people want and when they need it."

— Brooke, CASA

Ways to build open communication

"Hearing and listening is key. You help just by listening, being open to it." — Gerard, Farmstrong

Within the workplace, people tasked with staff engagement need to be approachable, good at listening and able to respond and support staff with manaakitanga, ngākau aroha and empathy.

Practicing open communication at work can help start a conversation with someone showing signs of not coping. To open the conversation, try saying:

- *"It's okay to talk with me about anything, and I mean that."*
- *"I know there's a lot going on for you right now..."*
- *"What can I do to help you feel supported?"*
- *"Who are your support people?" or "Do you have any health professional, support service, friend or whānau member who we can help you to contact?"*
- *"I am here for you, and we can find people who can help you."*
- *"When life has been really hard before, what or who helped you?"*

For guidance on clear and open conversations about mental health in the workplace see page 34 for links.

After a suspected suicide, it is also not unusual for people to have a heightened sense of awareness around suicide risk, and concerns for others. Encourage staff to share any concerns they may have about a colleague with someone they trust in the workplace.

Being aware of staff who may need extra support

“What helps to reduce suicide risk above all is creating trusted connections with those people the vulnerable person can trust, and accessing appropriate support services that can provide them with new skills.” — Paul, ex-SPPC

Some people may need extra support, as having a colleague die by suspected suicide may also increase their risk of suicide.

Your workplace’s HR and H&S teams, managers or other colleagues may be able to help with identifying people who could need additional support.

Thoughts of suicide are not uncommon. It is estimated that many people, at some stage of their life, may experience thoughts of wanting to die. There are some experiences that can increase a person’s vulnerability to suicide. But please note that many people who experience these things will not become suicidal, so it’s important not to assume they are suicidal without them telling you.

Factors that can increase a person’s vulnerability to suicide include:

- A previous suicide attempt.
- Losing a friend or family member to suicide.
- Periods of extreme stress where there is no end in sight.
- A history of abuse.
- Relationship troubles.
- Being publicly shamed or excluded.
- Being bullied or ridiculed.
- Heavy use of drugs or alcohol.
- Losing social status.
- Feeling a sense of isolation.
- Feeling they have failed as a person or are a burden to others.
- Having a serious physical illness, particularly one that causes ongoing pain.
- Recently started or stopped taking medication to manage mental distress or illness.
- An upcoming court case or a prison sentence.
- A lack of connection to their own culture, identity or purpose in life.
- Coming out as LGBTQIA+.
- Struggling to find work, being made redundant, or having financial problems.

Occupational factors that may increase a person’s vulnerability to suicide include:

- Low pay and low job security.
- Jobs where workers are exposed to violence, death or traumatic events, and/or are working with survivors of traumatic events.
- Having access to, or knowledge of, lethal means in the workplace.
- Bullying, discrimination or harassment in the workplace.
- Going through disciplinary processes or redundancy.

Some protective factors for suicide include having:

- Good whānau and family relationships.
- Access to secure housing.
- Stable employment.
- Community support and connectedness.
- Secure cultural identity.
- Self-esteem and a sense of purpose or meaning in life.
- The ability to deal with life’s difficulties (e.g. problem-solving skills and the ability to adapt to change).
- Access to healthcare and professional support.

What to do if you’re worried about someone

“The workplace needs to be a safe place for people to express their grief and how they are feeling.” — Liesje, CASA

If you notice a team member is struggling, ask if they are okay. It could save their life. **Asking if they are having thoughts about suicide will not put the idea in their head.**

There may be times when someone reveals information or plans that could put themselves or others at risk of harm. Support them to seek help and ensure that someone is with them until they get that help. You can also assist the person to contact their whānau or a close friend as well as a health provider or their GP.

Remember, you’re not expected to be their counsellor or health professional. It’s vital, for both the person’s safety and your own wellbeing, that appropriate specialist help is sought when needed.

See *A guide for workplaces: Responding to a staff member’s suicidality* or visit the Mental Health Foundation website for more advice.

*See glossary

Acknowledging workplace difficulties or performance issues

“When someone tragically takes their own life through suicide, it’s vital to understand that this was their response at that particular moment. It’s a reflection of the intense struggles and emotions they were facing at that time.”

— Alex, Te Rau Ora

Before their death, the team member may have experienced workplace stress. Alternatively, they may have been engaged in a performance improvement plan or a disciplinary process. These factors may or may not be known to their whānau or colleagues.

If these factors are raised as a possible cause of their suspected suicide, it’s best to (as appropriate):

- Talk openly, as much as possible, about what you feel others need to know.
- Keep the person’s privacy and dignity front-of-mind.
- Acknowledge any issues. This is better than saying nothing and letting rumours spread.
- Discuss what support was provided and how issues were managed.
- Remind staff that as the death is under investigation by the coroner, there are restrictions on what you can share.
- Acknowledge that suicide is complex, and it can be difficult to know if workplace issues were a contributing factor.

Also:

- Ensure any staff involved in performance issues with the person who died receive wellbeing support, as they may experience feelings of guilt.
- WorkSafe may need to be informed if work-related issues are thought to have contributed to the death.
- See page 28 for ways to respond to workplace wellbeing issues that may arise during these discussions.

Holding a blessing at your workplace

“Karakia in our office gave us all a chance to stop and have time to reflect. It was incredibly emotional.” — Nicky, general manager

A blessing can be an important step to help staff come to terms with a sudden death. People of all cultures and religious beliefs may find a workplace blessing helpful in processing what has happened, and to feel more comfortable in the workplace.

A blessing can be led by a kaumātua or kaikarakia, a church or spiritual leader, a cultural leader or a family member or friend.

Different cultural and faith-based groups will bring their own approaches. It is best to speak with the person’s whānau about what is appropriate for them as well as representatives from your workplace. The person’s whānau should also be invited to the blessing, if appropriate.

You may also like to have a condolences book at your workplace, so colleagues can share messages with the person’s whānau.

In te ao Māori, a karakia or waerea for the person who died allows their spirit to peacefully return home to their ancestors and creator. It also clears any tapu on the site where the person died. A blessing would usually be followed by kai (or the sharing of food) to make things noa (free from tapu)*.

Organising a memorial

“Workplaces can consider all options to remember and honour their colleague, e.g. a hui of remembrance, donating to the person’s preferred charity, or supporting one of their interests.” — Brooke, CASA

In consultation with the person’s whānau, you may consider, or others may request, holding a memorial service for the person. This could be in the days or weeks following the death, especially if people couldn’t attend the funeral or tangihanga.

If organising a memorial:

- Consult with and invite the person’s whānau.
- Refer to *Your Guide to Planning a Safe Suicide Prevention Event* to help plan and run a safe memorial and offer hope to all attending.
- Staff may wish to organise their own remembrance event, independent from management. Respect their wishes, remind them that the event needs to be safe and offer support to help with this.

Keeping your workplace operating

The economic stress that follows a bereavement can be hard for some workplaces to juggle. This may be particularly true for small businesses that may not have the infrastructure of larger organisations (e.g. HR and H&S support, greater team numbers, etc.) to help carry the workload.

To help you cope while supporting staff and keeping the workplace operational, we recommend:

- Reaching out to neighbours/close friends/local business networks for help in the short-term.
- Accessing counselling, calling a free helpline or using an EAP provider.
- Speaking to your GP or another health professional if you're not sleeping or your health is impacted.
- Contacting an industry support service or peak body association who understands your sector.

Practical matters

“Do what feels best for your team.”

— Sarah, Institute of Directors

People leaders will need to weigh up financial and practical workload matters, so your workplace can continue to operate.

Decisions will need to be made around:

- Who will cover the person's work in the short-term.
- Returning the person's personal belongings to their whānau.
- What happens to their office/workspace.
- Future recruitment.

Consultation with relevant staff is encouraged and decisions don't need to be made immediately. Communicate any developments or changes in advance to those who worked closely with the person, and possibly the person's whānau.

Covering leave for the funeral or tangihanga

Depending on the whānau's wishes, team members may be invited to attend their colleague's funeral, tangihanga or online service.

If this happens, consider:

- How your workplace will operate for the time period (if several staff are absent).
- The feasibility of 'closing the office' to allow staff to attend.
- Whether your workplace will offer a gift or contribute to the costs of the funeral or tangihanga.

For more information on tangihanga see page 33.

Office space

If the person worked in an office or at a workstation, ask colleagues what they would like to happen with that space, particularly if it's in a shared space. Consultation can help those affected with the grieving process.

Below are some suggestions from others who have experienced this scenario:

- *“When a suicide happened in our workplace, the company kept the desk as it was left by our colleague for a few days. We were able to leave flowers or notes and remember them as being part of our team.”*
- *“After a time, the company let us know that their belongings were going to be returned to their whānau.”*
- *“We didn't want to put a new person at their desk, so instead one of the team, who had worked with our colleague, moved into their desk space.”*
- *“We rearranged the office layout to avoid an empty desk.”*

Recruitment

At some stage, you may need to recruit for the person's role. Replacing a team member who has died requires sensitivity.

Discuss your plans with the person's team and be responsive to their needs and wishes, where possible. Communicate with them (and, if appropriate, the person's whānau) before the job is advertised.

How to tell a new employee

When interviewing, the applicant may ask why the previous person left. It's best to say that they sadly passed away and enter no further discussion.

However, once appointed, the person may become aware that the death is a suspected suicide. If the death is acknowledged as a suspected suicide, you could respond with:

“Sadly, <Name> died by suspected suicide. We care about our team and are supporting them as they cope with this loss.”

Alternatively, say that the person died suddenly and that you are supporting your team as they cope with this loss.



Checklist 3: The first week: Supporting your team and your business

Ensure you and/or the postvention response team have:

- Held regular small group check in meetings.
- Reminded staff about who they can approach if they need extra support or are worried about someone else.
- Identified any staff who may need extra support and helped them to access this support.
- Reminded staff that counselling support is available and confidential.
- Ordered and displayed wellbeing resources and helpline information.
- Ensured your workplace can continue to operate.
- Reached out to sector support agencies, business networks, peak bodies, etc. for assistance.
- Made decisions about covering the person's role in the short and long-term.
- Discussed any decisions with staff.
- Communicated updates with your team openly and honestly.
- Prepared how you'll acknowledge any workplace stressors that may have impacted the person who died.
- Decided on arrangements and/or logistics for funeral or tangihanga attendance.
- Discussed and decided on how to respond to requests by team members for memorials.
- Organised a blessing ceremony, if applicable.

The first month: Providing ongoing wellbeing support

“Nothing you say can make it better. But things you don’t say or do can make the situation worse.” — Steph, employment lawyer

Often, the weeks and months following a suspected suicide bereavement are when people need the most support.

Compassionate leadership fosters a more inclusive and connected work environment. It means listening, being caring and letting others know they are safe to share their feelings. Remember, you don’t have to have all the answers. It’s important to be present, to listen and to respond empathically, and to know where to direct people for help.

To help your staff understand and process their grief, you could:

- Ensure they feel comfortable approaching the person looking after staff wellbeing.
- Set up one-on-one meetings between staff and an appropriate senior leader.
- Develop a buddy system to provide emotional support. See *A guide for workplaces: Responding to a staff member’s suicidality* for more information.
- Organise group social events, such as team breakfasts, post-work BBQs or sports teams.
- Find ways for staff to avoid long periods working alone.
- As over-thinking is common, ensure remote workers are regularly contacted and encouraged to join group activities or to seek local support.
- Establish informal coffee group meetings, where people can talk openly and confidentially.
- Build a quick team catch-up into the daily work schedule, e.g. tailgate meetings.
- Encourage team members to look out for each other and share (confidentially) any concerns for their colleagues.

See the Mental Health Foundation’s *Working Well Guide* and range of free suicide prevention and wellbeing resources or contact your peak body or sector specific organisation for more guidance.

Responding to identified workplace wellbeing issues

“Care about your people. Your response is really important in bringing people together.”

— Fiona, Business Leaders H&S Forum

During earlier discussions with staff and/or the person’s whānau about the person’s employment, workplace wellbeing (psychosocial*) issues may have arisen.

Take concerns about workplace wellbeing issues seriously. Address them by:

- Engaging an independent mediator to facilitate team discussions about workplace wellbeing and reviewing existing processes.
- Identifying any psychosocial risks and assessing how they are managed.
- Seeking guidance from your HR, H&S teams or other external supports.



*See glossary



Checklist 4: The first month: Providing ongoing wellbeing support

Ensure you and/or the postvention response team have:

- Identified team members who may need extra support. Helped them connect with support services, and checked that they have done so. See tips on how to support staff on page 23.
- Set-up buddy or peer support system. See *A guide for workplaces: Responding to a staff member’s suicidality* for more information.
- Continued contact with the person’s whānau, if appropriate.
- Designated a room or space where people can take time out.
- Continued to remind staff about who they can approach in the workplace, if they need extra support or are worried about someone else.
- Made it easy for team members to access support agencies during work hours. Emphasised that counselling or EAP is confidential.
- Promoted healthy grieving and having open conversations about grief.
- Had senior leaders, well-regarded and trusted team members and/or respected community members actively talk about, and demonstrate, self-care strategies.
- Displayed posters and resources that encourage help-seeking behaviour and promote wellbeing messages. Make it okay for staff to ask for help.
- Found ways for teams to connect socially (e.g. holding BBQ or morning teas).
- Explained any changes or updates on matters like temporary workers, recruitment, desk space, the person’s belongings, etc., with the person’s team, and invited their input (if appropriate).
- Planned to review how your workplace wellbeing processes are managed.

After six months

“Continue to talk about the person naturally in conversations. Keep their memory alive. Don’t pretend they didn’t exist because of how they died.” — Sarah, Institute of Directors

Due to the complicated nature of a suicide, some people may continue to struggle with their emotions and feelings for some time.

At this time, the postvention response team can reflect on the workplace’s response to the situation.

The team should compile an incident report and hold a ‘debrief’ with everyone involved in the response. Look at all elements of your response; what worked, and what you’d do differently, timeline of events, people’s roles and responsibilities, how communication was managed, etc.

This period may also be a good time to:

- Continue to check on team members and ensure they have appropriate support.
- Review your processes for supporting staff.
- Review organisational practices and policies around sudden or unexpected deaths and critical incident processes.
- Transition from postvention support (as appropriate) to suicide prevention support. See *A guide for workplaces: Responding to a staff member’s suicidality* for more guidance.
- Adopt any changes required after a review of your workplace wellbeing practice.
- You may like to also undertake a workplace wellbeing programme. See page 35 for suggestions.

Providing staff with regular opportunities to talk as a group about how things are going within the work environment can be an early warning system for potential issues. Keep these groups small and respond to any concerns expressed.

A year and beyond

“It will get easier over time if you support staff well. But be aware of anniversaries and milestones that can be upsetting for people.” — Paul, ex-SPPC

Anniversaries and milestones

Team members may experience a range of reactions as the anniversary of the person’s death approaches. Be alert for distressed team members around this time and help them to access support, if needed.

Milestones, like the completion of a big work project or an annual workplace event, can also be reminders of the person and may generate mixed emotions. Acknowledge the person when talking about any projects they were involved in.

Commemoration service

Team members may also suggest holding a commemoration around the anniversary of the person’s death.

If you decide to hold such an event, consult with the person’s whānau. Use the Mental Health Foundation’s resource *Your guide to planning a safe suicide prevention event* for guidance.

If you decide on holding a commemoration service, consider:

- Having a ‘workplace ceremony’, such as a morning tea.
- Donating to a cause or hobby the person supported.
- Organising or participating in a community mental health activity.
- Encouraging team members to take part in a charity suicide prevention or mental health fundraising event.

Hura kōhatu (unveiling)

In te ao Māori, hura kōhatu (the unveiling of the gravestone) is often a symbol of new beginnings. This tikanga usually takes place a year after the tangi.

The ceremony often involves the person’s whānau, friends and close colleagues, who may apply for bereavement leave to attend this important ceremony.



Supporting a staff member to return to work after a suicide bereavement

“People would ask me how I was doing. There was too much going on, I couldn’t put it into words. If I really told them, it would be overwhelming for them and me. I finally figured out the best way for me to answer. I would simply reply ‘as expected.’”

— Suicide bereaved

It can be hard to know what to say or do for a team member who has lost a loved one to suspected suicide. Offering support and compassion can make a big difference to the person’s wellbeing in the workplace. Knowing that people care is important.

An employer’s lack of understanding or empathy for their situation and grief can make it harder for the person to reintegrate back into work. It may also result in them leaving the workplace altogether. Give the bereaved time to ‘adjust’ to their loss and acknowledge that in their first few weeks — maybe months — their work performance may not be up to par.

What to say

People who are bereaved by suspected suicide often report receiving less support than people who are bereaved by other means. Often this is due to the stigma associated with suicide.

It can also be very hard for a bereaved person to explain how they are feeling and ask for help — particularly after a suspected suicide — when events may be complicated and hard to explain. They may tell you they are fine, when they are not.

Be proactive and gently offer your support. Don’t wait to be asked. Say things like:

- *“I’m glad you are back. We’re here for you.”*
- *“If there’s anything we can do to make your life easier, please know that we are all here for you.”*
- *“Please know that <person/service> is available to support you.”*

It’s best not to:

- Suggest you know how they feel. Everyone goes through loss differently.
- Say that the person who died is ‘at peace now’ or is ‘in a better place now’. This can contribute to suicide risk by implying death is an acceptable solution to pain.
- Tell the person what they should do or feel or when their feeling of grief will pass.
- Blame others or specific situations for the person’s suspected suicide. Suicide is complex and never the result of only one thing.
- Call the person who has died by suspected suicide ‘selfish’ or try to place blame.

Refer to *How to speak safely about suicide* on page 8 and the myths section in *A guide for workplaces: Responding to a staff member’s suicidality* for more guidance.

Bereavement leave

“The greatest things you can give someone who has survived a suicide loss is your time, reassurance and understanding.”

— Suicide bereaved

People can be affected in different ways by the death of someone close to them. It is important to offer support that will suit the person and help them during this time.

Some people may need extended leave or flexible work arrangements going forward. Alternatively, others may want to return to work immediately after their loss for a variety of reasons. Talk together about what they think will work best. Agree to check in on how it’s going, in case more leave may be needed.

A good starting point is to follow your workplace’s bereavement leave policy. Try to use your discretion and judgement when supporting someone during this time. If applicable, engage your HR team for support.

Contact the person to discuss what bereavement leave process will work best for them, along with any other support they may need when returning to the workplace. Everyone has different needs.

Consider offering:

- Discretionary leave or additional paid bereavement leave.
- Extended leave on full pay or allowing them to use annual or unpaid leave.
- Reduced hours and workload.
- A gradual return to their ‘normal’ working hours.
- Working from home options, where appropriate.

Workers are entitled to bereavement leave under the Employment Relations Act — see www.employment.govt.nz/leave-and-holidays/bereavement-leave/. This is a minimum of a day when the workplace accepts the person has suffered a bereavement and three days for particular family members.

Tangihanga

In te ao Māori, the process of mourning a loved one is called tangihanga. Also known as a tangi (to grieve/mourn), it’s an intrinsic part of Māori culture, with many tikanga (customs/practices) and other roles and responsibilities involving the person’s whānau at this time.

The duration of tangihanga, from the time a person passes away to te rā nehu (burial day), can take three to five days or more. However this timeframe varies depending on the whānau pani (bereaved family), tikanga ā Iwi (tribal protocols) or other circumstances.

We recommend employers and people leaders:

- Provide flexibility or culturally-responsive practices, processes and policies to support staff to balance work and life commitments. This can include allowance for staff to take leave to uphold their cultural and whānau responsibilities.
- If staff need to take bereavement leave, ensure they are aware of their entitlements. If possible, offer them more days to cover the tangihanga process.
- Show respect and tautoko (support) for cultural customs and practices.
- Offer a return-to-work plan if the person was closely impacted and requires tautoko to transition back into work.
- If you have cultural support available in your workplace, seek their guidance.

For more information visit www.mentalhealth.org.nz/workplaces/culturally-responsive-workplaces

Offering practical support for returning to the workplace

“We live in a death-phobic, death-illiterate and death-awkward world. Which is so frustrating, given there’s a large proportion of people in the workforce every day who are coping with loss. We need to do better.”

— Dr Lucy Hone, Coping with Loss

Before the person returns to work, discuss what practical support they may need. Showing empathy for their situation can make a real difference.

The support someone may need when returning to the workplace can include:

- Having regular check ins. Create space for the person to have a voice in what their return to work may look like.
- Ensuring they know how to access counselling and wellbeing support services.
- Providing a private space for time out or where they can make calls.
- Being understanding about time off for formal appointments (e.g. with police or the coroner).
- Reducing workload or offering flexible work hours.
- Taking their cultural customs and religious beliefs into consideration.
- Understanding any short-term loss of efficiency and productivity.
- Giving them space, rather than isolating them.
- Setting up a workplace buddy or peer support system to support them.
- Being patient. Don’t set a time limit on grief.
- Avoiding overwhelming them with attention when they first return. A simple ‘welcome back’ is often enough.

Keep in mind, the person may experience grief or be triggered by reminders of their loved one or the trauma surrounding their death. Work with them to ensure flexible systems are in place to help them manage.

For more ways to support an employee returning to work after a suspected suicide, visit:

- www.afterasuicide.nz
- www.aoketera.org.nz
- www.copingwithloss.co

Helplines, support and more information

In a crisis or emergency?

- If you or someone you care about is at risk of immediate harm: **Call 111.**
- Contact your local Mental Health Crisis Team. Visit www.mentalhealth.org.nz/help for contact details.
- Go to the emergency department (ED) at your nearest hospital or medical centre.

Helplines

The following services offer free support 24/7 and can connect you with others who can help:

- 1737 Need to Talk — call or text 1737 anytime to talk to a trained counsellor.
- Depression Helpline — visit www.depression.org.nz, call 0800 111 757 or text 4202.
- Lifeline — visit www.lifeline.org.nz, call 0800 543 354 or text 4357 (HELP).
- Youthline — visit www.youthline.co.nz, call 0800 376 633, free text 234 or email talk@youthline.co.nz.
- TAUTOKO Suicide Crisis Helpline — 0508 828 865 (0508 TAUTOKO).

For a full list of helplines, directory of services and information on how to find a GP or counsellor, visit www.mentalhealth.org.nz/help

To order or download free suicide prevention and wellbeing resources from the Mental Health Foundation visit: shop.mentalhealth.org.nz

Other websites and free helplines offering guidance and support

- Anxiety NZ — 0800 ANXIETY (0800 269 438) for specific questions around your or your loved ones' anxious feelings. www.anxiety.org.nz
- Asian Family Services — free helpline 0800 862 342 (Mon–Fri 9am–8pm). www.asianfamilyservices.nz
- Vaka Tautua — free national Pacific helpline 0800 OLA LELEI (0800 652 535) (Mon–Fri 8.30am–5pm). www.vakatautua.co.nz
- Yellow Brick Road — supporting whānau who have a loved one experiencing mental health challenges. www.yellowbrickroad.org.nz
- Aunty Dee — a free online tool to help work through problems. www.auntydee.co.nz

Bereavement support

- The Mental Health Foundation — www.mentalhealth.org.nz/suicide-loss and [afterasuicide.nz](http://www.mentalhealth.org.nz/after-suicide)
- Aoake te Rā — a free service providing support and manaaki to individuals and whānau who have lost someone to suicide. www.aoketera.org.nz
- Victim Support — free, nationwide support service for people affected by crime, trauma and suicide. NB: Witnesses to a suicide can contact Victim Support on 0800 842 846. www.victimsupport.org.nz
- Local grief and loss centres — visit www.mentalhealth.org.nz/groups for support group directory.
- Coping with loss — programmes to help with coping with loss. www.copingwithloss.co
- Talk to your local Suicide Prevention and Postvention Coordinator (SPPC) accessed via your regional Health New Zealand/Te Whatu Ora.

The Mental Health Foundation's workplace support

- Visit www.mentalhealth.org.nz/workplaces for:
 - Open Minds — A Guide for Managers — equips managers with the confidence and skills to talk about mental health in the workplace.
 - Workplace mental wellbeing programmes, resources and campaigns to help employers create flourishing workplaces.
 - Tips for creating mentally healthy workplace environments for Māori.

- Mental Health Awareness Week (MHAW) — an annual campaign helping workplaces, schools and individuals understand what boosts their wellbeing and improves mental health. www.mhaw.nz
- Farmstrong — a wellbeing programme for the rural community. www.farmstrong.co.nz
- Pink Shirt Day — a bullying prevention programme that supports workplaces to create environments where all people can feel safe, valued and respected. www.pinkshirtday.org.nz
- Nōku te Ao — a programme to end prejudice and discrimination against people with experience of mental distress. www.nokuteao.org.nz

Mental health training and workplace wellbeing programmes

- Lifekeepers — Aotearoa New Zealand's free national suicide prevention training programme. www.lifekeepers.nz
- Te Rau Ora — a Māori health and wellbeing service. www.terauora.com
- Clinical Advisory Services Aotearoa (CASA) — offers suicide prevention and postvention services to organisations and communities. www.casa.org.nz
- Red Cross — www.redcross.org.nz/first-aid
- Small Steps — free online tools to manage your wellbeing. www.smallsteps.org.nz
- Also see Te Pou's directory of lived experience training programmes. www.tepou.co.nz/cpsle-training-directory

Other workplace support services

- Rural Support Trust — localised support and training to help with challenges on the farm. www.rural-support.org.nz
- InsideOUT — resources, workshops, consulting, advocacy and support for rainbow (LGBTQIA+) communities. www.insideout.org.nz
- CCS Disability Action — disability support and advocacy. www.ccsdisabilityaction.org.nz
- MATES in Construction — support in construction-related workplaces. www.mates.net.nz
- First Mate — support for the fishing industry. www.firstmate.org.nz
- Le Va — support for Pasifika families and communities. www.leva.org.nz
- Volunteers Association — www.volunteeringnz.org.nz
- ChatSafe — for guidance on safe online conversations. www.orygen.org.au/chatsafe

Further reading

- WorkSafe's *Work-related suicide: Examining the role of work factors in suicide*: www.worksafe.govt.nz/research/work-related-suicide-examining-the-role-of-work-factors-in-suicide



To find this resource and for further information and guidance on mental health and wellbeing in the workplace, visit www.mentalhealth.org.nz/workplaces or scan the QR code.

Please note: The Mental Health Foundation is Aotearoa's leading provider of suicide prevention and wellbeing resources and campaigns, we are not a bereavement service provider or crisis service.

If your workplace or organisation needs support after a suicide, we recommend you contact Clinical Advisory Services Aotearoa (CASA). Email contact@casa.org.nz or visit www.casa.org.nz. CASA provides suicide prevention and postvention services across Aotearoa.

In an emergency, please call **111** or contact your local Mental Health Crisis team. Visit www.mentalhealth.org.nz/help for more information. To talk to a trained counsellor please call or text Whakarongorau Aotearoa/New Zealand Telehealth Services on **1737** for support. This service is free and available 24 hours per day, 7 days a week.

Glossary

Affected or impacted by a death by suicide — you can experience an emotional reaction or be affected by someone's death by suicide whether:

- you knew the person personally (bereaved by suicide)
- didn't know them, but knew of them
- witnessed or discovered their death by suicide.

All of these situations involve exposure to suicide.

An effective postvention response includes everyone affected or impacted by a death by suicide.

Bereavement — a state of grief and mourning after the death of someone important to us who we love/care about and value, such as a close relation, friend or colleague. Grief is our emotional reaction to this loss.

The coronial process — in Aotearoa, if a death is a suspected suicide or is sudden or unexplained, it is referred to the coroner for a Coronial Inquest to formally establish the cause of death. The cause of death can't be determined until after the coroner has made a ruling. A ruling by the coroner can sometimes take months or years to be finalised and the waiting time can be very stressful for whānau and workplaces. You can read more about the coronial process at: www.coronialservices.justice.govt.nz/suicide

Grief — refers to the emotional reactions following loss. Grief reactions can vary widely. Everyone grieves differently and there is no specific timeline for the experience. Cultural practices and traditions can also inform how people grieve. Grief that follows a death by suspected suicide can also include intense reactions such as shock, disbelief, blame and sometimes anger. As suicide is typically an unexpected and potentially violent form of death, some people may also experience deep distress and trauma.

Method (or means) — a 'suicide method' is any means by which someone may choose to end their life.

Postvention — an organised response in the aftermath of a suspected suicide to accomplish any one or more of the following:

- To facilitate the healing of individuals from the grief and distress of suicide loss.
- To mitigate other negative effects of exposure to suicide.

- To prevent suicide among people who are at high risk after exposure to suicide.
- To provide ongoing support, including professional and peer-support options, for those who need it.

Psychosocial factors — describe the relationship between a person's thoughts, emotions, behaviours and their social environment. Identifying psychosocial factors at work is about considering the way work (the tasks we do, where they are done, and who we interact with) affects how we feel, think and behave. For more information visit: www.worksafe.govt.nz/topic-and-industry/work-related-health/mental-health

Stigma associated with suicide — refers to the negative attitudes, beliefs and stereotypes people may hold towards those affected by suicide or experiencing suicidality. Stigma can frame people's beliefs and attitudes and also make it harder for people to seek help when they need it.

Sudden death — the death will remain a 'suspected suicide' until the coroner has made their ruling. However, the death may also be an 'ambiguous death', with insufficient evidence to determine the cause, or have other complicating factors. In all these cases, the death is referred to as a 'sudden death'.

Suicidality — a term used to refer to thoughts, feelings and actions related to suicide. It includes a range of experiences, from occasionally thinking about wanting to die, to plans for ending one's life. It also includes suicide attempts. All suicidal thoughts, feelings and actions should be taken seriously.

Suicide contagion — refers to the spread of suicidal thoughts, behaviours and deaths after exposure to suicidal behaviour. Adolescents and young adults are more vulnerable to the effects of suicidal contagion, but contagion can occur at any age where a person identifies in some way with the person who died, even if they did not know them personally.

Suicide Prevention and Postvention Coordinators (SPPC) — are based throughout Aotearoa. Their responsibilities include organising and implementing suicide prevention and postvention responses, initiatives and activities, which are designed to

reduce the number of suicides and suicide attempts and provide bereavement and post-attempt support. Contact your regional Health NZ/Te Whatu Ora for more information.

Tapu — in te ao Māori, 'tapu' has many meanings and references depending on the context it is used in. If a place, person or object is tapu it might be sacred, prohibited, restricted, set apart or forbidden. A person, object or place that is tapu may not be touched or, in some cases, not approached. 'Noa' is the opposite of tapu. When something is noa it is 'ordinary' or 'common'. Noa lifts the 'tapu' from the person, place or object.

Trauma — an emotional response to an event involving severe emotional shock and pain. Psychological trauma can occur when an event overwhelms our ability to emotionally digest what's occurred. People process events differently and not everyone has the same reaction to any event; what one person experiences as trauma may not cause distress for another. Trauma is caused by witnessing disturbing and horrific events but can also occur for those not present, when they are told

about what happened. As trauma is different to grief, these reactions may be experienced separately or at the same time. Experiencing trauma and grief together can intensify the reactions they have in common.

Wellbeing — is a multidimensional concept that reflects the balance and integration of various aspects of life. Wellbeing is influenced by numerous factors, including physical health, mental health, social connections, financial security, and other social and cultural factors. Visit www.mentalhealth.org.nz/what-is-wellbeing to learn more.

Work-related means of suicide — involves situations where a person's work facilitates their access to and/or familiarity with the lethal object or substance that could be used to end their life.

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Notes



Notes



There is no health without mental health

The Mental Health Foundation is Aotearoa New Zealand's leading mental health and wellbeing charity, striving for a society where we can all flourish.

Established in 1977, our suicide prevention, mental health and wellbeing work includes:

- Creating evidence-based suicide prevention and wellbeing resources.
- Delivering resources to individuals, whānau, schools, workplaces, healthcare centres and communities, free of charge.
- Influencing MPs and policy makers to create a better mental health system.
- Running nationwide mental health promotion campaigns, like Mental Health Awareness Week and Pink Shirt Day.
- Providing individuals, whānau and communities with information and guidance to improve the mental health and wellbeing of all New Zealanders.

One in five New Zealanders will experience mental distress or illness each year. This could be you or someone you care about.

You can make a difference. Help make Aotearoa a place where everyone has the tools to enjoy positive mental health and wellbeing.

Donate at donate.mentalhealth.org.nz



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