



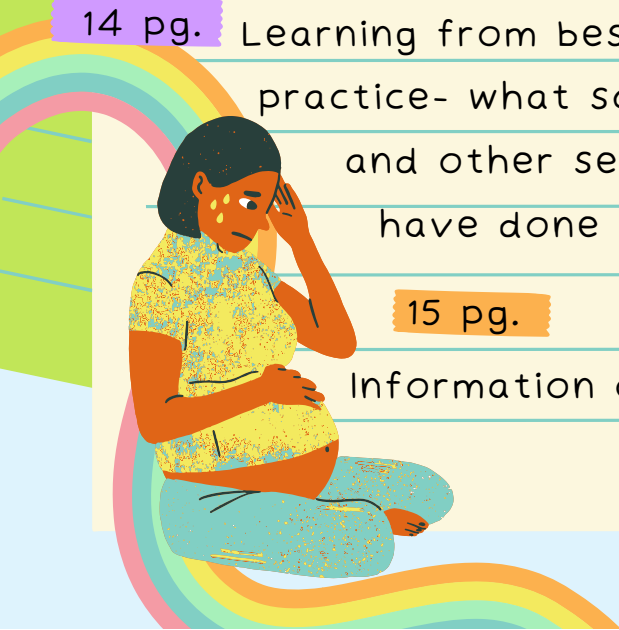
WALK WITH US:

A ToolKit for Supporting
Children, Young People
and Families Affected or
Bereaved by Suicide



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FUNDERS

This toolkit was funded by NHS South Yorkshire and Bassetlaw through transformational funding for suicide prevention from NHS England.

The toolkit has been co-produced with children and young people who have been bereaved by suicide.



Information in this toolkit is useful for everyone, some pages are particularly aimed at professionals or children, young people and families (CYPF). This is shown using these buttons.



CYPF
pages



Professionals
pages

DIANE LEE

Chair of the Integrated
Care System Suicide
Prevention Group

INTRODUCTION

"We are delighted to see the production of this toolkit which will help ensure that everyone around a child and young person who has been bereaved and affected by suicide, knows how to respond and support them. In 2019, across South Yorkshire and Bassetlaw we asked people who had been bereaved by suicide what had helped and what was needed going forwards. Many of the people who took the time to share their experiences spoke about the need to support children and young people.

We commissioned Chilypep to identify what support children, young people and families would like to see following a bereavement by suicide, and work with them to develop a toolkit for professionals to use with them focusing on how best to offer this support. We are grateful to all the children, young people and families who worked with Chilypep to help do this. Thank you for sharing so honestly your experiences with a view to helping others in the future. Our commitment as Local Authorities and the NHS in South Yorkshire and Bassetlaw is to make sure that anyone working with children and young people know about this toolkit and use it."

HOW WE MADE THIS TOOLKIT



In 2021, Chilypep was commissioned by NHS South Yorkshire and Bassetlaw to develop a toolkit to support Children, Young People and Families (CYPF) affected and bereaved by suicide. To do this, Chilypep consulted with a range of stakeholders, including CYPF with lived experience of bereavement by suicide, organisations working with CYPF affected and bereaved by suicide, commissioners and others. Views and expertise from other parts of the country that have developed resources to support those affected and bereaved by suicide were also sought.



There were 4 stages to the toolkit development:

STAGE 1: ENGAGEMENT OF PROFESSIONALS

We held 3 workshops for professionals who have worked with CYPF affected or bereaved by suicide to hear about their experiences of supporting CYPF affected and bereaved by suicide, both as professionals and personally.

We asked them what support is already in place, what gaps existed and how best to consult with CYPF affected and bereaved by suicide.



STAGE 2: CONSULTATION WITH CHILDREN, YOUNG PEOPLE AND FAMILIES

Those we spoke with were identified by professionals in the workshops in stage 1 and signposted to us to get involved. We also had a very controlled call out to get involved on social media, through which a number of participants contacted us. All CYPF that got in touch were offered support, signposted to other agencies where possible and given follow up support.

We engaged children, young people and families through informal, semi structured interviews around their experiences, especially around what support they got that worked well, what support was lacking and what they think should happen for others who have similar experiences.

We operated under the rule of 'do no further harm' so as to protect anyone involved from further retraumatisation. The interviews were conducted in whatever format and location they were most comfortable with and after the interviews we checked in with them and offered reimbursement for their time.

STAGE 3: CONSOLIDATION OF RESEARCH & CO-PRODUCTION OF TOOLKIT

All information from the interviews was collated and Key themes and recommendations were drawn out. We had a group of children and young people who were involved in the interviews who co-produced the content of the toolkit based on research findings and used their expertise to guide the creation of it.

STAGE 4: TOOLKIT LAUNCH

Once created, the toolkit was launched to both professionals and the public across Sheffield, Rotherham, Barnsley, Doncaster and Bassetlaw!

WHAT PROFESSIONALS SAID ABOUT THEIR EXPERIENCES SUPPORTING CYPF AFFECTED AND BEREAVED BY SUICIDE

During our workshops, professionals described feeling helpless, like they couldn't do enough to help, and that there is a systemic need for both suicide prevention and preparedness. Many professionals shared that they felt they had not had enough training on how to support someone who has been affected or bereaved by suicide and this means they don't feel as confident in helping and signposting children and young people.

Professionals found that the children and young people who came to them following bereavement by suicide were often experiencing feelings of guilt, frustration, and numbness. There was a general lack of trust if they had been passed from service to service without any meaningful support.

One professional reflected on their interactions with a young person who had been bereaved by suicide:

"lots of difficult emotions, pent up feelings, anger, and shame... and inability/reluctance to talk to anyone about it for fear of misunderstanding or burdening them/triggering their emotions/hurting them."

"a lot of guilt, reliving the last time they saw their loved one, wishing they had said something different, and developing the notion they could have stopped the death,"

Another professional described the experience of someone they were supporting

Professionals who had felt able to effectively support children and young people who had been affected and bereaved by suicide said that listening and being available had felt important and that therapeutic activities such as creating memory boxes, along with sharing the 'Help is at Hand' booklet had benefitted those they were supporting.

THINGS WE WOULD LIKE TO SEE



- One worker who acts as a single point of contact to coordinate everything from the practical tasks and processes, such as attending the coroner's court, to managing the family dynamics following a bereavement by suicide
- Make accessible versions of toxicology reports that aren't filled with jargon
- Suicide-specific support with professionals trained in suicide bereavement (this also needs to be accessible to primary school age children and people with additional needs)
- Suicide preparedness in PSHE in schools
- Having access to someone who has experienced going through the coroner's court before to speak to, as well as accessible information on what the coroner's court entails (there is the Coroner's Court Support Service charity, but this isn't suicide-specific)
- Provide more community-based opportunities as these are protective factors that could reduce risk of suicide
- We all need to talk openly about suicide to reduce the stigma and misconceptions around it
- If there's a suicide note, take a photocopy of it and give the original to the family – it isn't fair to make us wait six weeks to receive the original note
- There needs to be an alternative to the police coming to inform family members, or the police need to show compassion when informing family members of what has happened; it felt detached, clinical, and like we were being read a script during one of the hardest moments in our lives
- Stop labelling death by suicide as "misadventure"

"Another thing that would have been good - how to behave in a coroner's court. Because my grandad kept getting told off because he would want to interject."

"I were blindsided by the misadventure. That's another thing they could get right isn't it, by explaining that that is a possibility. Because I knew that my son had took his own life"





- Peer support forums for children and young people under 18 who have been affected or bereaved by suicide

"peer support as well, like having the opportunity to talk to other young people who have gone through something similar"

- Eliminate the rule that you can only receive support for grief 12 months following bereavement – we need immediate support

- Guidance on specific processes following a bereavement by suicide, eg. support for selling the person who has died's property and what to do with the person who has died's pets

- A comprehensive checklist of everything that needs to be done following the death of someone by suicide

- Educational institutions need to take accountability when one of their students have died by suicide and clearly communicate with their peers what has happened and what support will be provided

"They should just talk about it and be open about it. Because it happened and you can't just brush it under the carpet"

- If you're a crisis service responding to a request for help, check the patient is still alive. Lots of occasions where crisis services rang back after the person has completed suicide causing more distress.

"when I was sat in the police car giving my statement at quarter to six they phoned me back. I just went "too late, he's done it. See you, bye."

- Police: ensure the home is safe for family members to return to (ie. remove glass, clean up).

"the sergeant asked "what one thing could we have done to make it better for you?" and I said "just sweep the glass to one side"

- Provide a scene of death cleaner following the police attending to alleviate some of the distress

"a crime scene cleaner would have been nice to clean up the scene cos like, nobody did that for us so we had to clean it up."

- Resources for supporting children and young people with additional needs through bereavement, as well as suicide-specific support

"How do you make it easier for him, there is nothing in place I don't know what the answers are. How do you find a toolkit for somebody that can't talk?"

HOW TO TALK TO US ABOUT SUICIDE (SUICIDE PREPAREDNESS, TALKING ABOUT SUICIDE)



WHAT TO DO

Give those who are grieving a bit of slack; understand that they are going through a lot.

"I feel like it's something we can all play a part in and we don't have to have a high qualification in mental health to talk about suicide, I think that's some of the stigma"

Understand that as well as emotional support we may need practical and financial support too.



Listen!



Be proactive in how you offer support. Don't just say "we're here when you need us".

I think just being able to say the word 'suicide' still feels like a big stigma within itself, people need to feel like it's okay to use that language and normalise it a little bit.



Ask each young person what language they want used when having conversations about the bereavement- each of us is different!



"I can't understand how you feel but I care and I want to listen"

Follow up on us and check in.

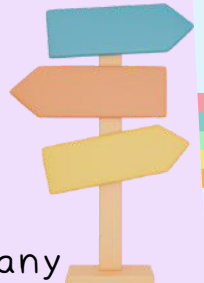
Help us early on, don't make people wait lengthy times to be able to speak to someone about what they are going through.



Let us tell you about who they were, not how they died.

Give us recognition of how well we are doing.

Make sure that any resources you signpost us to are relevant and age appropriate



"I don't know what to say"

Don't be patronising,
ask us how we want to
be supported.

Avoid any potentially
triggering words, things
or pictures

WHAT NOT TO DO

When talking to
people who
have been
bereaved by
suicide, don't
compare losing
a loved one by
natural death
as it is not the
same.

Remember that
everyone's views
around suicide are
different, don't push
your views on us, just
be sensitive and kind.

"And what else I found
distressing was the
amount of people they
asked me how he did
it ... it was me that
found him and every
time somebody asked
me that, it puts that
image back into my
head."

Grief doesn't have an
end date - don't stop
us from talking about
it or expect us to
forget just because
time has passed.

Don't put a
time limit on
the number of
times we can
talk to you
before we are
cut off from
support.

Schools - don't penalise
students bereaved by
suicide for drops in
attendance.

Don't compare grief- 'my
dog died last year so I
know how you feel'

"Don't make it
about you,
getting upset
that I'm
upset."

Be mindful of
your words
and ensuring
we feel safe
and
comfortable
talking to you.

"Don't just hand
over a pile of
unhelpful books as
a substitute for
actual support".

"Don't say
"wow, well
done,
ESPECIALLY
with what
you've
been
through" -
mega
patronising
and why
bring it
up?"

Don't promise us something
you can't be sure you'll
deliver e.g. phone calls at
certain times, updates or
support.

Don't use terms that stigmatize
suicide, such as 'committed
suicide' or 'offed themselves'.
However, some people grieving
may choose to use these phrases
to reclaim the hurt and this
should be respected.



HOW TO TALK TO YOUR CHILD ABOUT SUICIDE



"I'd tell her what she had to know, and then answer her questions as they came rather than give her all of it at once."

I just said to her, "you know that daddy is sometimes a little bit sad," and she said "yeah," and I said, "well yesterday daddy died from sadness,".

Accept and understand that children and young people all have very different reactions to suicide and will process it in their own way.

Be as honest as possible - where appropriate, don't keep information from children and young people as it could lead to repeating the bereavement process if you tell them what truly happened years later.

Remember that "suicide" is not a bad word and that you can use it when talking to your child about suicide.

Winston's Wish, a UK-based childhood bereavement charity, have outlined how to speak to children about suicide and highlight the importance of being honest and explaining what has happened. You can do this by building on information over time, making sure to be consistent when explaining that someone has died by suicide and encouraging children to ask questions as and when they have any. You can find out more [here](https://www.winstonswish.org/explain-suicide-to-children/) : <https://www.winstonswish.org/explain-suicide-to-children/>

PRACTICAL THINGS PARENTS HAVE DONE TO HELP THEIR CHILD FOLLOWING BEREAVEMENT BY SUICIDE

"We got teddy bears - the same one went in his coffin that [my son] got to keep, they're both the same."

If it doesn't feel appropriate to have children attending the funeral, they can be involved in it by, for example, helping to create a bouquet for the ceremony.

Create a memory box of items children can look through to remember the person who has died - this can include photos, cards, clothes and aftershave/perfume belonging to the person who died.

Continue writing birthday, Christmas, mother's/ father's day cards to the person who died.

There are companies that will make cushions, blankets, teddy bears, etc. out of the clothes of the person who died so that children can keep a memento.

TIPS FROM SURVIVORS TO THOSE BEREAVED BY SUICIDE



Everyone is unique and as such we will all experience grief differently when we are affected or bereaved by suicide. Here are some tips shared with us from survivors of bereavement by suicide to those who may be going through a bereavement by suicide themselves.

MANAGING GRIEF AND EMOTIONS

Give yourself time to process and grieve; you can't rush your grieving. It's OK to slow down and just feel what you need to feel. Be kind to yourself and remember that recovery is not linear.

Try not to worry about everybody else around you; you can't control other people's grieving processes.

Your feelings are valid and it's okay to talk about it and it's perfectly fine to be sad even if you feel like you're not as deserving of that sadness as other people.

Be prepared for grief to resurface at times when you might not expect it and try to go with your feelings, recovery is not linear and there will be times when we are reminded of that person, or maybe have a dream about them and awake to renewed grief.

"I think it does depend on the person though doesn't it, people do deal with things differently."

Everyone grieves differently. Some will want to 'do things', others will sob and others will seem fine. Don't assume you know how anyone else feels and don't let anyone tell you your way is wrong.

PRACTISING SELF-CARE

"If I can survive today, I can survive tomorrow and just keep pushing on"

Find something that will give you focus and things that you can distract yourself with based on your interests.

Try not to lose yourself in negative coping mechanisms, look after yourself and find time to relax [see our self-care page for self-care tips and resources]. Things will get better.

Keep as much routine as you can, try not to shut yourself off from the world.

"Try and find the positives, the good in the world, otherwise you can end up spiralling"

FINDING SUPPORT AND COMFORT

Know that you're not alone. It can feel like no one understands but there are others with similar experiences you can connect with for peer support.

Accept help from others when you need it, reach out for support, let someone cook you a meal when you feel unable to.

Spend time with others who have been affected by the bereavement but also those who haven't. Those who haven't can feel like a deep breath and you won't have to worry so much about upsetting them.

"I wish I had told my teachers sooner, because it was really a difficult process like not being able to hand in any homework and not being able to explain why."

REMEMBERING AND QUESTIONING

Remember the memories you have with them.

Ask all the questions you want to ask, and if you don't feel like you've got someone you can ask in your immediate circle of family then try and find your answers elsewhere.

"She [school counsellor] said 'why don't you experience nice things for her?'. It blew my mind in that moment so that was great."

When you lose someone to suicide it is hard not to question 'why' but try not to make yourself ill overthinking and certainly do not blame yourself; everyone will have a different reason.

Be prepared for being asked questions by others around you, but know that it's ok to only answer what you are comfortable and safe with, or to say nothing at all.



WHAT WE WOULD LIKE SCHOOLS TO DO



Using our own experiences of being in school, college, or university when someone we know has died by suicide, we have created a number of things we would like to see educational establishments doing to help support students who have been affected or bereaved by suicide.

Give out physical self-care kits to support grieving students

Facilitate a peer-support approach to processing the bereavement

If a student has died by suicide, permit their peers the full day off to attend the funeral

Acknowledge the effort that we're putting in

Offer follow up bereavement support and counselling immediately after a suicide to all students who may be affected (this is wider than just those who have been closely bereaved)

It's likely that we're constantly thinking about the bereavement so understand that any behavioural issues are linked to this and we need support, not punishment

Provide a point of contact for young people and family within the school - let us choose who that is if we have good relationships with certain members of staff

Allow students affected or bereaved by suicide to leave lessons if they start to feel overwhelmed

Waive punishments and sanctions for low attendance following a bereavement

"She only took about a week. Partly because the school didn't let her have any longer ... they're an Academy so they can't have an attendance drop."

Don't put a time limit on grief



Create a memorial space for a student who has died by suicide, eg. a memorial garden



Make sure you consider the content of certain topics before covering them in class

Have posters and leaflets throughout the school to normalise talking about suicide to reduce the stigma around it

Acknowledge what has happened and don't be scared to talk about it

Remember that support doesn't have to come from a medical professional - showing compassion is everyone's business!

"You don't have to be a mental health specialist to help someone with thoughts of suicide"

Know that we might not want to talk about what has happened and that we might want to talk about our other interests as a distraction



Offer spaces for students to talk about and process what has happened

Ensure different members of staff are communicating with each other to support a student who has been affected or bereaved by suicide

Provide regular check-ins with students who have been affected or bereaved by suicide

While books on bereavement can be helpful, Know that support needs to extend beyond this
"I just remember being stuck with this book on bereavement thinking 'is that all they are offering?'"



LEARNING FROM BEST PRACTICE – WHAT SCHOOLS AND OTHER SETTINGS HAVE DONE WELL



The best things that our schools, colleges, and other settings did to support us:

We need support when we have been affected or bereaved by suicide and asking schools and other settings for help can make a huge difference to how we're feeling. Here are some examples to things schools and other places have done well to support us!

Provided 1:1 counselling so that we had a professional to talk to.

Permitted students to take the day off to attend the funeral of the person who has died.

With our consent, shared what had happened with our peers so that we didn't have to keep explaining to those around us that someone we knew had died by suicide.

Provided free, police-mandated counselling for under 18s.

Treated us the same as they did before to avoid patronising us.

Given us trigger warnings ahead of certain course content at school, such as discussions around death or films that mention of suicide.

Provided us with a quiet, supportive space where we could go when things felt too much.

Allowed us to take time off and have extensions on deadlines without asking for evidence that would be traumatising to provide, eg. death certificates.

Given us permission to leave the classroom if we started feeling overwhelmed.

Set up mailboxes in the school corridors where we could write down how we were feeling when we struggled to verbalise what was going on.

Taken the time to check in on us regularly to offer support.

INFORMATION ON GRIEF

The stages of grief we hear the most about are:

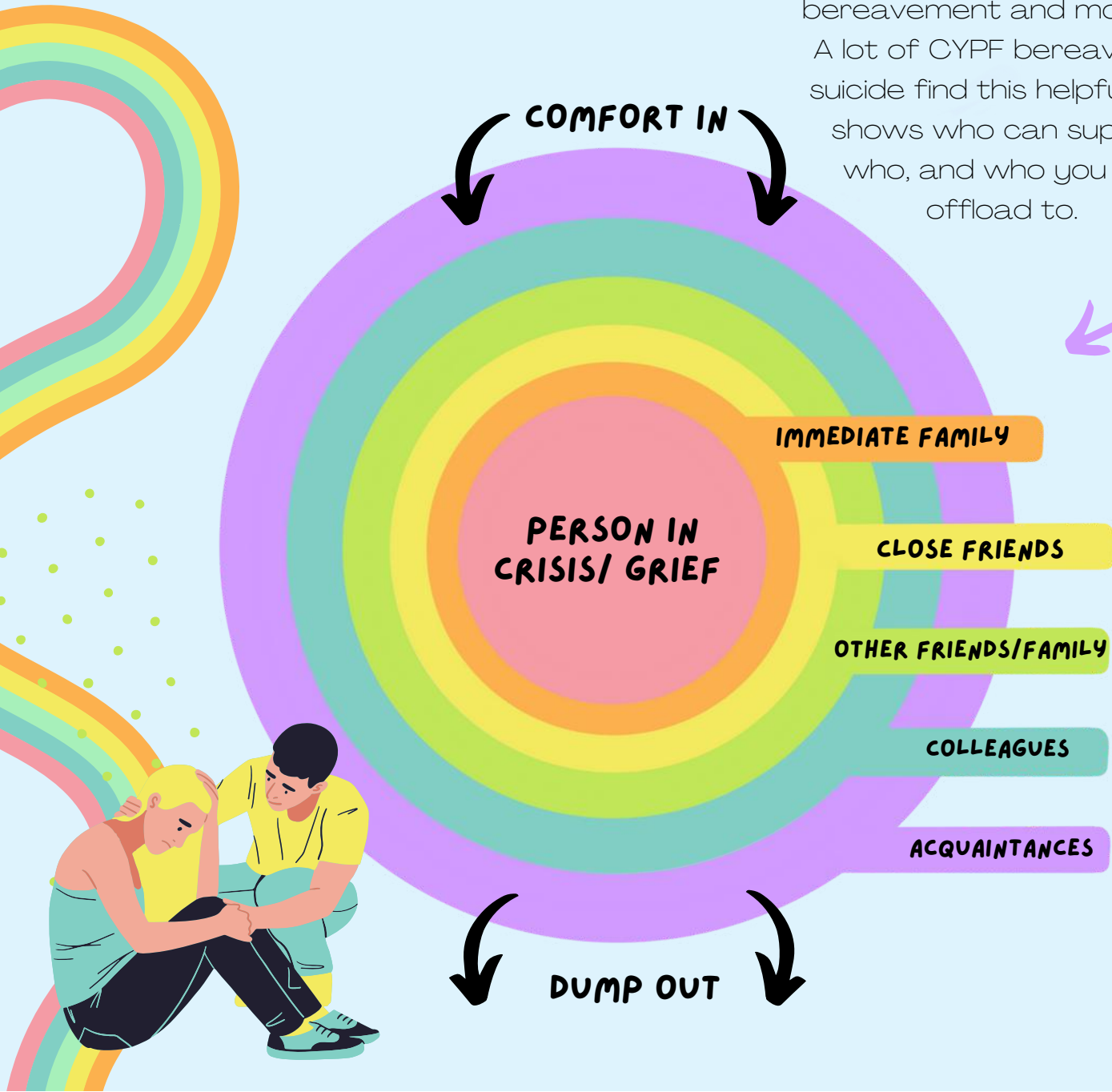
- Shock and denial – avoidance, confusion, fear, numbness, blame
- Anger – frustration, anxiety, irritation, shame, embarrassment
- Depression and Detachment – overwhelmed, helplessness, lack of energy
- Dialogue and Bargaining – reaching out, telling your story, trying to find meaning
- Acceptance – finding meaning



Everyone experiences grief differently and it's helpful to remember that the different stages of grief can overlap with each other and don't necessarily follow one straightforward order.

RING THEORY

This is the idea that a person experiencing trauma and grief needs a specific kind of support during their time of bereavement and mourning. A lot of CYPF bereaved by suicide find this helpful, as it shows who can support who, and who you can offload to.



CONTENTS OF A PHYSICAL TOOLKIT PEOPLE CAN MAKE AND GIFT THE BEREAVED (OR MAKE FOR YOURSELF!)



A notebook for people to use for journaling, scrapbooking, or writing letters to the person who died.



Fidget toys



Candles



Teddies



Aromatherapy

A photo frame and photopaper to print a picture of the person who has died.

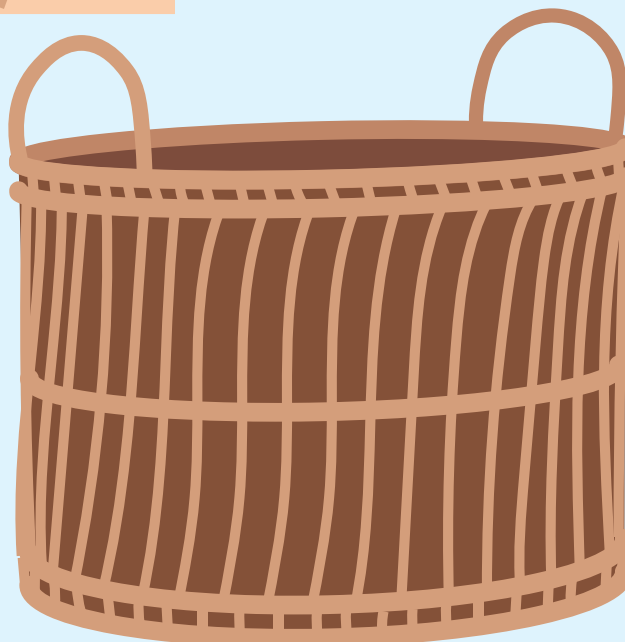


Memorial quotes



Post it notes, pens

suggestions of things they can add to it- quotes of things they said, motivational quotes, their smells, things they enjoy, anything related to their interests, recordings of their voice, pictures .



In a basket or box. You can even decorate the box!

SELF-CARE



When you have been affected or bereaved by suicide, it's important to look after yourself by practicing self-care. We have put together some useful tips and resources that have helped us!

SELF-CARE TIPS

You're allowed to feel however you feel, whether it be grief, guilt, or anger, there's no one right way to feel.

Talk to the people close to you about how you're feeling.

"What ifs" aren't helpful.

There's no shame in taking medication if you need it.

Cry about it for as long as you need to.

Think of the person you've lost as a happy memory rather than something that's missing.

Look up trigger warnings for any media before reading or watching something (doesthedogdie.com).

Take a social media break if it becomes overwhelming.

Write down how you're feeling in a letter to the person who has died.

Create a scrapbook of photos or a memory journal to help with the worry that you might forget things about them.

If the person who has died is a loved one, keep a picture of them in a locket so that you feel close to them.

Put together a chest where you can keep things that remind you of them inside it.

Take more mementos than you have room for, you can get rid but you can't go back

When you feel ready, do a sponsored event and donate money to a charity in their name.

Listen back to videos and recordings where you can hear their voice.

It can be nice to wear their clothes to feel closer to them.

Consume the media that they enjoyed.

Find comfort wherever possible

Try to do a bit of everything until you find something that works for you!

Maintaining their grave or creating a memorial space can be therapeutic.

Give yourself shameless goals for them! eg 'I'm going to write them a letter!' painting project etc. Can deliver it to their place of memorial.



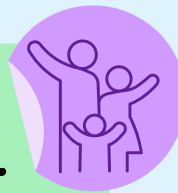
HERE ARE SOME PRACTICAL THINGS YOU CAN DO AND WEBSITES YOU CAN VISIT!

Mental health first aid kit : glitter jar making, lavender dough recipe, relaxation techniques

If you are supporting someone bereaved by suicide it is important to look after yourself too: Self-care while helping someone who feels suicidal -

Mind

Mental health & self-care - Chilypep



MANAGING EXPECTATIONS ON YOURSELF AND OF THE PROCESS

YOURSELF

Don't feel bad about going back to work or school; sometimes normality can help in times of uncertainty.

"just getting back and having something to focus on really helped."

It's okay to feel angry and frustrated that everyone else's world seems to carry on while yours stops.

You don't have to be close to the person who died for it to affect you and so talking about it and getting help isn't selfish.

It's okay to have morbid curiosity! Filling in the blanks helps you to properly process what has happened.

It's normal & okay to start to feel better and start to be able to get up in the morning and do the things you used to do.

"Don't feel guilty for what you've got to do to get through it."

"Try not to let what people say affect you - before this happened to me, I didn't know anything about suicide so people will make comments"



Know that you're not alone and everyone grieves differently.

"It's made me stronger, I've gained a lot of resilience - it's taught me a lot"

"I've come to accept that you can't make sense of it"

Know that intrusive thoughts happen as a response to what happened and that it's normal to experience them.

Be prepared for really weird dreams - you might end up dreaming that it never happened and then wake up having to almost re-grieve.

Everyone grieves differently - some will want to 'do things', others will sob, and others will seem fine. Don't assume you know how anyone else feels and don't let anyone tell you that your way is wrong.

PROCESS

Be warned, lots of evidence will be taken during the inquest process - phones, laptops etc.

Prepare yourself for people making insensitive jokes - they don't always think!

Prepare yourself for awkward questions and conversations, e.g. 'how exactly did they do it?' etc.

If there's a note, it's likely you will only be given a photocopy of it as it will be classed as evidence and have to go with the coroner for several weeks.





PRACTICAL STUFF

You can find all the resources listed on this page (and more) on the website we've created full of information and resources to support those affected and bereaved by suicide: Just scan the QR code or visit

<https://arcg.is/18WLRHO>



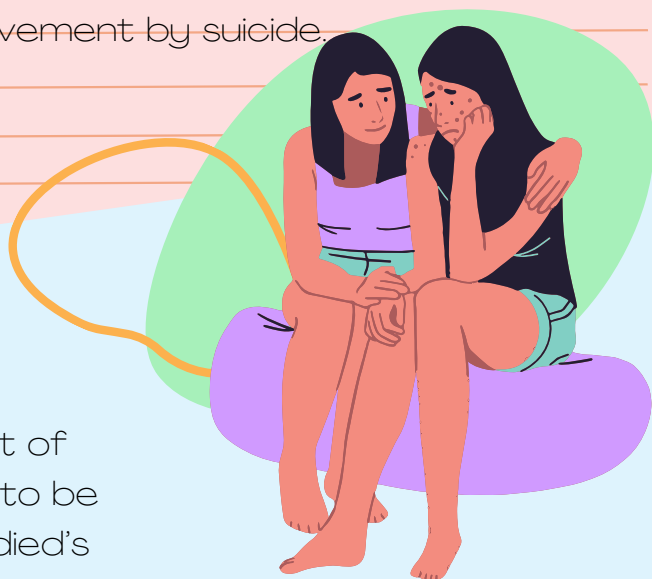
SCAN ME

HELP IS AT HAND

A really useful resource for people bereaved through suicide and for those helping them.

CORONERS COURT AND HOW THIS FUNCTIONS

Link to Coroner's courts support service and their booklet 'Support and Guidance for Bereaved People Attending Inquests' – Note that this is not specific to bereavement by suicide.



SUPPORTING CYPF TO TELL OTHERS-

WHO DO I NEED TO INFORM OF DEATH

The Help is at Hand Booklet has a great list of organisations and agencies that will need to be informed of a death, like the person who died's health services, insurance companies etc as well as a more formal template email/letter. There is also a service called 'Tell Us Once' where after the death has been registered, all government agencies can be told at once.



However, being bereaved by suicide as a child, young person or family can involve telling more people than these. You may need to consider also telling:

- your school or a trusted teacher
- your social worker/MAPS worker/mental health professionals
- your closest support network (family, friends)
- wider friends
- staff at any extra curricular clubs eg dance, football coaches, art clubs



TEMPLATE TEXTS - TO SEND TO INFORM PEOPLE YOU HAVE BEEN BEREAVED BY SUICIDE



Sometimes letting people around you know that you have been affected or bereaved by suicide can be hard. We've created some template messages that you can send. These can be edited or altered to work best for you, they are more just prompts to help you find the words.



REMEMBER:

- You can ask a trusted friend or family member to send these on your behalf
- Only put as much detail as you're comfortable with
- You don't have to tell people how it happened or even that it was a suicide

'I'm really sorry to tell you that unfortunately (name) has died by suicide (can leave out by suicide if preferred) yesterday/last night/today etc. I would really appreciate help with X, Y, Z. I will keep you updated with things as much as I am able to but I am struggling to manage.'

'Hello, I just wanted to let you know that I am currently experiencing the death of a close friend/friend/family member/etc. I am in mourning and would appreciate your help with X, Y, Z. I may struggle with replying to messages but appreciate your support.'

'Hi, I am currently experiencing a bereavement by suicide of a friend/family member etc and as a result I am struggling with managing my schoolwork/workload/etc. I would like to speak to a teacher/manager/etc as soon as possible.'



DEALING WITH THE DECEASED'S SOCIAL MEDIA

When it comes to the social media accounts of the person who has died, there are three options:

- 1- Leave their accounts open
- 2- Delete their accounts
- 3- Memorialise their accounts

If you decide that deleting their accounts is the right choice, then you will need to contact each social media site to let them know that the person has died. You will need to provide their social media username, email address, and their full name. You will need to send a copy of their death certificate, as well as proof of your identity and your relationship with the person who has died.

Some social media sites like Facebook and Instagram allow you to memorialise the accounts of a person who has died. Memorialising an account shows to other users that the person has died, allowing people to view their posts and photos but removing the messaging function and preventing birthday notifications. Social media sites that have a memorialise function will have a form that you can complete to request that the account is memorialized. As with deleting an account, you will need to prove your relationship to the person who has died and offer evidence that they have died.

Save everything you want to keep from their social media accounts before going through either of these processes as deleting a social media account will permanently remove all of their photographs and statuses and memorialising an account can mean that you can no longer message the person who has died so it's a good idea to export your conversations. Ask a friend to help you with going through the accounts of the person who has died if you think it might be too upsetting to do alone!





OUR TIPS ON LOOKING AT THE PERSON WHO HAS DIED'S SOCIAL MEDIA ACCOUNTS

- It's okay to see their social media pages as a space to grieve
- There's no shame in going through their old pictures and posts
- Some of us have found sending them messages helpful
- Be wary of the "grief thief"! You'll find that people who didn't have a relationship with the person who died can start inserting themselves into the narrative and claiming a closer relationship with them for their own benefit
- Know that it's okay to take a break from social media if you're finding that viewing the person who died's social media accounts is complicating the grieving process
- If the person who died's last posts are upsetting, ask someone to support you in archiving these

MISCONCEPTIONS AROUND SUICIDE



The stigma and misconceptions around suicide can feel especially difficult when you have been affected and bereaved by suicide.

We want people to know that this is not the reality!

Some common misconceptions about suicide include the idea that suicide is a sign of weakness or attention-seeking, that talking about it could cause death by suicide, and that everyone who dies by suicide was experiencing mental illness.

○ It is a stigmatising misconception that people who died by suicide are weak; suicide may have felt like the only solution to the overwhelming and difficult thoughts that person was experiencing.

○ Talking about suicide does not lead to other people taking their own life. Instead, talking about suicide helps us to break down the stigma around it and gives those of us affected and bereaved by suicide the space to talk about it and heal from what has happened. "I feel like it's something we can all play a part in and we don't have to have a high qualification in mental health to talk about suicide, I think that's some of the stigma."

○ After losing someone to suicide, a lot of people say 'if only they had reached out for help'. People who die by suicide actually do reach out for help a lot of the time- but they don't get the help they need. 'If only they reached out for help' doesn't work.

○ People who express suicidal ideation are not attention-seeking, instead they are showing that they need support and this must be taken seriously. Similarly, dying by suicide is not attention seeking: "suicide can't be attention seeking because there's no way for them to get the attention..."

○ Asking someone if they feel suicidal won't plant the idea in their head; instead it shows that you care and it's likely that they will feel relieved that someone has noticed that they're feeling some distress.

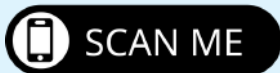
○ Not everyone who dies by suicide necessarily has a mental illness - anyone can experience suicidal thoughts "not all people who die by suicide are depressed".



SIGNPOSTING



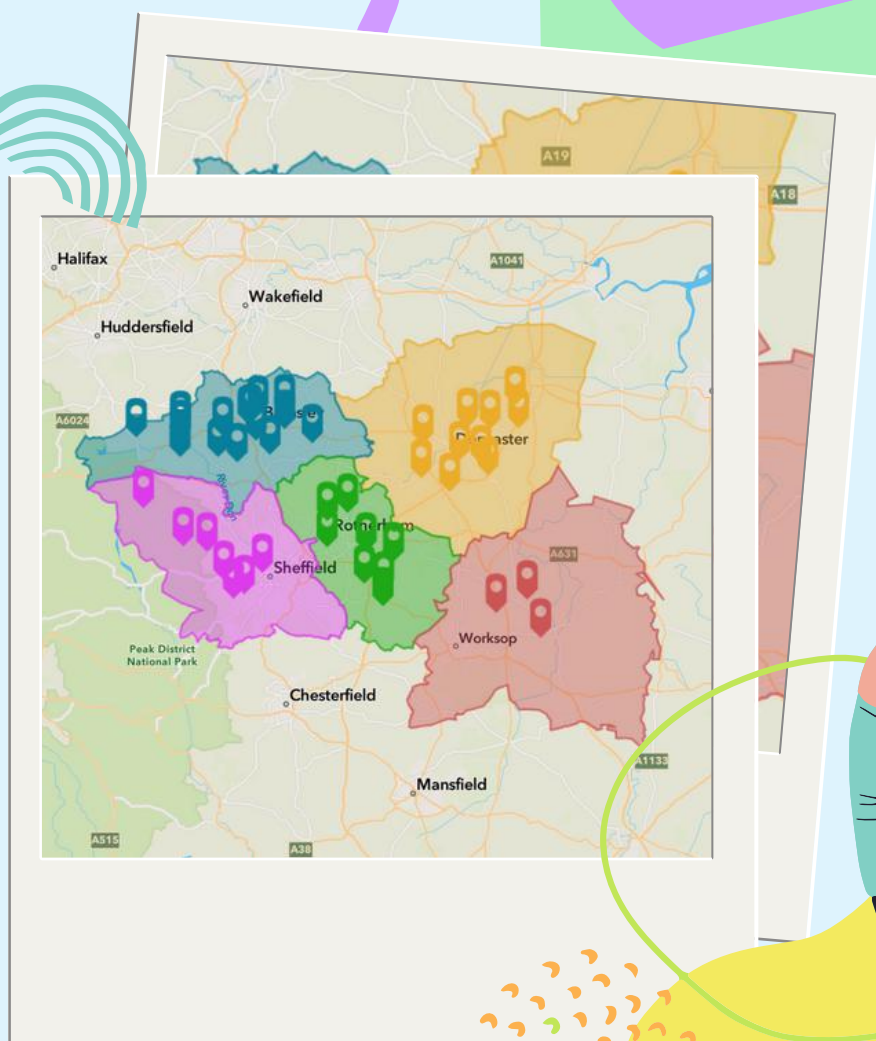
Scan to QR Code
below or visit
<https://arcg.is/18WLRH0>
to access
our signposting
website



One of the things children, young people and families told us was really difficult for them following a bereavement of suicide was that they didn't know what support and help was out there for them.

We have therefore created a website of support and services available in South Yorkshire and Bassetlaw, national helplines, websites and useful resources.

Links for all resources mentioned in this toolkit are on our website too!



GLOSSARY

We came up with a few terms that we found confusing when we were first affected or bereaved by suicide and so we have created a short glossary to make things easier for you!

AUTOPSY/ POST MORTEM	A procedure where a body is examined to find the specific cause of death.
BEREAVEMENT	The experience of losing someone important to us.
BURIAL	The act of putting a dead body into the ground, which becomes their grave.
CHAPEL OF REST	A place where friends and family can visit someone who has died before the funeral.
CORONER	The coroner is the person who investigates any deaths that are unexpected or unnatural and decides whether an inquest is needed to find out what caused the death.
CORONER'S COURT	The coroner's court is where the inquest takes place to determine the facts surrounding the person's death.
CREMATION	An alternative to burial, where the body becomes ashes and can be spread or kept in a small box.
CYPF	A shorter way of saying 'children, young people and families'.
DEPRESSION	Depression is a low mood that lasts for a long time, and affects your everyday life. In its mildest form, depression can mean just being in low spirits. It doesn't stop you leading your normal life but can make everything harder to do and seem less worthwhile. At its most severe, depression can be life-threatening because it can make you feel suicidal.
FINAL VERDICT	At the end of the coroner's court inquest, the coroner will give their conclusion on how the person died and this is the final verdict. This will appear on the death certificate of the person who has died. NB: These options can include: misadventure, alcohol/drug related death, open verdict as alternatives to suicide. This is because there are very specific criteria for a suicide to be ruled as that, even if in your opinion, the death was clearly a suicide.
FUNERAL	A ceremony held to honour the person who has died, usually involving a cremation or burial.

GLOSSARY

FUNERAL HOME	A business where the bodies of the dead are prepared for burial or cremation and where viewings and funeral services can be held.
GRIEF	A feeling of very great sadness.
ICS	Integrated Care Systems, partnerships that bring together NHS organisations, Local Authorities and others to take collective responsibility for planning services, improving health and reducing inequalities across areas.
INQUEST	An inquest happens to find out the facts on how, when, and where someone has died. An inquest does not look into why someone has died and does not seek to blame anyone for that person's death.
MEMORIAL	An event or place made especially to remember someone who has died.
MENTAL HEALTH	We all have mental health, just as we all have physical health. Our mental health is how we're feeling inside, or how we are emotionally.
MISADVENTURE	An official expression used in inquests for the final verdict, meaning a death that happens by accident, or without that person really meaning to.
MISCONCEPTION	A wrong or inaccurate idea.
MORTUARY	The place where a body is taken after they have died. Here the autopsy/post-mortem examinations happen before the body is sent to a funeral home.
MOURNING	The process of feeling and experiencing sadness after a loss.
SUICIDAL IDEATION	Having thoughts about suicide, or wanting to end your own life.
SUICIDE	The act of ending your own life on purpose.
TOXICOLOGY REPORT	A toxicology report shows whether any toxic substances in the body may have contributed to the death. This can include prescription drugs, illegal drugs, and alcohol. It usually takes around six to eight weeks for the toxicology report to be completed.

NOTES PAGES



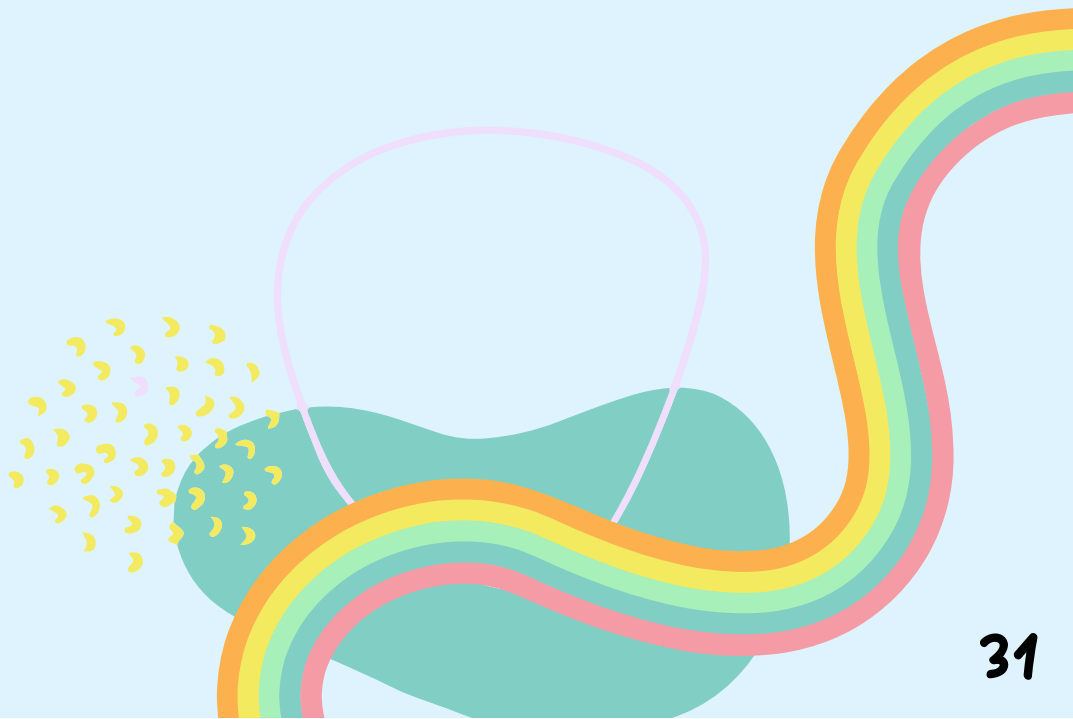
NOTES PAGES

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THANK YOU

A special thank you to everyone who put so much hard work into creating this toolkit!



Jaffa

YOUNG PEOPLE

Freya Jia Phoebe

Caitlin Freya

And more inspirational young people who chose to remain anonymous



Bonnie

NHS South Yorkshire + Bassetlaw for funding this work



Bingley

FAMILIES + CHILDREN

Alison + Eden Chantelle

Sarah

Elizabeth + family



Bruce

Amber- Our wonderful designer



Eddie

CHILYPEP STAFF

Becks

Bekah

Laura

Em



Hugo

Professionals who attended our workshops + shared their experiences



Hades

Our lovely pets that supported us through our experiences + creating this toolkit

Courtenay- Made the amazing support map site

Jaz



Bosworth

Jem



Alfie