

Suicide Prevention – *Critical Event Response*

CONTENT WARNING

Mentions of suicide, self-harm, caste-based discrimination, gender-based violence, depression, and heterosexism.

In the case of material being triggering or upsetting, you can reach out to **iCALL at (+91) 9152987821** or **icall@tiss.edu**

This document is designed for organizations that have a recent event of either suicide attempt or death by suicide of a team member. This is designed to provide guidance for an immediate response by the organisation to facilitate support to the concerned employee(s), their family and the needs of the team in a sensitive manner.

- 1 Have conversations with team members, colleagues, and supervisors to understand how they feel, especially direct supervisors and reportees. These conversations could be led by an external mental health professional, and topics for discussion can include:
 - Addressing the guilt that some may feel that they did not see the signs.
 - Revisiting the current workload of the supervisor and reportees so that they can take time to process their loss. This can be in the form of taking some time off or availing flexible work hours, or extension in deadlines for submission of work etc. It is possible that different employees of the same team may seek different flexibilities, depending on their need to process the loss of a colleague.

Myth:

Someone who is suicidal is determined to die.

Fact:

On the contrary, suicidal people are often ambivalent about living or dying. Suicidal thoughts are usually temporary and in response to a stressful situation. Access to emotional support at the right time can prevent suicide.

- 2 Top leadership team to have a conversation within the team (that the individual belonged) as a smaller group and with the overall organisation about the death and loss of a team member, this could be in the form of an open house, for people to share their thoughts and feelings. Some considerations for these conversations:
 - There should be a separate conversation with the people directly connected to the deceased.

- Communication should also include respect for the bereaved family and not include any speculation about the reasons for the suicide.
- Communication should avoid discussions of the method(s) used in the act.
- Leadership team should understand that people within teams develop interpersonal relationships and that the death by suicide could have been a shock for team members, who may need time to process the death. A sudden loss will likely impact work, and it would be best to extend dates for any type of deadline.

Myth:

Only people with mental disorders are suicidal.

Fact:

Suicidal thoughts and actions indicate deep unhappiness but not necessarily mental disorders. Many people living with mental disorders are not affected by suicidal thoughts, and not all people who take their own lives have a mental disorder.

- 3 Communication to external stakeholders should only communicate the death of the individual without mentioning the means used for suicide in any meeting or email. Discussion or gossip about the suspected cause or means adopted for suicide should be dissuaded. Additional/Direct support to employees:
 - Facilitate one on one conversation with therapists provided by the organisation or appointment of an Employee Assistance Program (EAP).
 - Provide MH allowance for next 3 months, if employees would like to use external counsellor's services.
 - If employees desire, an allowance of 3 days to one week leave to manage their well-being may be provided.
 - Understand from employees what coping mechanisms work for them and which of these can be facilitated by the organisation.
 - Have an insurance policy that covers mental health.

- 4 Points of consideration for support from the organisation to the family/loved ones of the deceased:
- HR to be consciously respectful and empathetic to the family of the deceased.
 - Organisation to have a single point of contact for the family- this could be the team member that the family is most comfortable interacting with. Other team members should not be encouraged to contact the family directly.
 - HR to ensure that the next month's salary is processed without need for any documentation from the family. Provide financial support to the family/loved ones of the deceased: Continued salary &/or medical benefits to the family, matching contribution by team & organisation, etc.
 - Provide non-financial support to the family/loved ones of the deceased:
 - i. Support from the organisation in managing the paperwork regarding medical insurance, financial matters, inheritance deeds, etc. These could also be provided by bearing the cost of engaging a lawyer.
 - ii. Support in identifying jobs for partners/family members of the deceased. This support could be in creating a CV, especially if they are not working currently, supporting their job search by connecting them to recruitment firms, etc.

- 5 Strengthen internal processes:
- The organization should set up formal processes for reporting and investigating instances of workplace-related mental health issues including stress, burnout, attempted suicide and death by suicide.
 - Supporting the formal police or judiciary investigation or any other legal requirements is also important.
 - Ideally formal processes for reporting and investigating workplace-related mental health issues should be carried out by persons who

are experienced, who are impartial, and are perceived to be impartial by all parties.

- The idea of the investigation should not be to blame any individual but rather to ensure that systems and processes are strong enough to mitigate such instances in future.
- Respecting the privacy and confidentiality of involved parties is important.

Myth:

Talking about suicide is a bad idea and can be interpreted as encouragement.

Fact:

Given the widespread stigma around suicide, most people who are contemplating suicide do not know whom to speak to. Rather than encouraging acts of self-harm, talking openly can give an individual other options, or the time to rethink their decision, thereby preventing suicide.

Myth:

Once someone is suicidal, they will always remain suicidal.

Fact:

Heightened suicide risk is often short-term and situation specific. While suicidal thoughts may return, they are not permanent and an individual with previously suicidal thoughts and attempts can go on to live a long life.

Myth:

People who talk about suicide do not mean to do it.

Fact:

People who talk about suicide may be reaching out for help or support. A significant number of people contemplating suicide are experiencing feelings of hopelessness, despair, and anxiety, and may believe that there is no other option.

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About Mariwala Health Initiative

Mariwala Health Initiative (MHI) is a personal philanthropy of Mr. Harsh Mariwala, Chairman of Marico Limited. MHI exclusively works on mental health and is a grant making, advocacy and capacity building agency. MHI focuses on making mental health accessible to marginalised persons and communities by fostering an environment of accessible, affirmative, rights-based and user-centric mental health care. At MHI, mental health is viewed as a spectrum and that people with lived experiences must be situated at the core of any capacity building work, or intervention.

Myth:

Most suicides happen suddenly without warning.

Fact:

The majority of suicides have been preceded by warning signs, whether verbal or behavioural. Of course there are some suicides that occur without warning, but it is important to understand what the warning signs are and look out for them.

For additional information, please visit:

mhi.org.in/asp



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