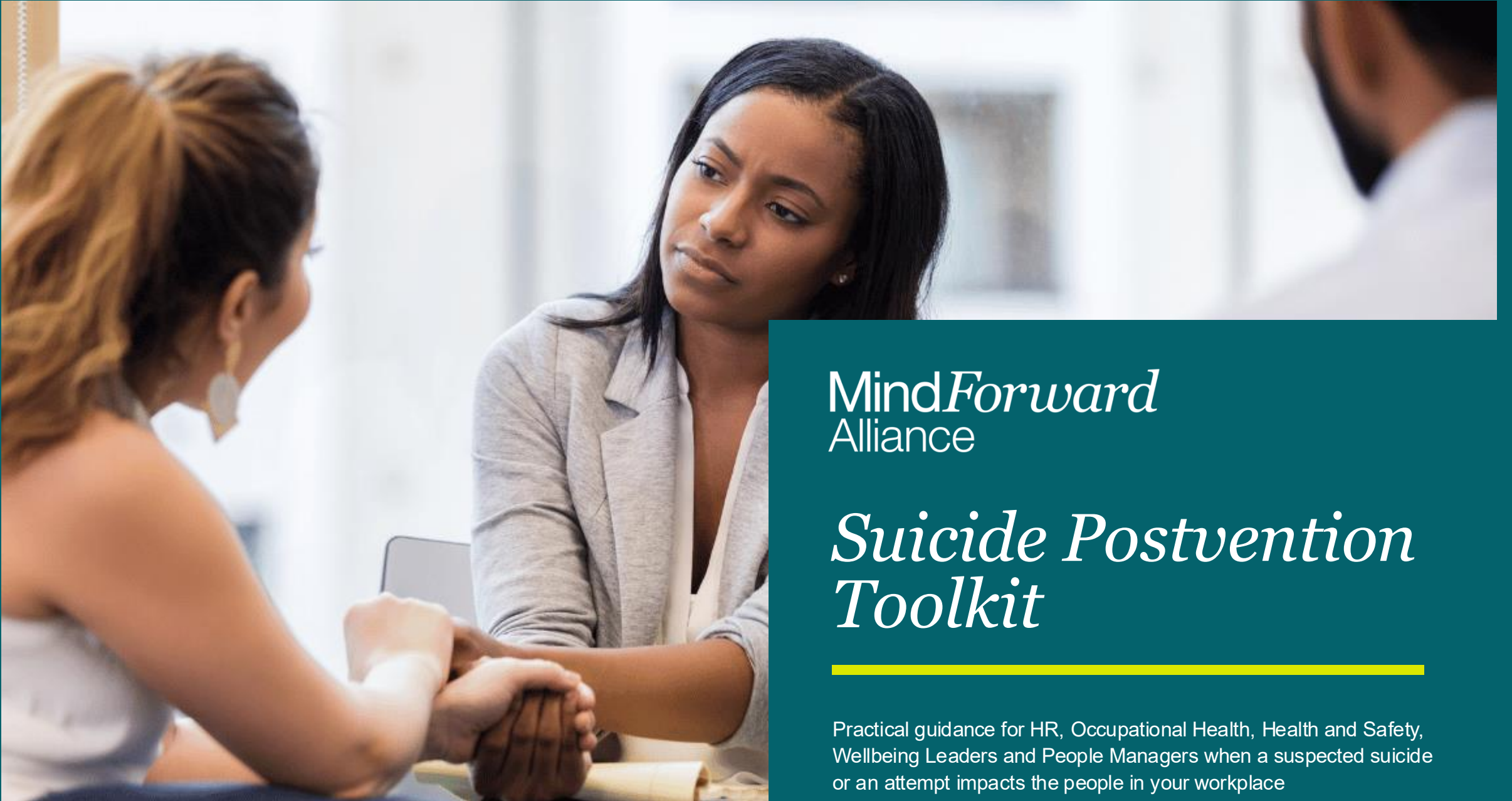




MindForward
Alliance

Suicide Postvention Toolkit

Practical guidance for HR, Occupational Health, Health and Safety, Wellbeing Leaders and People Managers when a suspected suicide or an attempt impacts the people in your workplace

Foreword



Alison Unsted

Chief Executive

MindForward Alliance

My sincere thanks to A&O Shearman for sponsoring this toolkit, to Caroline Roodhouse, [Daddy Blackbird Communications](#) for sharing her expertise, and to those who shared their personal experiences and insights. Their contributions have helped ensure this resource reflects the human realities behind the policies, processes and plans.

Most organisations hope they will never need a suicide postvention plan. Yet when a suspected suicide or suicide attempt affects an organisation, the impact can be profound, leaving leaders, managers and colleagues facing difficult questions at an already challenging time.

At MindForward Alliance, we developed this toolkit to help organisations prepare for, respond to and learn from suicide-related incidents with confidence, compassion and care. While there is growing guidance on suicide awareness and intervention, many organisations tell us they feel less prepared for what happens afterwards.

This toolkit focuses on practical workplace implementation. It covers responding to a suspected suicide or suicide attempt, supporting managers, communication and language, vulnerable groups, global and cultural considerations, and organisational learning. It is designed for those responsible for supporting people through one of the most difficult situations an organisation can face.

Before reading further, consider how prepared your organisation would be.

How postvention ready are you?

Can you answer **yes** to the following?

- ☐ Do we have a documented suicide postvention plan?
- ☐ Have we identified a response team with clear responsibilities?
- ☐ Do managers know what to do and say following a suspected suicide or suicide attempt?
- ☐ Do we have country-specific communication templates and resources ready to use?
- ☐ Have we mapped available support services and referral pathways?

If some of these questions are difficult to answer, you are not alone. Preparation is not about expecting a suicide to occur. It is about ensuring your organisation can respond with humanity, consistency and confidence if it does.

What happens after a suicide matters. How an organisation responds matters too.



What's inside

A practical, compassionate guide for supporting employees and their families after someone attempts or dies by suspected suicide¹.

¹ Guidance note: we use the phrase 'suspected suicide' as it is likely that cause of death has not been determined at this early stage. Suicide would only be used when it has been confirmed by the coroner or relevant authority.

01 What is postvention?

02 Why postvention readiness matters

03 Planning before a suicide occurs

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01 What is postvention?

Postvention refers to the support provided after a suspected suicide or suicide attempt to reduce distress, support those affected, and help prevent further suicides. This page sets out what distinguishes loss by suspected suicide from other bereavement.

Any bereavement may involve

- Shock, sadness, anger, numbness or disbelief
- Practical disruption and reduced capacity at work
- Changes in concentration, motivation or performance
- Need for flexibility, time away and reduced expectations
- Sensitivity around communication, privacy and return to work
- Ongoing impact around funerals, anniversaries and personal milestones

Suspected suicide may also involve

- Stronger feelings of “why?”, guilt, regret, self-blame or responsibility
- Fear, stigma or discomfort talking about the death openly
- Risk of speculation, rumour or harmful simplification of causes
- Triggering of previous suicide bereavements, suicide crises or mental health difficulties
- Greater need for safe messaging and avoidance of method, location or detail
- Renewed distress around formal processes, media coverage, inquests or investigations
- Need for more active monitoring of those closest to the person over time



“After losing my husband to suicide, my employer was incredibly supportive in those first weeks. But as time passed, that understanding faded. Communication became less frequent, the connection broke down, and eventually the relationship collapsed. Regular check-ins and ongoing contact could have made all the difference.”

Caroline Roodhouse, Suicide Prevention and Postvention Consultant

Traumatic bereavement

Occurs when the nature or circumstances of a death overwhelm a person’s ability to process it through ordinary grieving - often because the death was sudden, violent or unexpected. Evidence shows it carries a distinct additional burden of guilt, stigma and searching for answers, alongside heightened risk of complicated grief, PTSD and depression in those bereaved.

Manager reminder



Do not assume how someone is affected based on how close they appeared to be to the person. Ask, listen, offer choices and keep support visible beyond the first few days.



02 Why postvention readiness matters

135

people are affected, on average, by every single suicide death¹

3×

higher risk of thoughts of suicide for those bereaved by suicide²

740,000

people die by suicide globally each year³

20

suicide attempts are estimated for every one death by suspected suicide⁴

15 - 29

year olds - suicide is the third leading cause of death³

What good postvention achieves

- ✓ Reduces risk of further suicides within the workforce
- ✓ Supports those directly affected with compassion
- ✓ Minimises misinformation and harmful rumour
- ✓ Protects trust in leadership when it is most fragile
- ✓ Reduces pressure on HR, wellbeing teams and managers during high stress, time critical situations
- ✓ Creates a foundation for organisational learning
- ✓ Demonstrates a practical representation of your values and commitment to the wellbeing of your people
- ✓ Supports business continuity
- ✓ Ensures legal and duty of care compliance
- ✓ Prevents reputational damage

Good postvention is not about having all the answers. It is about responding with humanity and being prepared enough that your people feel held, not abandoned, at the worst moment.

¹ Dr Julie Cerel et al (2019) · ² Westerlund et al (2020) · ³ The Lancet (March 2025) · ⁴ World Health Organisation

03 *Planning before a suicide occurs*



Preparation is not about expecting a suicide to occur. It is about ensuring the organisation can respond with care, consistency and confidence.



Before a suspected suicide occurs, aim to have the following in place

01	A documented and accessible suicide postvention plan (see page 6)	02	A named postvention response team with deputies (see page 6)	03	Clear roles, responsibilities and escalation procedures
04	Country-specific contacts and adapted guidance for global locations (see pages 17 and 18)	05	Pre-prepared communication templates and agreed communication principles (see page 7)	06	An up-to-date directory of internal and external support services (see page 6)
07	Guidance and training for HR, managers and senior leaders	08	A process for reviewing and updating the plan regularly (see page 19)	09	A support process for those involved throughout, to protect their own wellbeing

Give consideration to where these resources should live: for example included in onboarding materials, the employee handbook, manager training or crisis response resources.



“I had to be signed off sick as the bereavement leave didn't last until the funeral, let alone the inquest and aftermath.”

Melanie McKee, Public Health Strategic Lead

03 *The postvention plan*



The plan should clearly set out



- Who leads the organisational response - the suicide postvention lead
- Key individuals in the response team, their roles and responsibilities
- The decision-making and escalation process
- Communication protocols
- Support available for employees and managers
- Arrangements for reviewing and learning following the incident
- Practical business continuity arrangements
- Record keeping and confidentiality
- Links to external support and specialist advice

The response team may include



- Health, safety and wellbeing
- Senior leadership
- Internal and external communications
- Occupational health, or local counselling and support providers
- HR operations, including those responsible for death in service benefits
- Legal
- Business continuity
- Country management and site leadership

Map a directory of support services



- Trusted colleagues and mentors
- EAPs and counselling support
- Faith groups and chaplaincy
- Occupational health or local wellbeing provider
- Mental Health First Aiders or Champions, or equivalent
- Local crisis services
- Bereavement and trauma support
- Charities supporting those impacted by suspected suicide
- Culturally appropriate local services for international locations (see [page 17](#))
- Legal support services for those affected
- Support for managers and those in the response team

For global organisations: assign a key contact responsible for each country of operation. Seek to understand cultural attitudes, stigma, language and legal requirements relating to suicide, and how these may affect response, communication and support - see [pages 17](#) and [18](#).



“You don’t just get over losing a loved one to suicide. It’s something you live with every day. There are better days and awful days. You are a changed person as a result of the traumatic loss.”

Angus Pringle, Specialist Orthodontist

03 *Preparing communications in advance*



The first communication after a suspected suicide is often the hardest. Prepare it before you need it.

Put in place now



- Develop template communications for the immediate team, wider organisation, managers and external stakeholders
- Prepare guidance or training for managers on leading the team announcement, ongoing communications and signposting to support
- Consider having an HR or response team member present to support managers in delivering the initial notification
- Ensure communications and support can be adapted to local contexts while maintaining a consistent organisational approach

Templates might include



- An initial notification to immediate colleagues
- Guidance and FAQs for managers leading team conversations
- Draft communications to the wider organisation
- Responses to common employee questions
- Clear reminders of what NOT to say
- Family liaison messaging
- External or client communications where appropriate
- Guidance for handling media enquiries, for example the [Samaritans media guidelines](#) or local equivalent

Communication principles



- Be mindful of where employees are when they receive the news and their access to immediate support. In person is usually better, but not always possible
- Be accurate and avoid any speculation
- Respect the wishes and privacy of the family wherever possible
- Avoid sharing details of the method or location of death
- Use non-stigmatising language - see page [11](#)
- Acknowledge the emotional impact on colleagues
- Consistently signpost available support



“My husband’s employer hid the reason he died from his colleagues, so some of them only found out at the wake that it was suicide.”

Louise Warren, HR Systems & Payroll Advisor

04 Who is impacted in the immediate aftermath?

Home

Each wave requires a different response. The inner core is briefed before the outer waves hear anything.*



Wave 1 - The inner core Spouse, partner or immediate family · closest colleagues · direct line manager · senior leadership	Hours 0–6
Manager: Manage communication with the family sensitively, agreeing what will be communicated and by whom. Personally inform the direct line manager and closest colleagues, offer dedicated support, and explicitly encourage individuals to step away from work if needed. HR/leadership: Ensure managers are not left to support their teams in isolation. Notify senior leadership, activate the postvention response team and reinforce established protocols.	
Wave 2 - The immediate team The team · close working friends	Hours 6–24
Brief in person before any wider announcement. Acknowledge grief openly, share support routes and give space. Expect a wide range of emotional reactions across the team.	
Wave 3 - Wider organisation All employees · former colleagues	Day 1–3
Issue clear, stigma-aware communication. No details of method or location. Signpost support in every message. Watch for delayed reactions, especially among those with lived experience.	
Wave 4 - External community Clients · external partners · the public, if high profile	As needed
Agree a holding statement for external enquiries with the person’s family. Respect family wishes on any public communication. All media should go through one spokesperson.	

See pages 9 and 10 for recommended immediate and ongoing response measures. *Modified from the Cerel model of suicide exposure, developed by Dr Julie Cerel.

05 Immediate response



Reach and support



- Contact family via a senior lead - confirm facts
- Inform the line manager and offer immediate support and guidance
- Alert the response team
- Brief closest colleagues first, signpost support and offer adjustments

Communicate



- Issue the internal announcement, including funeral arrangements if shared
- Signpost to support in every message
- Keep channels open, allow space for colleagues to speak and brief managers with talking points
- Agree the wider communication plan

Stabilise



- Identify those most affected
- Activate EAP or counselling support
- Where appropriate, inform relevant third parties such as benefits providers and key clients

Monitor



- Monitor for acute distress signals
- Monitor external communications and social media
- Maintain ongoing communications and signposting to support

Digital legacy



Activate protocols to remove any digital footprint that could distress colleagues:

- Teams profile still active
- Outlook, Slack and similar showing available
- Internal directory
- Email auto-replies

Escalate immediately if you see;



- Expressions of thoughts of suicide or intent
- Conflict, harmful rumour or scapegoating
- A manager requesting urgent support

If anyone expresses thoughts of suicide in the aftermath



Do not leave them alone. Contact emergency services immediately and activate your Employee Assistance Programme, or local equivalent, emergency line. Alternative support can be found on pages [17](#) and [21](#).

After a suspected suicide attempt

- The individual retains full control over what is shared with colleagues.
- Unless they have given explicit consent, do not disclose the nature of the incident.
- Work with the person (or their nominated contact) on a communication plan and a safety plan, and plan carefully for return to work - see [page 15](#).
- Ensure regular check-ins, adaptation to work arrangements, specific accommodations

05 Ongoing response

First few weeks



- Ensure signposting to support services remains highly visible - resend reminders
- Consider group or individual sessions with a trained professional
- Ensure managers regularly check in on team wellbeing and offer safe spaces for peer support
- Allow for adjustments and flexibility - no pressure to be 'back to normal'

Month 1 onwards



- Monitor absence and any changes in performance or productivity
- Look out for changes in mood, emotion or behaviour - brief managers on delayed grief reactions. Be thoughtful with language
- Continue to offer ongoing one-to-one support or adjustments where required. Consider a safety plan or similar
- Support a gradual return to work, recognising that grief is individual and has no fixed end date

Inquest and formal processes

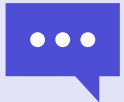


- Prepare for renewed impact - offer support before, during and after
- Ensure the legal team briefs those involved and tells witnesses what to expect in advance
- Plan communication after the inquest, and possibly during, so messages are consistent, non-speculative and factual
- Monitor media and social media coverage with the communications team

Memorials and anniversaries



- Liaise with family regarding funeral/memorial arrangements and agree how colleagues may be involved (e.g. flowers, charity collection, minute's silence)
- Be flexible about personal tributes - these should be voluntary, never pressured.
- Flag key dates such as anniversaries and birthdays, and plan any activity in advance
- Maintain signposting around key dates. Awareness days can also be triggering



"Overall my experience was positive. I was encouraged to take breaks and had regular check-ins with my manager. They gave me the space to cry, let out my emotions and take breathers when at times, for no reason, my pain would unexpectedly leak out my eyes."

Kerry, Admin Team Leader, NHS

Take care not to step support back too soon

Grief is not linear and people respond differently. For some, the impact is instant; for others, it may arrive weeks, even months, after the loss. Allow for adjustments and flexibility - there should be no pressure to "be back to normal".



06 Communication and language



Language and tone matter. They set the scene for a considered and compassionate approach.

Use these	Avoid these
✓ Died by suspected suicide	✗ Committed suicide implies criminality
✓ Took their own life	✗ Successful or failed suicide implies success or failure
✓ Ended their life	✗ Chose to end their life implies rational choice in crisis
✓ Suicide attempt	✗ Cry for help minimises serious risk
✓ Suicide crisis	✗ Suicide bid sensationalises
✓ Died unexpectedly	✗ Completed suicide inappropriate completion framing
✓ Thoughts of suicide	✗ Suicidal can unintentionally become a label

Template: Initial staff communication

“We are writing to share some very sad news. A member of our team has unexpectedly died. This will be upsetting for many of you, and we recognise that people will be affected in different ways. We are focused on supporting those closest to [Name] and will share more when we are able to. Please be kind to yourself and to each other. Support is available - [EAP details]. Your manager is also available to talk.”

- Manager team briefings**
- Keep messages consistent with central communications
 - Allow space for questions and emotion
 - Acknowledge uncertainty where information is limited

- External enquiries**
- Route all media or client enquiries through a nominated spokesperson or team
 - Use brief, factual statements agreed with legal and communications teams

Avoid speculation

Cause of death is unlikely to have been determined at this stage. The word suicide should not be used until confirmed by the coroner or relevant authority. Discourage attributing the death to a single cause.



07 Potentially vulnerable groups - not all impact is visible

Some people who are deeply affected may not be obvious. They may not have worked closely with the person, may not outwardly appear distressed, or may not feel safe disclosing why the death or attempt has affected them. Managers and response teams should take a broad, compassionate view of who may need support.

Impact may extend beyond the people we first think of - and becomes harder to see the further it spreads.



People who may be particularly affected include



Close colleagues, friends or managers: Those who worked with the person daily or held responsibility for them may feel shock, guilt or self-questioning.

People with lived experience of suicide or suicide crisis: Another person's death may trigger previous bereavements, past thoughts of suicide or an earlier crisis.

Witnesses or first responders: Anyone who witnessed the death, discovered the person or handled immediate logistics may need specialist trauma support.

Remote, hybrid or lone workers: People away from informal team support may process the news alone or miss informal check-ins.

Colleagues already experiencing stress, burnout or mental health difficulties: A sudden death may increase strain or reduce coping capacity.

Former colleagues or people in adjacent teams: Someone may have had a meaningful relationship with the person that others did not know about.

Employees involved in formal processes: HR, legal, senior leaders, witnesses or those supporting investigations may face sustained pressure.

What managers should do



- Check in privately and gently, without forcing disclosure
- Avoid relying only on visible distress as a marker of need
- Offer support repeatedly, not just once
- Provide routes to professional, peer and crisis support
- Escalate concerns if someone appears at risk or expresses thoughts of suicide
- Keep checking in after the first few days and around key dates



08 Diversity and inclusion: Adapt support to different needs

People experience, express and seek support for grief in different ways. Culture, identity, language, faith, neurodivergence, previous trauma, family circumstances and working pattern can all shape how someone responds after a suspected suicide. Support should be flexible, inclusive and never based on assumptions.

Pay particular attention to



Remote, hybrid and lone workers: They may receive news while alone, miss informal peer support, or be less visible to managers.

People with lived experience: The death may trigger previous suicide bereavement, self-harm, suicide crisis or caring responsibilities.

Witnesses and those closest to the incident: Those who witnessed, discovered or directly responded may need specialist trauma support.

LGBTQ+ colleagues: Some may have previous experiences of stigma, rejection or unsafe disclosure that affect how they access support.

Ethnic minority colleagues: Cultural stigma, family expectations, racism or mistrust of formal services may shape willingness to seek help.

Neurodivergent colleagues: Distress may be experienced, processed or expressed differently. Clear communication, choice and predictability can help.

International employees: They may be far from family support, affected by visa or travel concerns, or navigating different cultural understandings of suicide and bereavement (see [page 17](#)).

Faith communities and spiritual needs: Some employees may want access to chaplaincy, faith leaders or culturally specific bereavement support.

Do



- Ask what support would be helpful
- Offer more than one route to support
- Check whether language, culture, faith or accessibility needs should be considered
- Make support available in different formats: one-to-one, group, written, professional, peer-based

Avoid



- Assuming everyone grieves in the same way
- Treating silence as “coping well”
- Expecting disclosure of personal history or identity
- Relying only on an EAP or one standard support route

09 Supporting specific situations



Return to work after a suicide attempt



- Co-create a return plan and a safety plan with the employee - their voice is central
- Consider a phased return and adjustments where required
- Brief the line manager sensitively, and provide guidance and support to them too
- Treat with strictest confidentiality unless the employee has chosen to share
- Follow up regularly, and for as long as needed - sustained, not one-off check-ins
- Avoid assumptions about what they can or cannot manage. Ask and listen
- See more information on [page 15](#)

Employee bereaved by a suspected suicide in the family



- Standard bereavement leave may be insufficient. Offer flexibility
- Signpost to EAP and counselling support, as well as local support services
- Diarise and check in on key dates, such as the first anniversary and the inquest
- Do not assume they will disclose the cause to colleagues - they may simply say 'bereavement'
- Offer peer support alongside professional counselling, and MONITOR over time

When a client, customer or third party dies by suspected suicide



- Acknowledge the impact immediately - do not treat it as purely operational
- Hold an immediate debrief led by the manager with HR or the response team
- Signpost to EAP or counselling for those in close contact
- Do not place staff in account management roles without support
- Allow staff to make/take adjustments, especially where a team member had a close relationship with the deceased
- Address any workplace self-blame or scapegoating quickly by reassuring teams that this is an individual tragedy and not anyone's fault

It is recommended that teams spend time working through these three situations and carry out scenario planning periodically.



"Ask me what you can do to help and agree a plan with me - go back to the plan regularly and make sure it's fit for purpose, adapt where necessary."

Cathrine Nicholas, Coach and Consultant



10 *Supporting an employee after a suicide attempt*

A suicide attempt affects not only the individual, but also colleagues, managers and teams. The response should prioritise safety, dignity, confidentiality and recovery.

Respect confidentiality



- The employee retains control over what information is shared
- Do not disclose details of the incident without their explicit consent
- Avoid speculation, rumour or informal discussion within teams

Put safety first



- Work with the employee and relevant professionals to develop a safety plan where appropriate
- Ensure clear escalation routes if further concerns about immediate safety arise
- Agree how support will be accessed during and outside working hours

Recovery is not linear



- Recovery may involve periods of progress and setback
- Avoid pressuring the individual to “return to normal”
- Focus on sustainable recovery rather than speed of return

Maintain compassion and dignity



- Treat the employee as a valued colleague, not solely through the lens of the attempt
- Avoid intrusive questioning about the circumstances
- Listen, ask what support would be helpful and respect individual preferences

Colleagues may

- Feel worried, shocked or unsure what to say
- Experience guilt or self-blame
- Fear saying the wrong thing
- Have their own experiences of mental health difficulties triggered

Managers should

- Provide factual information to colleagues only where agreed
- Reinforce available support services
- Create space for questions and concerns
- Monitor wellbeing across the team

Seek additional support if there are concerns about:



- Ongoing thoughts of suicide or intent
- Significant deterioration in wellbeing
- Social withdrawal or disengagement
- Increased absence
- Substance misuse or risky behaviour
- Signs that managers or close colleagues are struggling to cope



11 Supporting managers and others in positions of responsibility

Managers may need to



- Share difficult news with care and consistency
- Hold space for different grief reactions
- Notice people who may be particularly affected
- Signpost to support and escalate urgent concerns
- Adjust workloads, deadlines and expectations
- Manage team disruption, absence and performance sensitively
- Respond to questions they may not be able to answer
- Keep themselves steady while supporting others

Support managers by providing



- **Clear talking points and escalation routes**
So they are not improvising in a high-pressure moment.
- **Psychological first aid principles**
Listen, protect, connect, reassure and signpost. Managers are not expected to act as therapists.
- **Named HR or wellbeing support**
A specific person they can contact for advice before and after team conversations.
- **Permission to adjust work expectations**
Including deadlines, meetings, workload, client commitments and performance conversations.
- **Debrief and recovery time**
Managers and response-team members need space to process what has happened.
- **Guidance on boundaries**
They can care for people without becoming the sole source of support.

Look out for managers who are



- Carrying guilt or self-blame
- Over-functioning, or trying to support everyone alone
- Avoiding conversations because they fear saying the wrong thing
- Showing signs of distress, withdrawal or exhaustion
- Managing conflict, rumour or blame within the team
- Personally connected to the person who died

What to do: Check in regularly, offer practical and emotional support, reduce unnecessary pressures, encourage use of available support services, and remind managers they do not have to carry the responsibility alone. If concerns persist, seek additional HR or professional support.



“My direct line manager was amazing from the beginning, but I felt this overwhelming need not to show emotion at work and still find it difficult. The magnitude of our situation dictated that I couldn’t.”

Louise Duncan, Facilities Team Lead

“I wish managers were more aware and comfortable with identifying and discussing signs that a colleague bereaved by suicide may need support.”

Maggie H, Credit Risk Oversight Manager



12 *If you are an HR team responding globally*

You have just been told a colleague in another country has died by suspected suicide or has made a serious attempt. Here is where to start.

1

Check legal status

Before any communication, establish whether suicide is criminalised in that country. This shapes everything - language, disclosure and who can be told.

2

Contact local HR first

Do not issue central communications without local HR sign-off. They understand the cultural and legal context you do not. Their guidance takes precedence.

3

Identify EAP coverage

Does your Employee Assistance Programme operate in that country? Can employees access it? Is it available in the local language? If not, who can fill the gap?

4

Adapt, don't translate

Your master communication template is a starting point only. Local HR should rewrite it, not just translate it. Cultural context changes the words that help.

5

Document and learn

Log what you did, what you changed and what you would do differently. Build your global postvention playbook over time (see [page 19](#)).

How your response must flex by context



Suicide is criminalized: Do not use the word 'suicide' in communications. Focus on the 'sudden and devastating loss of a colleague'. Ensure the family is protected from legal exposure.

High stigma environment: Offer peer and informal support alongside formal channels. Frame help-seeking as talking to someone about stress rather than mental health support.

No local EAP coverage: Identify in-country crisis lines (International Association for Suicide Prevention (IASP) Directory, chaplaincy or locally trusted counsellors. Brief local HR on what to offer.

Faith-dominant culture: Work with a faith leader or chaplain as part of your response. Acknowledge spiritual dimensions of grief and don't impose secular frameworks.

Language barrier: All communications must be rewritten in the local language, not auto-translated. Check with native speakers before issuing.

Key information sources for global HR teams



WHO country suicide data: National rates and national strategy status.

IASP global directory: Crisis line contacts by country.

Decriminalise Suicide Network: Live map of legal status by country.

United for Global Mental Health: Country profiles and reform progress.

Your EAP provider: Most global EAPs (Unmind, TELUS, Cogna) publish country coverage maps.

Your in-country HR or People team: First port of call. Always involve them before acting



13 *Global considerations: legal, stigma and cultural landscape*

Cultural attitudes towards suicide and mental illness vary widely. As of 2024, approximately 20 countries still criminalise suicide or attempted suicide.



Where suicide is criminalised

Sub-Saharan Africa

Nine countries including Nigeria, Kenya, Tanzania and Uganda - many under reform pressure.

Caribbean

St Lucia, Bahamas, Trinidad and Tobago, Grenada - coalition formed in 2024 to decriminalise.

South and South-East Asia

Bangladesh and Myanmar. Malaysia decriminalised in September 2025; Pakistan introduced reforms in 2023.

Middle East

Several Gulf states, where suicide attempts can trigger legal proceedings.

Impact on your employees

Criminalisation often deters help-seeking, delays treatment, and means colleagues who are struggling may actively hide it from managers.



The opportunity in a proactive approach



Engage with your local leaders and populations:

Take a proactive approach when designing your plan and response pathways. You are more likely to create an internal culture your people will actually trust and engage with

Align with local legal and cultural norms:

Early regional input enables you to understand the local environment and co create a postvention plan that is effective and robust

Partner with existing local resources:

Many regions have existing networks of resource and support available – this may look different from other regions but will fit the local context. It may for example be delivered through faith and religious services, helplines and crisis outreach support. Work locally to map these resources and providers and integrate them into your plans and policies.

Build trust and local engagement pre-crisis:

Connect and work collaboratively with regional and local colleagues to co create, shape and embed into the workforce. Utilise existing events and opportunities to share available resources, support and global strategy

14 Continuous learning and improvement



Postvention is not a one-off response. It is an ongoing commitment to learn, improve and keep the conversation open. No response will be perfect, and learning is part of postvention readiness.

Responding after a suspected suicide means working with uncertainty, intense emotion and incomplete information. No organisation will get everything exactly right. What matters is responding with humanity, reviewing honestly, and improving the support available before, during and after future crises.

What worked well?

What helped people feel informed, supported and held?

What was difficult?

Where did uncertainty, delays, role confusion or emotional strain show up?

Were communication processes effective?

Were messages timely, compassionate, accurate and consistent? Did support signposting appear in every communication?

Were managers prepared?

Did managers know what to say, what not to say, how to escalate concerns and where to get support for themselves?

Were vulnerable groups identified and supported?

Did the response reach remote workers, close colleagues, witnesses, people with lived experience and those not visibly distressed?



Do policies or protocols need updating?

Are bereavement, crisis response, prevention, postvention, communications, digital legacy and return-to-work processes clear enough?

What training gaps exist?

Do HR, managers, senior leaders, Mental Health First Aiders / Champions or response-team members need further guidance?

Were support services accessible and trusted?

Did people know what was available? Were alternatives offered for those without, or reluctant to use, an EAP?

How was the response team supported?

Were those carrying responsibility given space to debrief, recover and access support?

What will we change now?

Assign owners, timelines and review dates. Learning should lead to visible improvement.

15 What do you wish your manager knew about suicide-related trauma?



Lived experience voices on suicide-related trauma at work.

“Don’t wrap me in cotton wool and don’t take work away from me - it’s what made my job meaningful, and I need purpose and structure. Check what support I need to make sure I can manage.”

**Cathrine Nicholas,
Coach and Consultant**

“Grief related to suicide is grief in huge amplification, and it is truly complex, requiring understanding and patience.”

**Lucy Cook,
Pharmaceutical Physician and
Company Director**

“I wish my husband’s managers had known that when he was acting with extreme emotion, saying he was worthless and had been signed off with work-related stress, he wasn’t making it up - he was suicidal.”

**Louise Warren,
HR Systems and Payroll Advisor**

“I wish they’d made a statement about why I was off. I asked them to, but I think it felt awkward. Explaining what happened was like reliving it over and over in a hundred conversations that cut to the bone.”

**Melanie McKee,
Public Health Strategic Lead**

“I wish my manager knew that this grief never ends, especially for those impacted when they are young. PTSD is real and can be lifelong, not just made up or attention seeking.”

Anonymous

“Managers would benefit from greater knowledge of the process, and understanding of how this will impact their colleague moving forward.”

**Maggie H
Credit Risk Oversight Manager**

“Compassion and flexibility are not special treatment; they allow people to contribute while navigating unanswered questions, profound emotions, and the difficult process of making sense of something that will never make sense.”

Anonymous

“There are so many aspects to consider, like the stereotypical response from colleagues, and the rumours that can spread through the workplace.”

**Patrick Derwin,
Trespass and Welfare Officer**



16 *Resources and support*

Crisis



International Association for Suicide Prevention
iasp.info/resources/Crisis_Centres

Samaritans (global)
samaritanshope.org/resources/international-help

Befrienders Worldwide
befrienders.org

988 Suicide and Crisis Lifeline (US and Canada)
Call or text 988

Lifeline (Australia)
13 11 14

Hub of Hope (UK)
hubofhope.co.uk

Saudi Arabia crisis lines
progress.guide/atlas/asia/saudi-arabia

India helplines
thelivelovelaughfoundation.org/find-help/helplines

Bereavement by suicide



Alliance of Hope for Suicide Loss Survivors (global)
<http://allianceofhope.org/>

International Survivors of Suicide Loss Day (global)
afsp.org/international-survivors-of-suicide-loss-day/

Survivors of Bereavement by Suicide (UK)
uksobs.com

Suicide & Co (UK)
suicideandco.org

Child Bereavement UK
childbereavementuk.org

American Foundation for Suicide Prevention (US)
afsp.org

*Use Find A Helpline to find
support in your region
findahelpline.com*



For HR and wellbeing leads



MindForward Alliance
mindforwardalliance.com

BS 30480 standard
bsigroup.com

National Suicide Prevention Alliance
nspa.org.uk/resources

Samaritans Workplace
samaritans.org/how-we-can-help/workplace

Safe messaging guidelines
reportingonsuicide.org

World Health Organisation
Preventing suicide at work

National Action Alliance for Suicide Prevention
Manager's Guide to Suicide Postvention in the Workplace

Support After Suicide Partnership
Crisis management in the event of a suicide: a postvention toolkit for employers



17 *Postvention readiness assessment*

Can you answer yes to the following?

Governance and planning



- ☐ Do we have a documented suicide postvention plan?
- ☐ Have we identified a postvention response team with clear responsibilities?
- ☐ Are escalation pathways clearly defined and understood?

Communications



- ☐ Do we have pre-prepared communication templates for different audiences?
- ☐ Do managers know what language to use and what language to avoid?
- ☐ Do we have a process for communicating with the family and respecting their wishes?
- ☐ Do we have an agreed approach for handling external enquiries and media interest?

Support and response



- ☐ Have we mapped the support services available to employees?
- ☐ Are managers confident in supporting employees following a suspected suicide or suicide attempt?
- ☐ Do we have processes for identifying and supporting vulnerable groups?
- ☐ Do we have plans for supporting colleagues who may be impacted indirectly?

Global and cultural considerations



- ☐ Have we identified local support services across our countries of operation?
- ☐ Do we understand how cultural attitudes, stigma and local practices may influence response?
- ☐ Have we considered legal and regulatory differences that may impact our approach?
- ☐ Can communications and support pathways be adapted appropriately for different regions?

Learning and continuous improvement



- ☐ Do we have a process for capturing lessons learned and updating our plans?
- ☐ Are key stakeholders trained or briefed on postvention responsibilities?
- ☐ Is postvention discussed as part of wider wellbeing and psychological safety activity?



18 *How MindForward Alliance can help*

Practical, evidence-based support to strengthen workplace mental health, from readiness and skills to strategy and measurement.

Training – suicide awareness in the workplace



Give your employees the skills to recognise warning signs in someone struggling and respond safely and sensitively to guide them towards appropriate professional or organisational support.

Choose our [Suicide Awareness Training](#) or let us build a bespoke course for your workforce.

Postvention, built around your organisation



Every workplace is different - our consultancy team can work with you to build a bespoke postvention strategy tailored to your organisation.

Speak to our [consultancy team](#)

Book a free call



Discuss how we can help you build a resilient, high-performing and inclusive culture.

[Contact us to book a call](#)

Wherever you are starting, we can help you move from intention to focused action.

About MindForward Alliance



MindForward Alliance supports organisations to build mentally healthy workplaces where people and business thrive.

We partner with organisations - through our [membership programme](#), [workplace mental wellbeing strategy assessment](#), [expert consultancy](#) and workplace [training](#).



“At A&O Shearman, we aim to foster a healthy high-performance environment for our people. Through our engagement with MindForward Alliance, we contribute to and learn from discussions on workplace mental health. MindForward Alliance brings together senior leaders and practitioners across industries. Through shared experiences, businesses can learn and support each other to achieve wider change.”

Toni Graves, Global Head of Wellbeing, A&O Shearman

MindForward
Alliance

*Working with you to
transform workplace
mental health*

For further information, training, membership
and guidance:

www.mindforwardalliance.com

contact@mindforwardalliance.com

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