

This guide is dedicated to those grieving the death of someone they love.

This guide was adapted from the "Help is at Hand" guide developed by Public Health

England and the National Suicide Prevention Alliance.

This guide was developed with the memory of Vincent in mind.

This guide has been designed to help you to choose when and what sections are most appropriate for you. It is not intended as something you need to read through from cover to cover.

People in your life, such as your family, friends, may also find it helpful to look through this guide so that they can begin to try and understand a little of what you are going through and how to find the right help.

Some sections focus on how you may be feeling; others on what may be happening. At the back of this guide are some suggestions for other local sources of further support.

A note about language

We have used the expressions 'died by suicide' and 'taken their own life'. We chose these terms because they seem most readily accepted, but we recognize people will have their own preferred language.

There is no simple way to describe the differing relationships people may have had with the person who died ('loved one', 'relative or friend', 'someone close', 'someone important') so the expression 'person who died' has been used throughout. We acknowledge this may sound impersonal but it is not intended to devalue the strength of the relationship.

Help is Here Content 1

Table of Contents

- Section 1 How people grieve
 How are you feeling?
 Common Feelings
 What might help
 What might not help
- 5 Section 2 Letting people know
- 6 Section 3 The days after
 People you may encounter
 Following a loved one's death
- 8 Section 4 Care of the body
- Section 5 Reaching a conclusionChild Fatality Review Team
- **Section 6** -Services, Insurance, and Bereavement Benefits
- 11 Section 7 Talk to someone now

How People Grieve

Greif is as unique as you are. Each person will experience grief in their own way because everyone is different. Each person had their own relationship with the person who has died, their own experience of other losses and differing levels of support available.

> People have their own ways of expressing feelings. Some people may find it helpful to share their feelings and thoughts. Some may find it very hard to cry or to put into words how or what they are feeling. However, experiencing this doesn't mean that they are not as distressed as someone who cannot stop crying.

> You may find that people suggest how you should be feeling. It is important to remember that there are no set rules or stages and there is no right or wrong way to be feeling. So listen to yourself first and foremost and find your own way.

How are you feeling?

People often ask 'how are you feeling?' and it can be impossible to answer. When someone dies suddenly you can be left with an overwhelming mixture of feelings and thoughts. Here are some of the emotions that can be commonly felt when someone you care about dies.

Common Feelings

The emotions are listed alphabetically as there is no order or priority to how anyone may be feeling.

Anger

Defensiveness

Depression and anxiety

Despair

Disbelief

Fear

Guilt

Numbness

Physical Reactions

Questioning - 'why?' and

'what if?'

Rejection

Relief

Sadness

Searching

Sense of acceptance

Shame

Shock

Stigma

Suicidal thoughts

What might help

People who lost soneone say that the following things can help:

- Expressing your feelings and thoughts: Finding ways to let out your feelings and having people around who can listen to you and accept you.
- Making opportunities to remember:

 This may mean talking about the person, looking at pictures, and videos of them, going to places that remind you of them, creating a box of physical memories (tickets, cards, etc.), writing a journal or blog about them, or doing activities you did together.
- Developing 'rituals':
 Having a way of marking their life, for example by visiting a special place, by creating a lasting memorial or by a simple act such as lighting a candle at the same time each week.
- Participating in activities:
 Continuing to do things you have previously enjoyed, such as sports, social events or music.

- Putting your feelings on paper:
 You may not feel ready to talk to anyone,
 but writing down your thoughts and
 feelings may help you.
- Looking after yourself: Eating well and getting sufficient sleep.
- Spending time outside:
 Getting out of the house for a change of scene, connecting with nature or doing exercise.
- Meeting, speaking with or reading the words of other's who have been bereaved: You may find comfort in the words of the individual who has passed.
- Developing an 'emotional first aid kit':
 Collecting together some things that can
 help when you are feeling sad or mad or
 bad (a music playlist, your favorite
 chocolate, a ball to kick or pillow to punch.

What might not help

People who have lost someone say that the following things might not help:

- Avoid talking about what has happened: Although it may be really difficult to start with, talking to someone you can trust can make all the difference.
- Drinking more, taking drugs:
 It can be tempting to try and blot out the pain of what has happened, but the short term oblivion doesn't take away the sadness and is likely to make you feel worse.
- Hurrying to make big decisions:
 It may be better to let some time pass before making major changes to your life.

• Taking risks:

After someone close has died you may feel 'what's the point?' and take risks with your own health, for example by driving too fast. Try and talk to someone you trust if you think you are risking your safety or that of someone else.

• Not seeking help:

You may feel you can't ask for help as you are worried it will make you seem weak, or that you shouldn't bother other people when they are grieving (such as members of your family), or when they are busy (such as your doctor). But how you are feeling is very important, and there are people who want to help. Section 7 includes details of support organizations.

Letting people know

One of the first and hardest challenges you could face is letting others know what has happened; those may be family, friends, work colleagues, or neighbors.

You are entitled to tell people when you are ready and to say whatever you want about how a person died.

Here are some things you could say:

[person's name] has died...

- ...I'll tell you more when I feel able to.
- ...It is too soon for us to talk about how they died.
- ...I don't want to say any more at the moment.
- ...It looks like they might have taken their own life
- ...We cannot imagine what happened. The police think they may have taken their own life, but we don't know yet.
- ...We think it was intentional. We know they had thought about it before and we hoped that they'd find a way through their problems.

People you may encounter

You may have already met people from the police and the Medical Examiner's Office It can be difficult to deal with their focus on finding out how the person died. Even if the cause seems obvious, they have to do their job thoroughly. For some people, this can feel intrusive and inappropriate but, hopefully, the professionals concerned will be kind and sensitive when carrying out their work.

Police

The police need to make sure that no-one else was involved in the person's death so they will have to ask questions to explore how the person who has died was acting in the days and weeks before their death. You may have known that the person has been struggling and unhappy; or their death may have come as a complete shock.

They may ask you to help them confirm the person's identity, either by seeing them and confirming who has died, or by providing photographs. Occasionally, the police may need to take personal items away, but these will be returned. You might want to note down the name and contact number of the officer in case you have questions after they have gone.

Medical Examiner's Office

The Medical Examiner's office works to establish an accurate, legally-defensible cause and manner of death for all unnatural, unattended, and unexpected deaths that occur within Onondaga County and other contracted counties.

When a death is investigated by the Medical Examiner's Office, they will contact the next of kin, where possible, within one working day of the death being reported, to explain why the death has been reported and what is likely to follow.

The investigation may take time, for example in cases where there is to be an inquest. You could speak to the Medical Examiner's Office about how to make funeral arrangements and inform services about what has happened, as well as any other concerns and questions you may have.

Following a loved one's death

The following information is designed to give you some idea of what practical things are likely to take place in the days and weeks ahead. Depending on the circumstances surrounding the death there may also need to be some specific considerations.

Post-mortem examination or Autopsy

orensic pathology services include the performance of autopsy examinations, integration of investigative information, and interpretation of autopsy findings and supplemental testing in order to establish and certify cause and manner of death. The Medical Examiner's office will decide what type of examination is most appropriate, but the process usually involves an internal examination of the organs carried out by a medical specialist known as a pathologist.

The initial investigation

As part of the initial investigation, the police and Medical Examiner's Office have to gather information about the person who has died. This might involve asking you and others who can help the investigation, such as family and friends, questions about how the person who died had been acting in the days before their death. You may also be asked questions about whether the person had any mental health problems. Your information may be written into a statement and may be read as part of the inquest. You can request a copy of what you said.

If the person who has died left a note or message, the police or Medical Examiner's office may need to take it away. If you ask, they may let you have a copy and you can also ask for the original to be returned after the inquest.

Care of the body

While the initial investigation is happening, the body of the person who has died will usually be looked after in the Medical Examiner's mortuary. If you choose to do so, you will be able to see the body.

Choosing to see the person after their death

No-one can make the decision for you about whether or not to see the person who has died; what is right for one person may not be right for another. Some people, with the best and kindest intentions may suggest that you don't view the body. They may say 'it's better to remember them as they were'. You may feel this is right for you or you may feel you will not be able to accept that they have died until you have seen them and said goodbye.

Funeral directors are experienced at supporting people who have been bereaved and will be able to talk to you about viewing the person who has died.

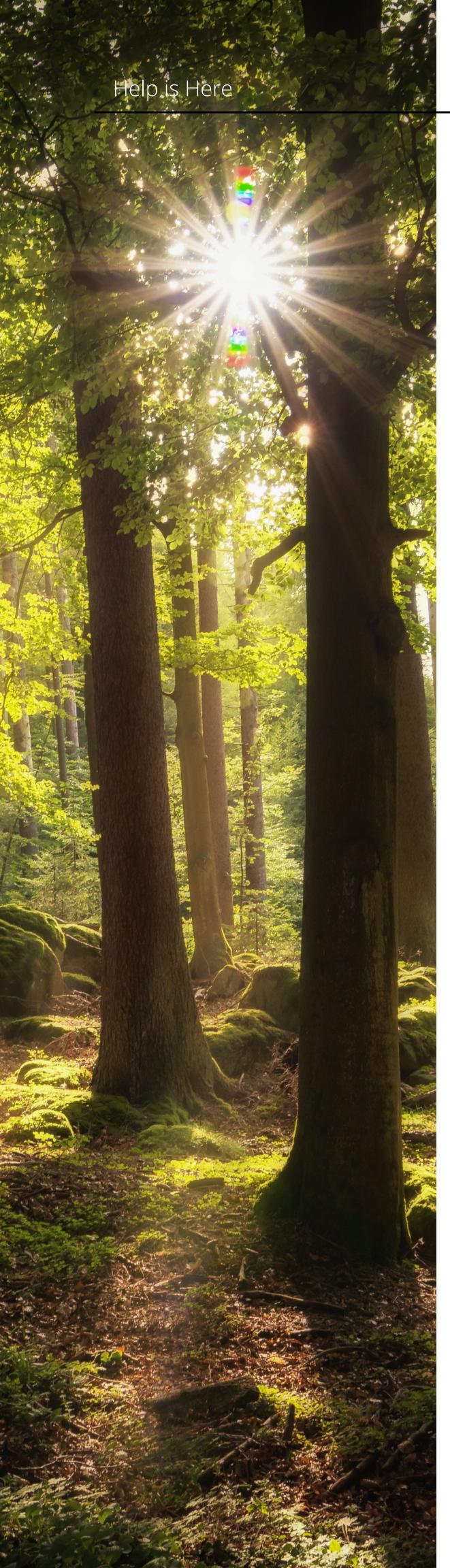
Arranging a funeral

Even if the investigation has not yet been opened, you can talk to a funeral director to start planning what happens next.

Following the post-mortem investigation, the Medical Examiner's Office must release the body for burial or cremation as soon as possible. If they cannot release the body within 28 days then they must notify the next of kin or personal representative of the reasons for the delay.

The Medical Examiner's Office will also issue a certificate of the fact of death. This is an interim death certificate that will allow you to make arrangements for a funeral.

Families low on income may receive some help to pay for the funeral; this Funeral Payment will only be paid after the funeral has been held and covers basic costs.



Reaching a conclusion

After hearing the evidence, the Medical Examiner will make the 'finding of fact' (who the deceased was, when and where they died and the medical cause of their death) and the 'conclusion' (about how the person came by their death).

This may be one of several conclusions and all have to be established 'beyond reasonable doubt'. The most common are:

- 'Suicide' (when the coroner is sure that the person intended to take their own life)
- 'Open' (when the cause of death cannot be confirmed and doubt remains as to how the death occurred)
- 'Accidental or misadventure' (where the person died as a result of actions by themselves or others that went wrong or had unintended consequences)
- 'Narrative' (when the coroner feels the other conclusions are not right for these circumstances and sets out their understanding of the facts.

Child Fatality Review Team

When a child under 18 years dies, for whatever reason, a process is automatically started to check every aspect of what has happened. This is the responsibility of the Child Fatality Review Team. Their inquiry runs alongside the inquest, and its aim is to protect other children and young people.

Informing services

When the Medical Examiner's Office issues an interim death certificate/fact of death document, this will also allow you to begin to let other people know that the person has died (for example, banks, insurance, companies, benefit offices).

Life insurance

Some life insurance policies have a clause that makes the policy invalid if the person whose life was insured dies by suicide within a certain time after taking out the policy. The companies that issue the policies have trained staff who handle matters after someone has died. They will be able to talk to you about this in a sensitive way.

Bereavement benefits

You maybe entitled to berevement benefits after someone has died. These differ depending on your relationship to the person who died, your altered responsibilities since they have died (for example, looking after children or grandchildren) and what other benefits you may be receiving already.

Talk to someone now

If you want to talk to someone about how you are feeling then these organizations can help.

The Contact Hotline

Phone: 315-251-0600

A 24-hour hotline handling suicide prevention and other suicide-related calls.

The National Suicide Prevention Lifeline

Phone: 1-800-273-TALK (8255)

Provides 24/7, free and confidential support for people in distress, prevention and crisis resources for you or your loved ones.

HELPLINES

https://211cny.com/help.shtml

A comprehensive list of local and national lifelines and hotlines.

211 CNY Information and Referral

Phone: 211

A hotline connecting local residents to important resources.

American Foundation for Suicide Prevention www.afsp.org

A voluntary health organization looking to bring hope to those affected by suicide.

Trevor Project www.thetrevorproject.org

Provides crisis intervention and suicide prevention services to (LGBTQ young people under 25).

JED Foundation www.jedfoundation.org

The Jed Foundation provides a public health approach to promoting mental health and preventing suicide.

Suicide Prevention Center of New York www.preventssuicideny.org

Provides a combined clinical and public health approach to suicide prevention implementation.