CORE ELEMENT 6: Supporting with the Loss of a Loved One

Before You Begin, Reflect:

1. *What protocols are currently in place with your organization in response to completed suicides?*
2. *What is your role as the provider in supporting individuals with the loss of a loved one?*
3. *What aspects of supporting clients through grief are lost in suicide care?*

Facing the loss of a loved one is tremendously painful, and loss from suicide is a unique form of grief that requires an informed and thoughtful approach from youth service providers. After losing someone to suicide, people often grapple with unanswered questions, guilt or blame, questioning signs they did not see in their loved one or what they could have said or done differently to prevent the loss. Some even experience anger at the person who died by suicide, looking for answers and/or struggling to process the loss. **Providers must validate any feelings that a young person is having following a loss related to suicide.**

"It's not about what you can say, or what you should say as much as it is, just letting them say what they want to say... and letting them take the lead on what going back to normal or feeling not horrible looks like"

Suicide grief is highly stigmatized. To support young people with suicide grief, providers must understand and acknowledge the ways in which grief is an ongoing process, and that people experience and express grief in different ways. While some may express their struggles outwardly, others may conceal or separate their own struggles in the wake of profound loss. **Providers must check-in with young people about how they are feeling following a suicide-related loss.** Simply asking about, providing time/space to share, and reinforcing that you are there to listen are all simple but important strategies a provider can use to support a young person process their grief and loss. For guidance on neutral, nonjudgemental language around suicide, see page 48 **Language Matters: Talking About Suicide.**

> *"...It's not gonna fix the pain. It's not going to make the person come back. It's not going to make it go away. So having more space to just exist and not have to have it figured out."*

Suicide grief can have a communal effect. **The loss of a peer, classmate, acquaintance or community member can deeply impact young people**, regardless of their personal closeness to the person. Loss can provoke questions, feelings or fear around one's own mortality, or lead to experiences of hopelessness or suicidal thoughts in young people. Survivors of loss may have to manage additional responsibilities in supporting others through their grieving processes in addition to managing their own grief and mental health. **Providers must recognize and validate grief processes in young people, including those who may be unaware of how a loss is affecting them. Using a nonjudgmental approach to exploring loss is key to providing trauma-informed care.** To assist young people with recognizing physical effects of grief, see page 50 **Physical Symptoms of Grief Checklist.**

"I know a lot of people who are family and like survivors of grief, of people that they have lost. They don't necessarily always turn to mental health professionals the same way that someone going through and experiencing suicidal ideation and thoughts and feelings would."

"They feel kind of swept to the side that they're so focused on taking care of this individual that they don't realize themselves. That is also a process that is just as scary."

Grief is an ongoing process. Providers have a responsibility to regularly check in on young people who have experienced a loss related to suicide and support young people in connecting to appropriate care if their mental health struggles are getting in the way of their daily activities and overall wellbeing. For more guidance on supporting a young person navigating grief, see page 49 **Survivors of Suicide Loss: Understanding the Grief Process**. **Talking openly with young people about suicide, grief and loss reinforces that you are a safe adult to talk to when help is needed.**

"The community wants to know you're there to help them but like try not to be performative about it... I've felt like all of the resources that they provided on campus, there was just- like they left it up there out in the open. They're like 'well, here's this. Bye! We'll never talk about this ever again."

"I think there needs to be more people available just to have an open door if anybody does need to talk about it, because I was one of those people."

Culturally Responsive & Trauma-Informed Reminder:

Different cultures and religions have varying beliefs around suicide that may influence how a young person may navigate intense emotions within the grief process. Providers should be aware of and encourage young people to discuss cultural perspectives and attitudes about suicide that may feel distressing or soothing. Embracing their cultural identity through remembrance and mourning can be an opportunity to uplift cultural creativity and collective healing within ceremonies, traditions, and other meaningful acts. Ask the young person about what feels important to them regarding mourning a loss and listen for opportunities to welcome grieving through cultural identity and practice.

Language Matters: Talking About Suicide

When talking about suicide, it is important to use words that are **neutral, factual, and free from judgement or shame** about accessing care or navigating mental health conditions. The goal is to encourage open and safe conversations that lead people to seeking help.

Suicide Death

Suicide is the result of complex factors and should not be discussed as a "successful" event or as being "completed". For example, the word "commit" implies that suicide is a criminal or immoral act.

Safe Words: Died by suicide

Words to Avoid: Successful suicide, completed suicide, committed suicide

Specific Populations

Be mindful when discussing populations that may be at risk for suicide, highlighting the factors that can contribute to higher risk rather than identifying a population as inherently high risk. Some words carry negative meanings and increase stigma.

Safe Words: Populations with higher rates of suicide, factors that may increase a person's risk of suicide, economic and social risks of suicide.

Words to Avoid: High-risk populations, vulnerable or susceptible people, the burden of suicide

Suicide Attempts

It is important to not portray suicide as a positive or negative. For example, referring to a suicide attempt as "unsuccessful" or "incomplete" implies that dying is the preferred outcome.

Safe Words: Attempted suicide

Words to Avoid: Incomplete suicide, suicidal gesture, unsuccessful suicide, failed attempt, nonfatal suicide

People Impacted by Suicide

Use language that emphasizes the person and avoids labeling. Different people identify with different terms, so focus on generally accepted safe terms.

Safe Words: Person bereaved by suicide, survivor of suicide loss, survivor of suicide attempt, person with lived experience

Survivors of Suicide Loss: Understanding the Healing Process

Survivors of suicide loss embark on the complex process of moving through the grief and learning to find a new normal - a process that takes time. Informal and formal supports are crucial during this time. Informal supports include family, friends, and faith communities while formal supports include survivor support groups, counseling, or other professional services.

Below are more considerations for walking with a young person through the healing process:

Feelings of grief may come on suddenly:

Survivors of suicide loss may have several good days in a row, then hear a song or see their loved one's favorite flower and may experience overwhelming feelings of grief. When this happens, encourage focusing on positive memories and asking more about their relationship.

Holidays, birthdays, & anniversaries are often difficult:

The first year after the person passes, holidays or birthdays can be extremely difficult, making continuous long-term support even more significant. Consider brainstorming a new tradition or celebration with family while still honoring a young person's loved one.

Survivors of suicide loss often feel bad about feeling good:

The first time a survivor laughs after their loved one dies can feel like a betrayal. Remind young people that survivors deserve to live happy lives too and celebrate the positive moments throughout grieving.

Friends and Family may not offer support:

Sometimes people closest to survivors do not know what to say and do not call or offer support. Encourage young people to lean on the people who are willing and able to support.

Physical Symptoms of Grief Checklist

Some survivors of suicide loss are unaware of the ways that grief can show up emotionally and physically. Below are examples of physical symptoms of grief to ask young people that may open the conversation to talking about suicide and loss.

Trouble Sleeping

Insomnia and difficulty falling asleep
Excessive sleeping
Vivid dreams or nightmares about the loss
Persistent exhaustion unrelieved by rest

Fatigue & Gut Symptoms

Decreased capacity for physical activity
Feeling physically “heavy” or weak
Difficulty completing routine tasks
Significant changes in appetite or stomach pain

Muscle Pain or Tension

Chest tightness or heaviness
Difficulty breathing or racing heart rate
Headaches or migraines
Neck, shoulders, and back tension
Generalized aching without a cause

Cognitive Symptoms

“Brain fog” or difficulty focusing
Memory lapses or forgetfulness
Waves of overwhelming sadness, anger, or guilt
Confusion
Difficulty making decisions