



# *Dealing with Sudden Death affecting a Group or Crew*

## Leader Support Guide

### **Introduction:**

This package is to assist Leaders where there has been the sudden death or the suicide, of a member of their Section/Group or Crew and there is a need to conduct a special meeting for members. It provides:

- An example of how such a session has worked in the past.
- Details of how & where to get help, how to run a program and the content of such a program.
- A sample letter for the Group Leader to use as a guide.
- A letter to give parents that outlines how they can help.
- A specially prepared handout for parents and Leaders.

### **Special Note:**

The Association doesn't provide a counselling service but offers support and seeks to encourage those involved to seek professional help if needed. Ideally, counselling should be provided by trained professionals locally, especially by those who are more readily accessible and aware of the various resources that are available and who, in turn, can arrange a suitable referral where necessary.

It is suggested that if any of your members need counselling they, or their parents if youth members, should be encouraged to contact: -

- Their own General Practitioner;
- Social Worker or Counsellor from their local hospital;
- Their local Community Health Centre;
- Their School Counsellor;
- A Health Professional trained in counselling;
- Their religious adviser.

Importantly members should be encouraged to form a buddy system for ongoing support, especially for the less 'open' members. Also, they should be encouraged to name someone they would contact when they felt the need to talk, or felt down.

It is also important to note that support people often mask their feelings whilst helping others, and forget they can be quite vulnerable themselves. Ensure you, and your other leaders/support people, heed this caution and follow the advice to set up a buddy system for yourselves. Plan times when you can get together quietly, undisturbed and debrief.

Remember it is not unusual for people to go over and over the same thing so be prepared to do a lot of listening.

People, especially the young, are surprisingly resilient. Don't be afraid to ask for help or refer on to others.

Don't forget your Regional Commissioners are there to provide support for you and could have local resource contacts. Please keep Branch and Regional Headquarters informed.

All Regions should make their own inquiries as to the facilities available within their region and keep them updated and attached to this package.

*(The material in this package has been designed and prepared by professionals, and evaluated by the grief counsellors at the Westmead Department of Forensic Medicine within the Institute of Clinical Pathology and Medical Research.)*

### **In general, how do I go about dealing with a sudden death?**

A sudden death of someone associated with the Group can have far reaching effects unless dealt with in an appropriate manner.

It is important that we take all reasonable steps to assist those grieving, which are associated with the Section/Group or Crew. Often the only support these people will receive is that provided by your initiative.

It doesn't matter if it's a drowning; motor accident or suicide the way of dealing with the effects of a sudden death on any group is the same.

The steps to take are simple and straightforward. As this example shows.

A case involving the sudden death of a Venturer shows how the AVL handled it in a very effective and responsible way. The Unit was scheduled to meet the night after the suicide.

1. The AVL immediately notified Branch Headquarters and asked for assistance (*The AVL could have contacted the Regional Team, who also have access to Branch H.Q facilities.*)
2. The Branch Commissioner (Member Support) contact the AVL within 30 minutes, to give guidelines and support and arrange counselling/ debriefing at the meeting etc. The Branch Commissioner (Member Support) remained in constant touch with the AVL.
3. Venturers and parents were advised of the special counselling being offered at the meeting and encouraged to attend.
4. Use was made of the special counselling offered by the Department of Forensic Sciences to Sydney residents. Two of their counsellors attended the Unit meeting.
5. Special counselling was provided for the parents who attended, and the specially prepared handout distributed. (*part of this guide*)
6. Current and past Venturers turned up and anticipated in the grief counselling session.
7. As it was not a private funeral, the Unit members decided to attend.
8. Immediately after the funeral service the Unit members gathered around to ensure they all were coping.
9. The Branch support team and AVL had final debriefing, with a check two weeks later.

### *Remember:*

Our young people are fairly resilient and if the right steps are taken to help them deal with their emotions and feelings they very quickly get back to living life, *often with a greater maturity.*

### **What are the specific things I need to know?**

Ensure Branch HQ is notified immediately so that they can provide support. If direct contact with Branch HQ is not possible advise a member of the Regional Team or another Commissioner so that they can advise on the help available.

1. Plan a counselling/debriefing session.
  - 1.1 Within the Sydney Metropolitan Area the Department of Forensic Medicine provide a free counselling service and, resources permitting, will often attend a meeting. The dedicated counsellors at Westmead are prepared to talk to anyone from within the State, by telephone, to offer advice OR  
  
Contact one of your Regional Commissioners or the Branch Commissioner (Member Support), if they unable to be reached contact your local Hospital Social Worker, Community Health Centre or a School Counsellor.
  - 1.2 Seek their cooperation in setting up a debriefing session
  - 1.3 If unable to get support, the Branch Commissioner (Member Support) will help guide you. In the counsellors absence the Westmead Forensic Counselling Unit can often help you with the name of someone in your area.
  - 1.4 If all that fails, and only then if you feel comfortable about it, follow the outline questions in (3) below.

- 2 Invite current and past youth members and their parents.

Parents should be spoken with separately. Have the briefing of the youth members in a separate place where they can feel comfortable and at ease or, depending on the availability of a counsellor, at a different time.

The Section/Group or Crew members should be counselled without 'strangers' just ex members who they know, and perhaps Rovers they know who might have been involved with the deceased. Counsellors often comment that dealing with a Scout Group is like dealing with a family.

If it is a suicide try **not to use the word suicide**. The Coroner might eventually rule it's a death by misadventure.

Answer questions honestly but **don't dwell** on 'HOW or WHY' the deceased died and dispel rumours.

Deal more with:

- "How did you find out about it?"
- "How did you feel when you found out?"
- "How do you feel now?"

Successful counselling is all about dealing with the emotions, more than the facts.

**Encourage a buddy system for ongoing support, especially for the less 'open' members.**

3 Send the attached 'letter to parents' and information guide 'After Suicide or Sudden Death' to the Group's parents. This can be distributed on the night and also sent to those not attending.

4 If it is not going to be a private funeral, be with those who wish to attend.

This allows people to say goodbye and often helps to provide a closing for them.

(Even going to the 'viewing' of the deceased is normal and can have a positive effect.)

5 Meet immediately after the funeral and/or viewing with those who attended.

Again, let them talk about "How they feel now "

6 Provide a final report to Branch Headquarters so that we may learn more from the experience.

### **VERY IMPORTANT**

Show respect and avoid using the word 'suicide' or similar words such as 'death by misadventure'. Words such as 'this death' or even 'this sad death' can suffice, let others form their own opinion

When you are talking about a deceased, who is suspected to have suicided, remember he/she saw this as "**AN ESCAPE FROM PAIN**". Whether it is emotional or physical it is still perceived as pain, a pain that he/she saw as only having one solution, just one way out.

**Do not** degrade the deceased by sayings such as, "silly person"; "waste of a life"; "he/she should have thought of what his/her parents and friends would feel"; and avoid the "Why didn't he/she..."

## A SAMPLE LETTER TO PARENTS FROM THE GROUP LEADER.

(or to act as a guide as to what to say if telephoning.)

### GROUP LETTERHEAD

Date:

Dear Parents,

Sadly x.(Full name)..... , a member of our (Troop, Unit, Crew), died on (date).

*(IF A SUICIDE IS RUMOURED OR THE CIRCUMSTANCES OF THE DEATH UNKNOWN USE THIS PARAGRAPH)*

The details as to the cause and circumstances of the death have not been made available at this time, and I do not wish to intrude on the family's grief with questions that could only add to their sadness.

*(IF SOME OTHER FORM OF DEATH THAT CAN BE STATED PUBLICLY, WITHOUT CAUSING CONCERN TO THE PARENTS, A SIMPLE STATEMENT SUCH AS)*

The incident was not associated with any Group activity. I understand, from early reports that the death was as a result of a (canoeing accident or car accident in which x...(first name) was a passenger) and two others, not members of our Group, were (also killed/drowned, or, were taken to hospital where one still remains in a serious condition the other released that night.)

*(IF AS A RESULT OF A SCOUTING ACCIDENT BRIEF DETAILS SUCH AS)*

Whilst camping with the (Troop/Unit etc) a sudden storm caused a tree to topple onto the tent in which x...(first name)... was sleeping and tragically x...(first name)... died instantly. Two others in the tent YY...(full name)..... and ww...(full name)..... received abrasions rib fractures and w...(first name)... received a fractured leg. They were transported to hospital where they were treated and allowed to go home the next day.

The Leaders provided support and counselling to those in camp at the time.

I have visited (I will, at an opportune time, visit) the family of x...(first name)... and offered (offer) the condolences of the whole Group. In addition we will provide whatever support and assistance we can.

All in the Group are affected by the death and we will be providing some support and assistance to help in dealing with feelings, especially in the case of our Youth Members.

To assist Groups in circumstances such as this the Association has had experts in this field draw up a set of proven guidelines of what to do. I will be following these guidelines with our Group.

The attached letters are from the Guidelines and should prove helpful to you. As recommended by the guidelines I have planned a special meeting of members of x...(first name)...'s (Troop, Unit, Crew) at the Hall on (date) at (time) and have made provision for a special meeting of parents at the same time (or give details of their meeting). As many as possible should attend either the Youth Members meeting or the Parents meeting. **(IF YOU HAVE A PROFESSIONAL COUNSELLOR ATTENDING ADD; a professional counsellor will attend the meeting.)**

It is best that the Scouting program continues as normally as possible and Youth Members should be encouraged to attend Scouting regularly. If I can be of any further assistance please don't hesitate to contact me.

Yours sincerely

GROUP LEADER.



# A Parents help guide concerning a sudden death

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Sadly a member of the local Group has met with a sudden unexpected death.

Sudden death engenders many emotions, especially in those who knew the deceased as a friend. In the past, group counselling has proved very successful in helping young people come to terms with these types of deaths and the emotions that develop.

Parents, concerned for their children's well being, often ask, "How do I deal with this?"

"What should I say or do?" Hopefully this note and the accompanying sheet will provide some of the answers.

Remember all the experts in the field agree that the normal child/ young adult is very resilient in these matters and, with support, adjusts quite adequately. Don't panic!

***Support can often bring families closer together, especially between the parent providing the support and the child concerned. If you have any special concerns please don't hesitate in contacting your family GP or other professional, such as school counsellor, Community Health Centre or religious adviser.***

What your child wants to know and feel is:

"MY PARENT UNDERSTANDS" and " I CAN GO TO MY PARENTS WHEN I NEED TO".

This is NOT a time to deal with the facts of when, where and how the death occurred, although rumour should be dispelled. It is the time to deal with your child's feelings.

What they felt when they found out, how they feel at this moment.

Feelings will fluctuate and vary from time to time.

- Feelings will be hidden and held back when they should be released.
- Feelings that will surface over a few weeks if something brings back the memory.

Another often asked question is "Should my child attend the funeral?" Again long-term research shows that allowing young people to attend the 'viewing' of the deceased and/or the funeral, especially in groups, has very positive outcomes. It not only provides an opportunity to say goodbye but also tends to help them finalise things within their own mind and with their emotions. However, they shouldn't be forced to go, nor should they be forced to stay away. Young people tend to see being blocked from attending as "not being understood" and often go to great lengths to attend.

**IF** you suspect it was a suicide, remember the deceased would have seen it as "**AN ESCAPE FROM PAIN**". Emotional pain or physical pain, it is still an escape, something they saw as only having one solution.

Parental statements that have a real meaning to young people who believe a friend has suicided, are statements that draw people together and show understanding. Such as:

**"I hope if ever you felt that bad you would come and talk to us"**

Statements that tend to exacerbate a young persons feelings, cause stress between them and parents, and prevent a speedy adjustment are those that degrade the deceased by sayings such as, "silly person"; "waste of a life"; " they should have thought of what their parents and friends would feel"; and avoid the " Why didn't they..."

**Sad events such as this, when handled properly, have a very positive influence on the maturity of young people and help them develop effective coping mechanisms for the future.**

*(The attached information guide titled "After Suicide or Sudden Death", is not meant to imply this case might have been a suicide but covers a number of issues associated with sudden death that might prove helpful now and in the future.)*



# A handout for Parents concerning a sudden death

Whether it be suicide, or a sudden death through misadventure, of someone close to them, parents often become very concerned about how their children are coping and commonly ask us about 'normal responses' and 'warning signs': things to expect and things to look out for. In what follows we hope to give you a partial list of both these things.

*This is not a complete list!* Everyone responds differently to a suicide or sudden death, depending on how well they knew the deceased person, how they got on, how long they knew them, their age and what is happening in their lives at the time of the death and the weeks following. The best we can hope to achieve is to let you know about some of the most common reactions (and warning signs). Before we list these, though, there are a few really basic, important points we need to let you know.

**You are the expert on your child.** We can point out common reactions, but you are far better placed than we are to determine whether your child has a problem. Hopefully, the information, which follows, will help to put your mind at ease. If you are concerned, however, you should feel free to seek the assistance of the counsellors attached to the Coroners Office either at Westmead or Glebe. If they are unavailable a counsellor from your local hospital, Community Health Centre, School Counsellor or a Health Professional trained in counselling may be able to help.

**Don't panic.** As difficult as it is, most young people cope very well with a suicide or sudden death. What has happened is tragic and distressing, for you and your children. Despite this, the vast majority of people do work through their feelings effectively.

**Listen.** One of the most important things you can do at this moment is to let your children talk about the death and how they are feeling. Don't judge or correct, just listen.

**Don't set a time limit.** Grief takes as long as it takes. There is no normal time for people to get over the loss. We find that the feelings and thoughts, which result from such a death, come and go for months.

**Expect "ups and downs".** Grief is not a straightforward experience:

people can appear to be coping well for some time, then feel themselves "going backwards" into the early distress.

## Common Reactions to a Suicide or Sudden Death

- crying, sometimes "out of the blue"
- irritability/anger
- guilt / self-blame (*often with suicide*)
- constantly talking about the deceased person
- refusal to talk about the deceased person
- changes in sleep patterns
- changes in eating
- decreased motivation to study
- lack of concentration
- indifference to the future,
  - increased withdrawal from family, and
  - unpredictable mood swings.

This guide is based largely on a special information sheet prepared by the Counselling Unit at the Department of Forensic Medicine at Westmead for parents of young people who have been affected by suicide or sudden death.

In most cases, these reactions will appear during the first couple of weeks following the death and continue at differing levels of intensity for up to a couple of months.

Of these, feelings of guilt and sadness are the most common. Guilt is a difficult issue to deal with for many parents, largely because it is generally not based on any fact. Most people respond to a suicide by blaming themselves or by constantly *asking* themselves why they didn't notice that the deceased person was at risk. In some cases, of course, a suicide may follow an argument or some unpleasant incident, for which the other people involved may feel responsible.

Generally, these feelings are best dealt with, as we said before, by listening. Rather than trying to talk your child out of the way they are feeling, focus with them on how normal the feelings of guilt are, and encourage them to share with you how their feelings are affecting them.

The most important thing is to encourage your children to be open with you about how they are going. If you react by judging their feelings or by trying to “correct” them, they will be less likely to communicate with you. Accept them and let them know they are supported. This is far more important than talk of “getting over it”.

### **Signs to Look Out for**

Here we have tried to compile some of the more common ways of reacting to a suicide. We should repeat here: *don't panic if you notice your child showing any of these signs*. These are not a guarantee that there is a problem. If you notice any of these, it is a good idea to take some time to talk to your child about what they are doing and how they feel they are coping. If you are not satisfied with what they have to say, it might be worth talking to a counsellor attached to the Coroners Office either at Westmead or Glebe. If they are unavailable a counsellor from your local hospital, Community Health Centre, School Counsellor or a Health Professional trained in counselling should be able to help.

- talking about life as meaningless
- talking about self-harm
- giving away possessions
- isolating themselves to an unusual degree
- dramatic changes in mood, including a sudden, dramatic improvement
- making sudden, significant decisions such as dropping out of school, moving out of home, and
- relationship breakdown.

**Within New South Wales the Counselling Units at Westmead Forensic Medicine, and Glebe Forensic Medicine provide free of charge grief and trauma counselling to the friends and relatives of any person whose death are reported to the Coroner.**

**Such counsellors can usually be contacted between 8.30 am and 4.30 p.m., Monday to Friday on 9845 6907 (Westmead) or 9660 5977(Glebe)**

*(Scouts Australia NSW is grateful to John Drayton and Tony Purcell of the Counselling Unit at the Department of Forensic Medicine at Westmead for their guidance and the preparation of this information sheet.)*