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Calendar of events

Wednesday 21st February - BTS Support Meeting

Uniting Communities, Lvl 3, 10 Pitt St, Adelaide. Parking, Care Park, 15 Pitt St (directly opposite).

Please call or text the BTS support line on 0468 440 287 for time of meeting or if you require further information

These meetings are for those bereaved through suicide and are facilitated by trained support workers who have themselves been bereaved through suicide. The meeting offers the opportunity to express your loss in an environment that is caring and safe. Everything shared is treated as strictly confidential.

These meetings not only provide the opportunity to share experiences, they present information about the process of loss and grief, and strategies to heal.

Wednesday 21st March - BTS Monthly Support Meeting

Uniting Communities, Lvl 3, 10 Pitt St, Adelaide. Parking, Care Park, 15 Pitt St (directly opposite). Please call BTS support line on 0468 440 287 for time of meeting.

Wednesday 18th April - BTS Monthly Support Meeting

Uniting Communities, Lvl 3, 10 Pitt St, Adelaide. Parking, Care Park, 15 Pitt St (directly opposite). Please call BTS support line on 0468 440 287 for time of meeting.

Sunday 6th May - BTS Coffee Morning

10am -12.30pm Botanic Garden Cafe by the lake. This is an opportunity to catch up with others who have lost someone to suicide, in a less formal setting than our regular monthly meetings. Join us for coffee and cake while chatting and listening to others and then take a stroll through the beautiful surroundings of the Botanic Gardens. BTS volunteers will be on hand.



A Welcome from the Chair

Welcome to the first newsletter for 2018.

We always hope that as each year passes that there will be a lessening in the number of people taking their own lives but unfortunately recent statistics show that the rate has slightly increased. Much effort has been spent over the last 12 months with increased funding to Suicide Prevention Australia to focus on ways to reduce the number of suicides. In South Australia the office of the Chief Psychiatrist has in the last few years set up the Network of Networks, community based suicide prevention groups. There are now 26 in SA, mainly based in country regions. The involvement of local persons and organizations in suicide prevention has led to a reduction in suicide levels in country areas of SA against an increasing trend in all other States. These Suicide Prevention Networks can also provide support to bereaved persons.

The Bereaved Through Suicide Support Group still offers its monthly support meetings, telephone and email support and this newsletter. The introduction of the internet has changed the way that many of us now search for information and gives us access to worldwide websites and social media. BTS has seen a rise in the number of people searching the website and is currently undertaking an update.

This newsletter is an important link for many of you in our bereaved community. We encourage you to send in articles, poems, memorial notices and notice of any events you may think relevant. To have time to plan out the newsletter we need these items by the middle of the month prior to publication i.e. mid April (Q2 edition), mid July (Q3 edition) and mid October (Q4 edition).

Our monthly support meetings also provide an important link to the suicide bereaved community. This year we have been fortunate to gain the services of Terella Jaye as facilitator for our meetings.

Terella is well known to some of us at BTS as she has been a past committee member. Terella was an integral part of Living Beyond Suicide in its earlier days before leaving to have a child. We warmly welcome Terella to the role of facilitator and know that she will make a valuable contribution in supporting those bereaved through suicide.

BTS is a volunteer organization and as such relies on the bereaved community for support. The committee has worked very hard over the last year to ensure that BTS can continue to provide a high level of service to the bereaved community. Over the last month a couple of committee vacancies have become available. So what is required? A couple of hours one evening a month. No experience required just a desire to help those bereaved through suicide.

Suicide is such a difficult topic. Many who have no understanding of the subject shun away from any discussion. Within the bereaved through suicide community there are those of us who are unable to discuss the subject due to the immense grief and stigma. Some have no-one to talk too, become increasingly isolated and alone. Organisations like BTS can help but can only do it with the help of those in our bereaved through suicide community.

Finally, to those of you who attended our Xmas Morning Tea in the Botanical Gardens a big thank you. An enjoyable morning was spent on the terrace with the opportunity to meet, both old and new faces, and chat in a casual environment.

On behalf of BTS I would like to wish everyone a safe 2018.

Tim Porter
(on behalf of BTS volunteers and committee)

CAN YOU HELP?

We are looking for volunteers to assist with the following:

SUPPORT VOLUNTEER

Helping out at our monthly support group meetings, duties would include the following:

Tea & Coffee making

Setting up / packing up etc

Door Greeting

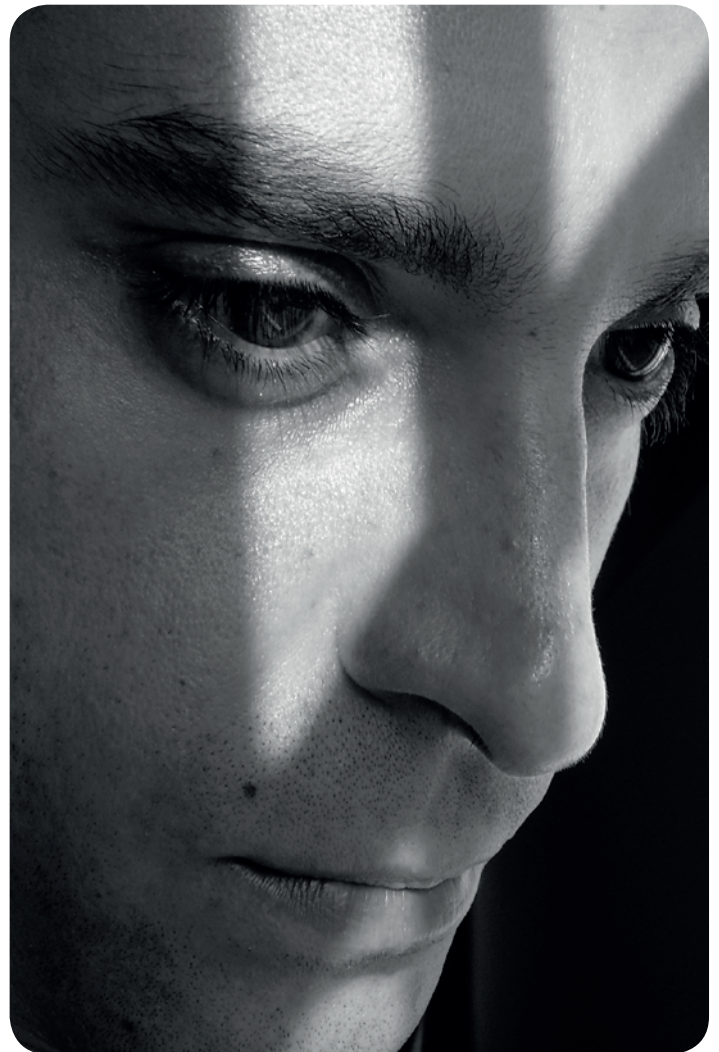
Time required – approx. 2-3 hours per month.

SUPPORT WORKERS (Training required)

This role involves assisting the group facilitator in discussions and spending time listening and talking with people who are either newly bereaved or those who attend on a more regular basis and still want on-going support.

For this role we require dedicated, reliable people who have the lived experience of losing a loved one, or someone close to them by suicide.

Please call, text or email Mandy: 0468440287 OR support@bts.org.au



“

Some people may not understand why those grieving are reluctant to move into a new year. For them they see a fresh year, a new season... but for the bereaved it's moving into a new calendar year, which their loved one will never live in.

”

Zoe Clark-Coates

HOW SUICIDE BEREAVEMENT IS DIFFERENT

Bereavement by suicide shares characteristics with other bereavements and it is also different. Understanding how and why it differs is helpful when you are supporting people who have been bereaved.

Children The grieving process is often complicated and typically lasts longer than other types of bereavement – significant effects may still be felt for many years after the death. We are all individuals and each person will have had a unique relationship with the person who died – there is no single or correct way to experience bereavement. However there are many common reactions and factors in bereavements by suicide.

Aspects of the experience of bereavement by suicide which make it different can include:

- Circumstances of the loss
- Emotional and physical reactions
- Post traumatic stress
- The survivors questions – “why?” and “what could I have done
- Stigma and isolation
- Family and community tensions
- Other prejudices
- Lack of privacy
- Investigations
- Practical concerns

Circumstances of the loss

A death by suicide is usually sudden, often unexpected and may be violent. These factors increase the degree of shock and trauma experienced compared too many other types of bereavement. Survivors may struggle to make sense of what has happened and fundamental beliefs may be challenged.

Emotional and physical reactions

Bereavement by suicide can bring an intensity and range of emotions and physical reactions which may be unfamiliar, frightening and uncontrollable.

Emotional reactions are often complex and people may find that they are experiencing a bewildering range of feelings including guilt, anger, shame, rejection, sadness and fear. People who have been bereaved by suicide may become vulnerable to thoughts of suicide themselves.

Physical reactions may include tightness in various body parts, stomach pains, sleeplessness and poor concentration.

Post traumatic stress

Those who have been bereaved by suicide may have symptoms of post traumatic stress. If the person witnessed the death or found the body, they may suffer from flashbacks or nightmares. This can also happen even if the person did not see them, but cannot stop imagining what happened – and imagination may be worse than the reality.

Survivors questions

Most people bereaved by suicide are haunted by two questions – “why did the person take their life?” and “could I have somehow prevented it?” These are impossible questions to answer and eventually the person may have to either have to accept that they will never know or settle on an answer which they can live with.

It is natural that the bereaved person will take some considerable time in exploring these questions and it is an important part of the grieving process. However it can also be damaging if they are unable to reach a stage where the questions occupy less of their thoughts or if they cannot find an answer they can accept. Self esteem, confidence and hope can be severely compromised

Stigma and isolation

Death by suicide, even more than other types of bereavement, makes many people uncomfortable and unsure how to react. There is still a stigma attached to suicide, rooted in centuries of history and this generates misplaced associations of weakness, blame, shame or even sin or crime. This stigma can prevent people from seeking help when they need it and others from offering support when they want to.

There may be a desire to deny that the death was a suicide – this may be driven by cultural values or from a sense of denial or of shame. This can create further confusion in an already complex situation.

Many people who have been bereaved by suicide find that they feel isolated. Others may avoid them, perhaps not knowing what to say or because they don't want to upset the person. The sense of isolation may be especially acute if the bereaved person perceives other people to be uncaring or judgemental. Some people are unlucky enough to receive particularly thoughtless and malicious comments.

It may also be that the bereaved person avoids contact themselves – they may struggle to share their own feelings because they are fearful themselves of what they are experiencing, they don't want to upset other people or they may worry about how to answer questions such as “how did he die?”



Family and community tensions

Whilst family and friends are often a great source of support, they can also be a source of tension and conflict. Sometimes families struggle to communicate, protective instincts kick in and they may be worried about causing more pain or about having a different view or feeling to others. Because the range of feelings and emotions experienced after a suicide can be so unfamiliar and frightening, people may be uncomfortable or scared to share.

Existing tensions and difficulties in family relationships can be surfaced as a result of the shock and trauma. Some people cope with their pain by blaming another person for the death – this may go as far as excluding them from the rest of the family, denying them the opportunity to attend the funeral and withholding information about the investigation. This can lead to huge rifts and a deep sense of hurt and isolation being added to the loss.

Other prejudices

There may be other factors which create additional stigma – these can include the death happening whilst in custody or the sexuality of the person who died or that of their family or friends. Exclusion or blame may mean that the person feels further hurt or isolated.

Lack of privacy

When someone dies by suicide, it can be difficult to maintain privacy. There may be emergency services at the scene and visits from police. There may be media attention – this can happen when the person dies and may be repeated after the investigation by the coroner. The inquest is held in a public court of law and anyone can attend – in certain circumstances reports will be made which remain on publicly accessible databases.

Investigations

The investigation by the coroner is a source of considerable concern for those bereaved by suicide. The process can be lengthy, the proceedings are unfamiliar and the language is legal and technical. The process is open to public attention and there is often media reporting. There may also be additional investigations e.g. if the death happened whilst the individual was under the care of another agency e.g. in prison or if they were receiving mental health treatment.

In addition to being an added strain, investigations may reveal information about the bereaved person which was unknown to their family and friends.

Practical Concerns

In addition to this, there are other practical concerns such as finances, funerals, returning home and returning to work which the bereaved will need to face.

uksobs.org/for-professionals/how-suicide-bereavement-is-different/



FACING ANOTHER YEAR WHEN YOU ARE BEREAVED

Accepting another Year

When we are grieving, it is hard enough to live each day as it comes. It can be daunting to face a whole new year stretching out in front of us. We may be afraid of what the New Year might bring. We may worry whether or not we can handle any more challenges. Our current experience of emptiness and loneliness may make us reluctant to face a new year.

We might say to ourselves, “I used to be so busy. I used to feel so needed, so useful. Now it seems there’s nothing but empty space and empty time.” It’s bad enough to wake in the morning not sure what we’ll do with the day; what will we do with a whole year?

Longing to recover the past can sometimes make us resistance to accepting the New Year. The past was where we were comfortable, where we felt safe, felt good. Grief burdens us today and we fear the New Year won’t hold anything different for us.

We pine for the person we miss and the precious past we shared. We think about how it was, and wish we were back there.

Approach of a new year may mean different things for different mourners. Whether we welcome, dread or ignore a new year probably depends on where we are in our grief process. The question is not whether, but how grief will show up, and how we’ll work with it.

A Learning Process

If our loss was recent, sudden or unexpected, we will most likely still feel in shock. We may feel like we’re living a bad dream or living another person’s life and be trying desperately to get back to our “old” life. The New Year matters little. We get up in the morning, put one foot in front of the other, breathe and tell our story of what happened.





Writing and talking about different aspects of what happened over and over may help, until we find we don't need to tell the story in such detail anymore. Feeling a little numb or detached keeps us safe while we wake gradually to the reality that life and our world is not how we knew it or thought it would be.

Therese Rando, a noted grief therapist and author, describes grieving as a learning process. Each minute lived with our loved one taught our brain how to operate and what to expect.

Each new challenge, like doing the taxes, fixing things, and going into a new year, becomes a fresh occasion to learn that our loved one isn't here and discover what that means for us. New challenges continue, bringing fresh pain even well into the grieving process.

If we have courageously worked with our grief over time, we may look to this New Year with interest and wonder what it will hold for us.

We might even feel eager to throw open our door and welcome this New Year. The swelling around the wound of our loss has gone down some. We find comfort and joy in knowing we did all we could and that we loved well. We were enriched by our love and now know deeper compassion for all who suffer. We recognize life is a gift to enjoy with whoever crosses our path. We want to go and do and see for both of us what we'd hoped to do together. We don't know details, have no assurance about what's coming, but we hope for good.

Even if we're scared and lonely and long for the past, we can still open the door a crack to this New Year.



Tips to help face another year:

- We begin by getting needed rest. If we're still exhausted from care giving or from acute grieving, we need to focus on physical recovery. We may need to talk with our doctor about how to rebuild ourselves physically.
- We also need to give ourselves mental rest. We can replace negative thoughts with positive affirmations about ourselves. We can soothe ourselves with music, prayer, uplifting literature, tears and laughter.
- We can notice any desires stirring within ourselves and find small practical ways to give ourselves new pleasure.
- We can get the support we need by attending a support group, by talking with friends and family who can listen to us and share our memories.
- We can seek spiritual support from a local minister, rabbi, priest, imam.
- Most important, we'll find courage to live into the future, into the New Year, by living in the present, one day at a time, doing the best we can to care for ourselves and others today.

vitas.com/resources/grief-and-bereavement/facing-the-new-year

As I sit in heaven

As I sit in heaven
And watch you every day,
I try to let you know the signs,
That I never went away,
I hear you when you're laughing,
And watch you as you sleep,
I even place my arms around you,
Try to calm you as you weep,
I see you wish the days away,
Begging to have me home,
So I try to send you signs,
So you know you're not alone,
Don't feel guilty that you have,
Life that was denied for me,
Heaven is truly beautiful,
Just you wait and see,
So live your life, laugh again,
Enjoy yourself, be free,
Then I know with every breath you take,
You'll be taking one for me!

— Author unknown

The Bereaved through Suicide Support Group

Run by people who themselves have been bereaved through suicide, BTS supports those in the community who have been close to someone who has taken their own life – partner, child, relative, friend or close acquaintance.

Telephone support service: (08) 8332 8240 or 0468 440 287 from 8am - 8pm

Email support service: support@bts.org.au Suicide bereavement resources: www.bts.org.au

Donations

Should you wish to make a tax deductible donation to BTS you can directly EFT to:

BTS Support Group BSB: 633-000 A/C: 148312366 or donations can be sent to: PO Box 15, Hindmarsh SA 5007. Tax deductible receipts will be issued.

Without donations, BTS would not be able to continue supporting the Bereaved through Suicide community.

100% of all donations received are used to continue supporting people bereaved through suicide. BTS receives no government funding and all work is undertaken by volunteers.

Additional Support Services

[Living Beyond Suicide \(LBS\)](#) between 10am–10pm any day.

[Minimisation Of Suicide Harm \(MOSH\)](#)

[Kids Helpline](#)

[Lifeline](#)

[Beyondblue](#)

[Mensline](#)

[Suicide Call Back Service](#)

Phone 1300 76 11 93

Phone: (08) 8443 8369

Phone: 1800 55 1800

Phone: 13 11 14

Phone: 1300 22 4636

Phone: 1300 789 978

Phone: 1300 659 467

The Suicide Call Back Service is a professional, national, 24/7 counselling service for anyone affected by suicide.



A big thank you to Graphic Print Group for their ongoing support.