



Grief, Crisis, and Unexpected Death Supports and Information for OPPA Members, and Their Families

Revised October 15th, 2024



Table of Contents

Common Grief Reactions.....	5
Children and Grief.....	7
Grief at Different Ages.....	9
Infants.....	9
Preschool Children.....	9
Children Aged 5 to 9.....	9
Children Aged 9 to 11.....	10
Young People Aged 12 to 24.....	10
How to Support?.....	11
Supporting a Grieving Person.....	13
Sudden or Unexpected Death.....	15
What Is Meant by Sudden and Unexpected Death?.....	15
Grief Reactions.....	15
Dealing With the Impact of Traumatic Death.....	16
What Can Help?.....	16
Grieving the Loss of a Child.....	17
Common Grief Reactions.....	17
Timing of Your Grief Reactions.....	18
Differences in How Parents Grieve.....	18
Helping Siblings Who are Grieving.....	18
Helping Yourself Grieve.....	19
Finding Meaning in Life.....	19
Line of Duty Death.....	21
The Impact of Prolonged Grief in Law Enforcement.....	23
Recommendations for Prevention and Action.....	24
Grief Supports.....	26
Bereaved Families of Ontario.....	26
My Grief.....	26
Virtual Hospice.....	26
Suicide Loss.....	27
Normal Reactions to Suicide Loss.....	27
Coping Strategies for Living with Suicide Grief.....	29
	2



ENCOMPAS

What You Can Do When You're Concerned About Someone.....	30
Safety Planning	32
When is a Safety Plan Written?	32
Safety Planning:	32
Survivors of Suicide Supports	33
Crisis Support.....	33
Encompas Supports	34
First Responder Specific Supports	34
Badge of Life Canada	34
Wounded Warriors Canada	34
Beyond the Blue	35
Public Safety Personnel Net.....	35
ACE Suicide Intervention Program.....	35
Road to Mental Readiness Mental Health Continuum	36
Self-Care	38
Apps	40
Toolkits	41
Safety Plans to Prevent Suicide Toolkit	41
Hope and Healing After Suicide	41
Toolkit for people who have been impacted by a suicide loss	41
Talking to Children after Suicide Loss	42



ENCOMPAS

Dear Reader,

The experience of grief varies from person to person and is dependent on many factors such as circumstance, relationships, culture and even personality type.

In other words, grief is individual, and there is no one right way to experience grief nor will each person have the same grief reactions; any reaction that an individual is having is normal. Grief, even if expected, can be surprising and disorienting. When we place the burden of guilt or shame on our grief experience because we feel we should be “further along” or feeling “too much” or “too little” it can get in the way of processing our grief. You may feel numb, overwhelmed, relief, and you may have physical reactions that you feel deeply in your body.

Whatever you feel during grief is normal.

Through the course of your work life and/or personal life, you may experience grief, and be witness to others’ grief experience. Whether it is through the process of making a death notification to a family who just experienced a family members’ death, supporting someone who has lost someone at the site of a car accident or your own personal grief; it can be hard to know where to turn for support or to know if what you are experiencing is typical.

This guide is meant to offer psychoeducation, support and some insight into the experience of grief.

This document is not intended to provide mental health treatment, nor should it be a replacement for therapy. The information in this guide is also not intended to replace medical advice. The information contained in this guide is compiled from a variety of different resources; please see the endnotes at the bottom of each section.

If you are struggling and need to connect with someone for support and/or are looking to be matched with a clinician, please contact the Encompas team at:

- Phone: 1 (866) 794 9117
- Email: info@encompascare.ca
- Our website: www.encompascare.ca
- Our Care Managers are available: 24/7

Sincerely,

Jody Hicks, MA, RP, CCC (she/her)

Clinical Supervisor and Manager of Mental Health Services

D: 226-271-1824 | F: 519-787-0773

jody.hicks@daltonassociates.ca

www.daltonassociates.ca



Common Grief Reactions

To best support an individual who is grieving, it is helpful to know common ways that grief affects individuals and what an individual may go through during the grief process. It is crucial to keep in mind, though, that people have their own unique grief experience.

All reactions are considered normal unless they continue over a very long period of time or are especially intense. An individual might have one reaction, several, or many. Reactions might be very strong for a while and then lessen, or they might not be as strong but last for a long time.

Feelings:

- Sadness
- Anger
- Guilt and self-reproach
- Anxiety
- Loneliness
- Fatigue
- Helplessness
- Shock
- Yearning (pining for the person, or whatever was lost; thinking if only this had not happened)
- Emancipation (Not all feelings are negative. Sometimes there is a sense of being released when a loss occurs)
- Relief (May especially be felt after someone dies from a lengthy or painful illness or if a relationship with the deceased was a difficult one)
- Numbness lack of feeling (Numbness may actually protect one from a flood of feelings all occurring at the same time)

Physical sensations:

- Hollowness in the stomach
- Tightness in the chest
- Tightness in the throat
- Oversensitivity to noise
- Feeling that nothing is real, maybe even feeling that oneself is not real
- Breathlessness, feeling short of breath
- Muscle weakness
- Lack of energy
- Dry mouth

Cognitions:



- Disbelief, thinking the loss did not happen
- Confused thinking, difficulty concentrating, forgetfulness
- Preoccupation, obsessive thoughts about the deceased or what was lost
- Sensing the presence of the deceased, thinking the deceased is still there
- Hallucinations, seeing and/or hearing the deceased

Behaviours:

- Trouble falling asleep or waking up too early
- Eating too much or too little
- Absent-minded behavior
- Withdrawing from others; feeling less interested in the world
- Dreaming of the deceased
- Avoiding reminders of the deceased
- Searching and calling out the name of the deceased person
- Sighing
- Being restlessly overactive
- Crying
- Visiting places or carrying objects that remind one of the deceased person
- Strongly treasuring objects that belonged to the deceased¹

¹ “Grief Reactions, Duration, and Tasks of Mourning”, US Department of Veterans Affairs, Whole Health Library, Last Updated: December 4, 2020, <https://www.va.gov/WHOLEHEALTHLIBRARY/tools/grief-reactions-duration-and-tasks-of-mourning.asp>



Children and Grief

When a family member dies, children react differently from adults. Preschool children usually see death as temporary and reversible, a belief reinforced by cartoon characters who die and come to life again. Children between five (5) and nine (9) begin to think more like adults about death, yet they still believe it will never happen to them or anyone they know.

Adding to a child's shock and confusion at the death of a brother, sister, or parent is the unavailability of other family members, who may be so shaken by grief that they are not able to cope with the normal responsibility of childcare.

Parents should be aware of normal childhood responses to a death in the family, as well as signs when a child is having difficulty coping with grief. It is normal during the weeks following the death for some children to feel immediate grief or persist in the belief that the family member is still alive. However, long-term denial of the death or avoidance of grief can be emotionally unhealthy and can later lead to more severe problems.

A child who is frightened about attending a funeral should not be forced to go, but a plan to honor or remember the person in some way, such as lighting a candle, saying a prayer, making a scrapbook, reviewing photographs, or telling a story, may be helpful to your child's grief process. Children should be allowed to express feelings about their loss and grief in their own way.

Once children accept the death, they are likely to display their feelings of sadness on and off over a long period of time, especially around special times such as birthdays and holidays, but also at unexpected moments. The surviving relatives should spend as much time as possible with the child, making it clear that the child has permission to show his or her feelings openly or freely.

The person who has died was essential to the stability of the child's world, and anger is a natural reaction. Anger may be revealed in boisterous play, nightmares, irritability, or a variety of other behaviors. Often the child will show anger towards the surviving family members.

After a parent dies, many children will act younger than they are. The child may temporarily become more infantile, need attention and cuddling, make unreasonable demands for food, talk baby talk, and even start wetting their beds at night. Younger children frequently believe they are the cause of what happens around them. A young child may believe a parent, grandparent, brother, or sister died because he or she had once wished the person dead when they were angry. The child feels guilty or blames him or herself because the wish came true.²

²“Grief and Children”, The American Academy of Child and Adolescent Psychiatry, Updated September 2023, https://www.aacap.org/AACAP/Families_and_Youth/Facts_for_Families/FFF-Guide/Children-And-Grief-008.aspx



ENCOMPAS

Children and youth grieve differently than adults. Young children may not be able to describe how they feel, and their age may affect how they react. A child that loses a grandparent may not seem bothered until an important holiday comes and the grandparent isn't there.

A child or youth may show they are grieving by the way they behave.

- **Physical:** Headaches, tiredness, numbness, crying a lot, unable to relax, nausea
- **Emotional:** Sadness, anger, anxiousness, disbelief, despair, guilt, relief, loneliness
- **Mental:** Forgetful, distracted, confused, poor memory, worried about the health and safety of others, difficulty making decisions
- **Behavioural:** Changes to sleeping patterns, dreams or nightmares, changes to appetite. They may experience unusual emotional reactions or feel weepy. They may act out or "misbehave"
- **Social:** Isolate themselves or pretend like nothing has happened
- **Spiritual:** They may question their spirituality and blame a high power for allowing this to happen. They may feel that faith is not enough



Grief at Different Ages

Infants

Infants may feel grief but not understand things like death, illness or loss. They may show signs that look like separation anxiety such as:

- Looking for the person they've lost
- Crying
- Clinging to caregivers
- Temper tantrums

Preschool Children

Preschool-aged children may understand that someone isn't around anymore, but not understand concepts like death. They may expect the person to return. They have a short tolerance for sadness or anger so need to experience grief in small doses. It may look like the child doesn't care or isn't bothered by the loss. They might also believe that their own thoughts, actions or wishes caused the loss. The child may use pictures or other items to feel close to a loved one that left or passed away. In preschool aged children signs of grief may include:

- Sleeplessness
- Nightmares
- Clinging behaviours
- Act out, be disruptive, have temper tantrums
- Go back to old behaviours like wetting the bed, wanting to use a bottle
- Seem not very bothered by the loss
- Talk as if the person they lost is still present

Children Aged 5 to 9

Children aged 5 through 9 years old may try to make sense of death or loss. They may start to think they can "catch" death or develop a lot of fears, like the fear of dying. They may take words literally, so if you say a loved one is "gone," the child might be angry that no one is looking for them. Children at this age may also still believe that their thoughts, actions or wishes caused the loss. In children aged 5 through 9 years old, signs of grief may include:

- Nightmares
- Restlessness
- Bedwetting
- School difficulties
- Lack of appetite
- Fear of being alone
- Have a hard time playing with friends or doing school work



- Carry around pictures or items that remind them of someone they've lost

Children Aged 9 to 11

Children aged nine (9) through 11 years old may have the same general understanding of death and loss as an adult, but may not be able to express their thoughts and feelings. They may find comfort in family, and cultural beliefs and values. In children aged nine (9) through 11 years old, signs of grief may include:

- Becoming very quiet or very talkative (can happen at all ages)
- Worrying a lot about the future, their health and the health of loved ones

Young People Aged 12 to 24

Young people aged 12 to 24 years may understand death as an adult would, but have a hard time with bigger questions, like the meaning of life and death. They may feel at odds with their desire to be independent and their desire to help the family through a loss. In young people aged 12 to 24 years, signs of grief may include:

- May try hard to look "normal" to fit in with their peers
- May hide their feelings or avoid them by keeping very busy
- May turn to risky behaviours like alcohol or other drugs, thinking they can't be harmed and this is a way to "test" death

Your child's behaviour may seem odd or upsetting. The most important thing is to help them feel safe and secure³.

³ Grief and Loss: Kelty Mental Health Resource Centre. (n.d.) <https://keltymentalhealth.ca/grief-and-loss>



How to Support?

Be Honest

Tell your child the truth in words they understand. This may help to lower feelings of fear or anxiety. Children and youth can often tell that something is wrong and may have trouble trusting you if they feel like you aren't being honest. Answer their questions as best you can and if you don't know the answer say that you don't know.

Listen

Make time to listen to your child's thoughts, feelings, and opinions. Be open minded. Encourage your child to express their memories, fears, sorrows, relief, regrets, anger, and guilt. Talking won't make them feel worse. Let them know that strong feelings are normal and it's okay to grieve.

Encourage and Reassure

Validate their feelings. Activities like storytelling and play help younger children express themselves. They may have very real fears about death and abandonment, and they may wonder who will take care of them. For older youth and young adults, let them know they may experience a wide range of emotions. Give them permission to laugh and feel happy if they want to.

Model Healthy Ways to Grieve

Children and youth learn from parents and others close to them so it's important to look at your own behaviour and think about what they may be learning from you. Talk about your feelings and accept support when you need it. If you show grief, it helps your child understand that it's okay to show grief. It also helps them see that everyone grieves differently. But be self-aware, extreme emotions can be stressful for a child and make them feel that they need to take care of you.

Prepare and Educate

Help children or youth prepare for new situations like visiting a loved one in the hospital or going to a memorial service. Talk about what they will see and what will happen so they know what to expect.

Be Inclusive

Let your child decide how involved they want to be. Some children and youth may want to visit a loved one in the hospital or go to a memorial service, but others will not. Parents can also help by including their children when they talk about an expected loss, like when a relative is very sick.

Let Young People Find Help

Young people may prefer to talk with someone outside of their family who may listen more objectively and with less emotion. This may help them work through their own feelings.



Keep the Topic Open

Grieving takes time. Your child may re-experience loss during holidays or other important times. Let them know they can talk about their feelings no matter how much time has passed.

Where To From Here?

If a child or youth is having a hard time continuing with life after several months, it's best to talk to a health care professional, such as a doctor or mental health professional. They can help the child work through their feelings. Here are signs that a child may need some extra help coping with grief. They:

- Aren't interested in social activities like playing with friends
- Have a hard time with schoolwork or refuses to go to school
- Stay very focused on the loss
- Seem very sad or hopeless
- Have a hard time trusting others
- Have a hard time eating or sleeping
- Are often scared of being alone⁴

⁴ "Grief and Loss", B.C. Children's Hospital, Kelty Mental Health, Resource Centre, <https://keltymentalhealth.ca/grief-and-loss>



Supporting a Grieving Person

When someone you know has lost a loved one, it is natural to want to comfort and offer words of consolation. However, you must be careful what you say because sometimes what you may think are words of consolation may be hurtful to the bereaved person. Saying things like “She is in a better place” or “He’s better off” can be offensive. For a person grieving, the better place for a loved one is here, not on the Other Side. Telling someone a loved one is better off dead will most likely be taken as a cold and callous, even if the person who died was living in pain.

The best things to say are those of a supportive nature. Stay away from judgments about the deceased person or his/her behavior. This is especially true in cases of suicide. Your place is to console, not to judge.

Acknowledge the person’s loss. Don’t tell anyone what to do or to change their feelings. Don’t ask anything of a bereaved person other than what you might be able to do to help. Don’t put time limits on grief and say things like, “Time heals all” or “Life goes on.”

The following are some suggestions of what not to say and what to say:

Things Not to Say to Someone in Grief:

1. You’ll get through it, be strong.
2. He brought this on himself, it was his fault.
3. She’s in a better place.
4. It’s been a while, aren’t you over her yet?
5. He lived a long time, at least he didn’t die young.
6. God must have wanted her there because she was such a good person.
7. You’re young. You can always have another child.
8. I know exactly how you feel.
9. I guess it was his time to go.
10. Everything happens for a reason, life goes on.

Things to Say to Someone in Grief:

1. I can’t imagine what you’re going through.
2. I’m so sorry for your loss.
3. I don’t know what to say, I wish I had the right words to comfort you.
4. You, your family and your loved one will be in my thoughts and prayers.
5. She was so nice to me; one of my favorite memories of her was... (share a happy memory of the person who passed).
6. Whenever you want to talk, just know I am a phone call away.
7. She was so wonderful; she’ll be missed by so many people.
8. I’m your friend—I’m here for you.
9. If you can’t think of anything to say, a hug may be appropriate.
10. Sometimes just be with the person, you don’t have to say anything.



ENCOMPAS

Remember, grieving the loss of a loved one is the worst pain someone can endure. Be respectful and don't discount anyone's feelings. Even if someone puts on a brave face and looks like they are handling it well, don't assume that person is. Show that you care. Actions often speak louder than words. Offer to take them to the grocery store, watch the children for an afternoon, and help around the house. These gestures mean a lot to a person whose world has just been turned upside down⁵.

⁵ "What to say and what not to say to someone who is grieving", Boston Hospice
<https://www.boltonhospice.org.uk/news/2020/12/what-to-say-and-what-not-to-say-to-someone-who-grieving>



Sudden or Unexpected Death

A sudden, unexpected death can raise some complex issues for the people left to grieve. The shock of a sudden death can catch people off guard and challenge their ability to cope.

What Is Meant by Sudden and Unexpected Death?

A sudden or unexpected death can occur through a medical event such as a fatal heart problem (for example, arrhythmias or acute myocardial infarction); a blood clot in the lung (a massive pulmonary embolism); a stroke (intracranial hemorrhage/cerebrovascular accident); or an acute aortic aneurysm.

Other causes of sudden death might be suicide, or traumas such as car, work, or sporting accidents, natural disasters or violent attacks. With the increase in world-wide terror attacks, survivors are challenged to deal with a wide range of emotions, which may be intensified in the case of random and violent events.

In cases where someone has been terminally ill and receiving long term care, their death may still occur in a way that seems sudden and unexpected to their families. For example:

- A person who was expected to take many months to die may ultimately die a death that feels sudden. Perhaps they were expected to get worse gradually, but instead they stay fairly well and then die abruptly. This can seem sudden when people are expecting a different experience.
- A person may die within a few weeks when they were expected to live for months. For those unaware that the person was ill, the death may seem sudden or unexpected because they were unprepared for it.
- A death that takes several hours or days may also be called sudden, or seem sudden, to those involved. Others who are close to such deaths may not consider them sudden at all, particularly if the person was suffering.

In whatever way the death occurs, a sudden or unexpected death adds extra dimensions of grief for the people who are bereaved.

Grief Reactions

Most people have feelings of shock and confusion as the result of the death of someone close to them, but these feelings can be intensified when the death is sudden.

Everything changes in a split second, which challenges people's emotional worlds.

The person may have died alone, or in the presence of a loved one. Each situation carries with it its own emotional challenges:

- If the bereaved person was not present when their loved one suddenly died, they may experience feelings of guilt or anger that they were not able to be there.



- If the bereaved person was with the person when they died, they may have experienced significant trauma. If they tried to offer first aid, or were responsible for calling help, images of pain, struggle, and fear might be uppermost in their memory.

Dealing With the Impact of Traumatic Death

Any sort of sudden and/or traumatic death or a death by suicide presents significant challenges to the emotional, physical, and spiritual resources of the person who is bereaved.

In the case where they were a witness to the death of their loved one, it may be important for the person to be able to tell the story of the event in detail. This may be done with a professional person – a psychologist or counsellor – or with a sympathetic friend. It may be important not to gloss over the details of the event, particularly if the death is persistently occupying the bereaved person's mind. It may be that they will need to go over the event, perhaps trying to understand what they saw, how it unfolded, the cause of the death, where it occurred, who was present and who helped. It is important not to rush the person and always let them know that they don't have to talk if they don't want to. Sometimes revisiting these memories can be re-traumatizing, so ensuring the person feels safe is essential.

What Can Help?

Sometimes people part in the morning, and never see their loved ones alive at the end of the day. Their world changes in those few short hours, and they are not prepared for the range of huge adjustments they need, and are expected, to make.

What is important in dealing with a sudden or unexpected death is the ability to feel and express grief which is the normal response to loss of any kind. It takes time and patience to find a way to make sense of the event, and its impact on your life.

A bereaved person and their family and friends need to recognize that emotional adjustment to a sudden or unexpected loss is not a short process. Be patient, and seek help when you need it⁶.

⁶ "Grief following sudden or unexpected death", Grief Link, Page last updated: 29 December, 2021, <https://grieflink.org.au/factsheets/grief-following-sudden-or-unexpected-death/>



Grieving the Loss of a Child

No parent is prepared for a child's death. Parents are simply not supposed to outlive their children. It is important to remember that how long your child lived does not determine the size of your loss. The loss of a child is profound at every age.

- Parents of young children are intimately involved in their daily lives. Death changes every aspect of family life, often leaving an enormous emptiness.
- The death of an older child or adolescent is difficult because children at this age are beginning to reach their potential and become independent individuals.
- When an adult child dies, you lose not only a child but often a close friend, a link to grandchildren, and an irreplaceable source of emotional and practical support.

You may find that you also grieve for the hopes and dreams you had for your child, the potential that will never be realized, and the experiences you will never share. If you lost your only child, you may also feel that you have lost your identity as a parent and perhaps the possibility of grandchildren. The pain of these losses will always be a part of you. Yet with time, most parents find a way forward and begin to experience happiness and meaning in life once again.

Common Grief Reactions

Grief reactions after the death of a child are similar to those after other losses. But, they are often more intense and last longer. You may experience the following grief reactions:

- Intense shock, confusion, disbelief, and denial, even if your child's death was expected.
- Overwhelming sadness and despair, such that facing daily tasks or even getting out of bed can seem impossible.
- Extreme guilt or a feeling that you have failed as your child's protector and could have done something differently.
- Intense anger and feelings of bitterness and unfairness at a life left unfulfilled.
- Fear or dread of being alone and overprotecting your surviving children.
- Resentment toward parents with healthy children.
- Feeling that life has no meaning and wishing to be released from the pain or to join your child.
- Questioning or losing faith or spiritual beliefs.
- Dreaming about your child or feeling your child's presence nearby.
- Intense loneliness and isolation, even when around other people, and feeling that no one can truly understand how you feel.

Although grief is always profound when a child dies, some parents have an especially difficult time. Even as time passes, their grief remains intense, and they feel it is impossible to return to normal life. Some parents may even think about hurting themselves to escape from the pain. If



you are having these feelings, talk with a professional such as a doctor or counsellor right away. You can find help to move past this intense grief.

Timing of Your Grief Reactions

Some people expect that grief should be resolved over a specific time, such as a year. But this is not true. The initial severe and intense grief you feel will not be continuous. Periods of intense grief often come and go over 18 months or longer. Over time, your grief may come in waves that are gradually less intense and less frequent. But you will likely always have some feelings of sadness and loss.

Even years after your child's death, important events and milestones in the lives of other children can trigger grief. Significant days such as graduations, weddings, or the first day of a new school year are common triggers. At these times, you may find yourself thinking about how old your child would be or what he or she would look like or be doing if still alive.

Differences in How Parents Grieve

Parents may grieve in different ways depending on their gender and their daily role in a child's life. One parent may find that talking helps, while the other may need quiet time to grieve alone. Cultural expectations and role differences also affect how parents grieve. Men are often expected to control their emotions, be strong, and take charge of the family. Women may be expected to cry openly and want to talk about their grief.

If you are a working parent, you may become more involved in your job to escape the sadness and daily reminders at home. A stay-at-home parent may be surrounded by constant reminders and may feel a lack of purpose now that his or her job as caregiver has abruptly ended. This is especially true for a parent who spent months or even years caring for a child with cancer.

Differences in grieving can cause relationship difficulties at a time when parents need each other's support the most. One parent may believe that the other is not grieving properly or that a lack of open grief means he or she loved the child less. Talk openly about your grief with your partner. Work to understand and accept each other's coping styles.

Helping Siblings Who are Grieving

Parents are the focus of attention when a child dies, and the grief of siblings is sometimes overlooked. The death of a sibling is a tremendous loss for a child. They lose a family member, a confidant, and a life-long friend. For information on prolonged grief disorder, please refer to page 21.

Your surviving children may misinterpret your grief as a message that they are not as valued as much as the sibling who died.

You can help your children during this time of grief in several ways:



- Make grief a shared family experience. Include children in discussions about memorial plans.
- Spend as much time as possible with your children, talking about their sibling or playing together.
- Make sure children understand that they are not responsible for a sibling's death and help them let go of regrets and guilt.
- Never compare siblings to your child who died. Make sure your child knows that you don't expect them to "fill in" for him or her.
- Set reasonable limits on their behavior. But try not to be either overprotective or overly permissive. It is normal to feel protective of surviving children.
- Ask a close family member or friend to spend extra time with siblings if your own grief prevents you from giving them the attention they need.

Helping Yourself Grieve

As much as it hurts, it is natural and normal to grieve. You may find the following suggestions helpful while grieving:

- Talk about your child often and use his or her name.
- Ask family and friends for help with housework, errands, and caring for other children. This will give you important time to think, remember, and grieve.
- Take time deciding what to do with your child's belongings. Don't rush to pack up your child's room or to give away toys and clothes.
- Prepare ahead of time for how to respond to difficult questions like, "How many children do you have?" or comments like, "At least you have other children." Remember that people aren't trying to hurt you; they just don't know what to say.
- Prepare for how you want to spend significant days, such as your child's birthday or the anniversary of your child's death. You may want to spend the day looking at photos and sharing memories or start a family tradition, such as planting flowers.
- Because of the intensity and isolation of parental grief, parents may especially benefit from a support group where they can share their experiences with other parents who understand their grief and can offer hope.

Finding Meaning in Life

You should expect that you will never really "get over" the death of your child. But you will learn to live with the loss, making it a part of who you are. Your child's death may make you rethink your priorities and the meaning of life. It may seem impossible, but you can find happiness and purpose in life again.



ENCOMPAS

For some parents, an important step may be creating a legacy for your child. You may choose to honor your child by volunteering at a local hospital or a cancer support organization. Or you may work to support interests your child once had, start a memorial fund, or plant trees in your child's memory. It is important to remember that it is never disloyal to your child to reengage in life and to enjoy new experiences.

Each of your children changes your life. They show you new ways to love, new things to find joy in, and new ways to look at the world. A part of each child's legacy is that the changes they bring to your family continue after death. The memories of joyful moments you spent with your child and the love you shared will live on and always be part of you.⁷

⁷ "Grieving the loss of a Child", Originally published by American Society of Clinical Oncology, Page last updated, 2023, <https://tcjayfund.org/grieving-loss-child-cancer/>



Line of Duty Death

Police officers are routinely exposed to death. In many instances, officers' experiences with decedents include witnessing the intense emotional suffering of relatives of the deceased. Additionally, it is not uncommon for officers to lose fellow officers to on-duty deaths and permanent, career-ending injuries. Like everyone, police officers also have to cope with deaths of loved ones in their personal lives. This ongoing exposure to on- and off-duty deaths can significantly compromise officers' wellness and health.

Death and loss are endemic to all living species. Each culture has its own rituals for mourning the deceased, and these rituals help those left behind adjust to a world without their loved ones. Indeed, it has been argued that the likelihood of being exposed to the loss of a loved one increases as one ages.¹ In the scholarly literature, bereavement is defined as the painful experience of losing a loved one, and grief is defined as the psychophysiological symptoms one experiences after losing a loved one.² Even though most research focuses on grief as a response to the loss of a loved one, other researchers found that individuals' grief may be a common experience across different types of losses (e.g., losing a job, divorce).³ To use a biological analogy, bereavement can be thought of as a physical injury, while grief may be conceptualized as the painful inflammatory response to the injury. Grief manifests through symptoms such as strong yearning, longing, sadness, stress, and intrusive thoughts and images of the deceased.⁴

Researchers report that 10–15 percent of people who have lost a loved one (most notably, a romantic partner or a child)—especially in the form of a sudden or violent death (e.g., accidents, homicide, suicide)—are at greater risk to develop prolonged grief.⁵ Other terms for this condition include pathological grief, unresolved grief, or complicated grief. Prolonged grief is a long-term condition that can interfere with a person's ability to function, and it is characterized by an intense yearning for the deceased, emotional pain or emotional numbness, intrusive thoughts and memories of the deceased, a loss of trust, bitterness, hopelessness, and an emotional separation from one's spiritual or religious belief system.⁶ Returning to the previous medical example, prolonged grief may be viewed as an infection to one's wound.

Who is more at risk for prolonged grief? According to research, prolonged grief is more common in females, individuals who have a history of a mood disorder, and individuals who are pessimistic and were overly dependent on the deceased.⁷

Danger, either in a present or imminent form, is embedded in law enforcement. During their training, police officers are reminded that survival on the streets is paramount and that even routine incidents may escalate to potentially life-threatening ones. In addition, police equipment (e.g., body armor, firearms, tasers) and protective elements (e.g., bulletproof windows in police cruisers) serve as further reminders that officer or civilian safety may be jeopardized at any point; thus, preparedness for survival is crucial. To this end, law enforcement officers are sworn and mandated to respond to critical incidents whereas, during those situations, civilians escape or receive emergency workers' help. A prime example of this can be seen in law enforcement officers' heroic response to the terrorist attacks of 9/11: even though the officers knew the



buildings could collapse at any moment, they remained on-site to save as many civilians as possible. Similarly, in active shooter situations, officers will attempt to stop the shooter and save civilians, even though they know that this may involve sacrificing their own lives.

It is broadly accepted that law enforcement officers respond to myriad critical incidents over the course of their careers, and their exposure to death-related situations may either be direct (e.g., shooting situations, dead body at a crime scene) or indirect (e.g., writing reports, participating in judicial procedures). Additionally, officers' exposure to death or loss-related incidents may be prolonged due to various factors, such as news stories about the incident or having to testify at a subsequent trial. Furthermore, officers are frequently exposed to reminders that police work is death saturated; for instance, the entrance area of nearly every police precinct or academy contains a memorial featuring the images of officers who have sacrificed their lives in the line of duty. New York Police Department precincts that lost officers during the events of 9/11 have hung yellow ribbons in their entrances to commemorate these officers' sacrifices, and other agencies might have similar symbols of loss at their headquarters or precinct offices.

In addition to encountering death on a regular basis on-duty, police officers, like everyone else, have to confront loss in their personal lives. Sometimes, this involves the death of a coworker from an illness or suicide, which blurs the line between professional and personal life. It is not uncommon, however, for police officers to tackle the emotional burden of grief from the loss of a loved one. Although some of these deaths follow protracted illnesses, in some cases, this loss occurs from an incident that is remarkably similar to events that the officers face on duty (e.g., a fatal traffic crash). In such instances, again, the separation between personal and professional life is extremely difficult to maintain, and officers find it difficult to grieve the loss of their loved one while attempting to continue working effectively. For example, one of the authors worked with an officer who contemplated retirement if his agency did not provide him with an alternative work assignment after the suicide of his 16-year-old daughter, because he was no longer emotionally able to work a patrol assignment where he routinely was called to the scene of suicides.

Beyond Traditional Grief

When the deaths accumulate on duty, without the corresponding emotional impacts of off-duty losses, police officers may be unable to experience traditional forms of grief. The deaths encountered on duty do not usually evoke the sort of bereavement one suffers following the loss of a loved one. Instead, these deaths contribute to other psychological reactions, which can significantly compromise officers' wellness. These on-duty deaths fall into two categories. The first is when officers are called to the scene of a death in which the decedent reminds the officer of someone from their personal life. For example, one officer shared that his "heart stopped" when he responded to call in which a young child had drowned; as he entered the residence's backyard, he saw the toddler wearing a swimsuit identical to his own son's. Similarly, officers with teenage children often express how much more difficult it is to respond to traffic fatalities involving teenagers than it was before they had children of their own. Although officers do not



generally experience grief in such situations, these death scenes literally hit too close to home and make it more difficult for officers to maintain appropriate emotional distance.

The second category of on-duty deaths are those that have no apparent personal connection to the officer. Although officers are trained to handle these deaths from an operational standpoint, the cumulative impact of repetitive exposure to death takes a toll emotionally and spiritually on many officers. This emotional and spiritual toll can cause officers to develop compassion fatigue. Compassion fatigue has been defined as the “cost of caring” that helping professionals often experience by supporting trauma victims.⁸ For officers motivated to help people, the continual after-the-fact responsibility of working the scene where a death has occurred leaves many officers feeling quite powerless. This can have a deleterious impact on officers’ spirituality and provoke an existential crisis, whereby officers lose their sense of purpose and meaning.⁹

The Impact of Prolonged Grief in Law Enforcement

Research shows that grief may impact law enforcement officers’ personal and professional lives in a number of ways. First, officers responding to violent crime scenes may feel negative emotions such as agitation and anger toward the perpetrators. This is especially salient when the victims are minors or elders, as the officer may identify them with his or her own vulnerable family members (e.g., children, parents). This association often causes officers to feel a very strong urge to act and do something to resolve the case.¹⁰ In other cases, officers who fail to save a civilian’s life may blame themselves or experience feelings of guilt as a result.

Research has also focused extensively on the experiences of officers who have lost a colleague in the line of duty. Not only does the loss of a partner force officers to confront their own mortality, but, for many, it is equally painful as the loss of a spouse.¹¹ Moreover, officers who were present at the time of their partners’ deaths are also highly likely to suffer from survivor’s guilt.¹² A number of other detrimental or negative behaviors have been documented among officers who have been exposed to death and loss in the line of duty, most notably alcohol abuse and suicidal ideation and behaviors. Indeed, researchers observed a significant increase in suicidal ideation and urgent care due to suicidal behaviors among officers who had responded to the terrorist attacks of 9/11.¹¹

The extensive and comprehensive research surrounding grief and loss is also useful for understanding the challenges of death saturation in law enforcement. For instance, in one study, participants suffering from prolonged grief were less flexible with regard to enhancing or suppressing their emotions, which is a strong indication of emotional dysregulation.¹⁴ Similarly, other research found that individuals suffering from prolonged grief were prone to general attentional bias away from happy faces.¹⁵ In addition, other research has found that individuals suffering from prolonged grief are unable to express both positive and negative emotions and experience emotional dysregulation and disrupted emotional processes.¹⁶

In contrast, findings have shown that resilient individuals who experience the loss of a spouse tend to be emotionally stable and available to communicate with others, feel less lonely, and show greater capacity to experience comfort when recalling memories of the deceased.¹⁷ This



last finding notwithstanding, the above body of research has significant implications for law enforcement professionals' job performance, particularly considering the degree of emotional regulation required when interacting with civilians or attempting to de-escalate a potentially dangerous situation. Indeed, emotional dysregulation can impair officers' decision-making abilities, which can have dire consequences in cases where the use of force may be required—to say nothing of the detrimental effects that emotional dysregulation can have on officers' social relationships with their colleagues, family members, and friends.

Recommendations for Prevention and Action

The authors suggest that the following practices be considered by all law enforcement personnel to mitigate the negative effects of on- and off-duty deaths and loss:

- **Mindfulness practice** offers a healthy way for law enforcement officers to process their reactions to death- or loss-related incidents, as it enables them to do so in a manner that is compassionate and nonjudgmental.¹⁸
- Research has shown that **visual imagery exercises** provide similar benefits to mindfulness practices, as these exercises allow officers to feel present in a serene and safe zone.¹⁹ The implementation of these exercises is highly recommended, as prior research has demonstrated that they can help to improve officers' performance.²⁰
- **Gratitude letters** can help to provide officers with an objective view of the positive impact their service has on their communities.²¹ In addition, practicing **journaling** allows officers to make meaning out of death- or loss-related situations experienced in the line of duty, which in turn provides them with the chance to process their maladaptive images and thoughts.²²
- Individuals should be encouraged to **seek out professional assistance**. Typically, a health professional will provide psychoeducation on what constitutes prolonged grief to the patient and why people grieve. Psychoeducation is a tool that has been proven to be quite effective. In providing officers with science-based knowledge, this approach helps to reassure them that their reactions to death- or loss-related situations are likely normal, which can help to mitigate self-imposed stigma associated with feelings of distress and sadness.²³ In addition, psychoeducation can help officers and their families be more aware of when they should seek help, and what services to seek out.²⁴
- Officers should **monitor their grief** and take five to ten minutes at the end of each day to think back over the day and identify the times the grief was at its highest, rating it on a scale of 1 to 10 and noting what was happening at that time. Monitoring the days that are the highest for the week and lowest for the week can be useful, especially when discussed with a counselor/therapist.
- Being on extended leave can actually impede recovery. The officer should be encouraged to **reconnect with fellow officers**.



- The bereaved officer should **seek out at least one person who can act as a confidant**. Over time, the bereaved person should be encouraged to **reengage in different social activities** when they feel ready to do so.
- Developing and **engaging in some form of spiritual practice**, for those so inclined, can provide an inoculating effect to help officers avoid a loss of purpose and meaning. Research has even found support for “the integration of workplace spirituality as a model that promotes community policing, police wellness, and the fostering of a guardian culture.”²⁵
- Many people living with prolonged grief believe they should avoid events, thoughts, people, places, and activities that remind them of their loss. These reminders should not be avoided. Although “bittersweet,” they hold benefits as well as pain. It is suggested that a ranked list of **places and activities that have been avoided can be revisited**, either alone or with a friend.
- **Resilience promotion should focus on targeted behaviors** and individuals who are most likely to instill adaptation to death- or loss-related incidents.²⁶ In addition, organizations should **assess officers who appear to be at a higher risk** of adverse outcomes from being exposed to death or loss in the line of duty and provide them with interventions tailored to their needs.

Closing Thoughts

Although the majority of police officers enter the profession with the desire to help people, their jobs regularly expose them to human tragedies. These situations may leave some officers in a perpetual state of powerlessness. Due to the increased risk of prolonged grief reactions in policing, it is important for police executives to recognize the problem and begin to provide more than post-incident resources. Police officers can benefit from psychoeducation and preventative measures that are designed to boost resilience. Although exposure to death and loss are inevitable for police officers, there is much that can be done to prevent prolonged grief reactions.⁸

⁸Daniel M. Blumberg, Peter Collins, Konstantinos Papazoglou, Mike Schlosser, and George Bonanno, “Death and Loss in Police Work,” Police Chief Online, May 27, 2020, <https://www.policchiefmagazine.org/death-and-loss-in-police-work/>



Grief Supports

Bereaved Families of Ontario

Bereaved Families of Ontario provide a safe, non-judgmental environment for you to discuss your experiences and learn about grief with others who have been there. The service is free.

Bereaved Families of Ontario can also assist you to be helpful for a friend, relative or co-worker who has experienced the death of a loved one.

See the following website for a location near you: <https://bereavedfamilies.net/>

My Grief

MyGrief.ca is an online resource to help people move through their grief from the comfort of their own home, at their own pace. It can help you understand your grief and approach some of the most difficult questions that may arise. It was developed by people who have experienced the death of someone important to them and grief specialists. It compliments existing community resources and helps address barriers to grief services.

<https://mygrief.ca>

Virtual Hospice

The Canadian Virtual Hospice provides support and personalized information about advanced illness, palliative care, loss and grief, to people living with illness, family members, people working in healthcare, educators, and researchers.

<https://virtualhospice.ca>



Suicide Loss

The fact that someone died by suicide does not diminish our love for them, their value, the contribution they made to our families and communities and our right and need to celebrate and honour their lives and accomplishments. It is how a person lived, not how they died, that defines someone.

Normal Reactions to Suicide Loss

Shock and Numbness

- Suicide bereavement is one of the most intensely painful experiences you are likely to undergo. The pain may be so overwhelming initially that your natural defense mechanism shuts down. At some point the numbness leaves and you will need to go through the pain that is buried.

Deep Sadness

- Deep sadness is normal. Other common feelings experienced may include helplessness, hopelessness, fear, failure, anxiety, depression, rejection, and abandonment.

Anger and Blame

- Anger and blame may be directed towards those you perceive to have been at fault. These may include doctors, counsellors, friends, family, yourself or even the person that died.

Guilt

- Survivors of suicide (family and friends of the loved one who has died by suicide) often feel they missed or ignored earlier warning signs of distress. Hindsight plays a role in this. Others may have decided to give up trying to help as they needed distance to keep themselves healthy.

Shame

- It may be difficult to discuss the cause of death for fear of being judged. Rather than telling stories, it is okay to say you are not ready to talk about the loss. Some people continue to believe the myth that all people who die by suicide are either mentally ill or come from dysfunctional families. Others who care may stay away as they do not know what to say or how to be helpful. Let friends and family know what you need from them.

Relief

- You may feel relief after a suicide, especially when the relationship with the deceased has been difficult and chaotic or if you have watched the person suffer for a long time.

Denial



- You may not fully accept the reality of suicide. You may move in and out of denial. This is especially common in the beginning of grief.

Why Questions

- “Why” questions over and over in an effort to understand the reason your loved one died by suicide is a normal part of the healing process. With suicide, even when people think they have touched upon the answer – the “Why” question continues to surface.

Fear

- You may fear that other family members or friends will die. Loss of self-esteem and confidence in problem solving or decision-making is normal.

Depression

- The world as you knew it changed the moment your loved one died. Grief impacts everything including sleep patterns, eating habits, concentration, energy levels and motivation.

Spiritual or Religious Beliefs

- Spiritual beliefs and values previously held may be challenged. You may question the meaning or purpose of life. Fear of rejection by your religious community can also be a factor.

Thinking About Suicide

- Due to the intensity of the grief process, some people just want the pain to end and begin to experience suicide related thoughts. Having these thoughts is common and does not mean you will act on them. However, it is important to seek help and have an assessment completed regarding these thoughts and feelings.

Reaching Out

- If you feel you need more support than family or friends can provide, contact your doctor or counselling agency in your area. Other resources include Canadian Mental Health Associations, spiritual community, bereavement support group, crisis line and Provincial, Territorial or Regional Distress or Suicide Line.



Coping Strategies for Living with Suicide Grief

Claim Your Right to Grieve

- Not only is it important to grieve, but it is also necessary to experience the pain of the suicide loss in order to gain relief. Remember the grief process takes a long time and may never be fully resolved.

Express Emotions

- Grief is emotional. It is a natural response to a traumatic loss. Make time to grieve. Let people you trust know when you need support. Teach others how they can be helpful. Most people will not automatically know what you need. Talk to others who have experienced a loss by suicide.

Actions

- Doing something active rather than just thinking to resolve emotions is healthy. Examples include journaling, writing letters, walking and exercising⁹.

⁹ “Support for People Living with Loss”, Canadian Association for Suicide Prevention, <https://suicideprevention.ca/support-for-people-living-with-loss/>



What You Can Do When You're Concerned About Someone

Never agree to keep thoughts of suicide a secret. Sometimes instinct tells us we must break confidentiality. It's better to have someone alive and mad at you than dead by suicide and you feeling that you missed an opportunity to help them keep safe. We recommend treating this subject and the people involved with respect, dignity and compassion and don't keep it to yourself. Know who you can connect with as this work cannot be done alone. You may, as a helper, experience thoughts and feelings that are uncomfortable. It's OKAY to reach out.

Talking about suicide can provide tremendous relief and being a listener is the best intervention anyone can give. Talking about suicide will not cause suicide. When experiencing intense emotions, the person will not be able to problem solve. It is not your job to fix their problems. Listen, care, validate and be non-judgmental.

Questions to consider asking someone you are concerned about:

- Are you thinking of suicide?
- Have you tried to end your life before?
- Have you been feeling left out or alone?
- Have you been feeling like you're a burden?
- Do you feel isolated and or disconnected?
- Are you experiencing the feeling of being trapped?
- Has someone close to you recently died by suicide?
- How are you thinking of ending your life?
- Do you have the means to do this (firearms, drugs, ropes)?
- Have you been drinking or taken any drugs or medications?
- How have you been sleeping?
- Are you feeling more anxious than usual?
- Who can we contact that you feel safe and/or comfortable with?

For the helper:

- Are you noticing or have you noticed any dramatic mood changes?
- Changes in work behavior or school attendance/marks dropping?
- Does the person seem to be out of touch with reality?

How to be Helpful When Someone is Having Suicide-Related Thoughts:

- Take all threats or attempts seriously.
- Be aware and learn warning signs of suicide.
- Be direct and ask if the person is thinking of suicide. If the answer is yes, ask if the person has a plan and what the time line is.
- Be non-judgmental and empathic.



ENCOMPAS

- Do not minimize the feelings expressed by the person.
- Do not be sworn to secrecy...seek out the support of appropriate professionals.
- Ask if there is anything you can do.
- Draw on resources in the person's network.
- Do not use clichés or try to debate with the person.
- In an acute crisis take the person to an emergency room or walk in clinic or call a mobile crisis service if one is available.
- Do not leave them alone until help is provided.
- Remove any obvious means (e.g., firearms, drugs or sharp objects) from the immediate vicinity.¹⁰

¹⁰ "I'm Concerned About Someone ", Canadian Association for Suicide Prevention, <https://suicideprevention.ca/im-concerned-about-someone/>



Safety Planning

A safety plan is a document that supports and guides someone when they are experiencing thoughts of suicide, to help them avoid a state of intense suicidal crisis. Anyone in a trusting relationship with the person at risk can help draft the plan; they do not need to be a professional.

When is a Safety Plan Written?

A safety plan is written when a person is not experiencing intense suicidal thoughts. It may be written after a suicidal crisis, but not during, as at this time an individual can become overwhelmed with suicidal thoughts and confusion and may not be able to think clearly. A safety plan is written when a person has some hope for life so that they can identify their reasons for living, and positive actions they can take to prevent their thoughts from becoming intense and overwhelming.

Safety Planning:

This plan must be drafted with the collaboration and input of the individual at risk. It should be clear, concise, and accessible. Safety plans are not one-size-fits-all; they need to be customized to each individual's specific needs and circumstances.

1. **What are the current top stressors:**
2. **List personal early warning signs that a crisis may be developing (e.g., thoughts, images, moods, behavior, physical signs)**
 - Thoughts (i.e., active inner critic)
 - Emotions (i.e., feeling emotionally overwhelmed, sad, mad)
 - Body sensations and physical signs (i.e., stomach-ache, headaches)
 - Behaviours (i.e., sleeping all the time, removing oneself from others). Is there anything that others can do or not do to support you when warning signs are present? (i.e., listen, empathize, validate, speak slowly and quietly, not offer advice)
3. **Internal Coping Strategies:**
 - Compile a list of activities that can be done without contacting another person that is soothing to you or that have worked in the past (e.g., relaxation techniques, physical movement, watching funny videos). Try to be as specific as possible.
4. **Socialization and Distraction:**
 - Identify friends or animals or settings that may help take your mind off troubling thoughts (i.e., mom, dad, friends, relatives, furry friends, walking by the water,



visiting favourite tree at the park). These are people, places, animals, or things that offer support and/or distraction.

5. Contact Information for Family or Friends:

- Prepare a list of names, phone numbers, or addresses of family, trusted friends or others who may help in a crisis.

6. Professional and Agency Contacts:

- Include the names and numbers of clinicians, local emergency services, and crisis hotlines.

7. Reasons for Living/Inspiration:

- Sometimes when people are sad it can be hard to see your reasons for living. What are some reasons you have to live for? (i.e. future goals, travel plans, bucket list items, inspirational quotes, faith, remembering that times have been tough in the past and you have survived).

8. Making the Environment Safe:

- Develop a plan for removing or securing lethal means particularly firearms, medications, or any other objects that could be used in a suicide attempt.

Additional considerations:

9. Review the Plan Regularly:

- Revisit and update the safety plan periodically, especially after a crisis has been averted or following a therapy session or any changes to situation.

10. Distribution of the Safety Plan – with consent:

- Make sure that copies of the safety plan are easily accessible and that the individual and any caregivers or relevant people within the plan have access to it.

Survivors of Suicide Supports

Canadian Association for the Prevention of Suicide offers a search tool for a directory that provides suicide crisis services, suicide bereavement support, and mental health support.

<https://suicideprevention.ca/resources/>

Crisis Support

Suicide Crisis Helpline A safe space to talk, 24 hours a day, every day of the year.



ENCOMPAS

<https://988.ca/>

Call or text 988

If you are thinking about suicide, or you're worried about someone else, we want to help.

Call or text 9-8-8 toll free, any time — lines are open 24/7/365

Encompas Supports

Please reach out if you are looking for supports. Encompas Care Managers can connect you or your family members 24/7 to counselling as well as immediate access to a clinician through the On-Call Counselling program from 8:00am-12:00am at 866 794 9117.

First Responder Specific Supports

Boots on the Ground

Boots on the Ground is an anonymous helpline providing confidential and anonymous peer support to First Responders across the province, 24 hours a day, 7 days a week. It is a charitable organization completely run and staffed by volunteers.

Tel: 1-833-677-2668 24/7 Helpline

info@bootsontheground.ca

Badge of Life Canada

Badge of Life Canada supports Canadian public safety personnel by offering a safe, confidential place where members in crisis can turn for immediate information that can provide hope, growth and recovery to those members who are suffering an operational stress injury, including post-traumatic stress, depression, anxiety, and addictions; with access to counselling, including suicide prevention counselling, information and group support programs.

info@badgeoflifecanada.org

Wounded Warriors Canada

Wounded Warriors Canada is a nationally-recognized mental health service provider dedicated to serving ill and injured Trauma Exposed Professionals (TExPs) and their families in both official languages.

Tel: 1-888-706-4808

info@woundedwarriors.ca



ENCOMPAS

Beyond the Blue

Committed to providing a community of support to police spouses & families, through resources that will provide education, training & practical tools to enable families to thrive in their roles as the support system for their police officer.

647-298-0636

<https://www.canadabeyondtheblue.com/>

Public Safety Personnel Net

PSPNET was founded to support the mental health and wellbeing of public safety personnel (PSP) or first responders.

Tel: 1-833-317-7233 (SAFE)

pspnet@uregina.ca

ACE Suicide Intervention Program

Please note that the ACE program is from the Veterans Affairs in the United States, so resources will differ in Canada. Please call or text 988 for the suicide crisis line for support.

The *Army ACE Suicide Intervention* (ACE-SI) Program is a three-hour training that provides soldiers with the awareness, knowledge, and skills necessary to intervene with those at risk for suicide.

ACE stands for *Ask, Care, and Escort*. The purpose of *ACE* is to help soldiers and junior leaders become more aware of steps they can take to prevent suicides and confident in their ability to do so. *ACE* encourages soldiers to directly and honestly question any battle buddy who exhibits suicidal behavior. The battle buddy should ask a fellow soldier whether he or she is suicidal, care for the soldier, and escort the soldier to the source of professional help. This training helps soldiers avoid letting their fears of suicide govern their actions to prevent suicides.



ACE.pdf




Road to Mental Readiness Mental Health Continuum

Mental health, like physical health, exists on a continuum. It is a dynamic changing state that can deteriorate or improve given the right set of circumstances. Therefore, mental health concerns, if identified and treated early, have the potential to be temporary and reversible. This model goes from healthy adaptive coping (green), through mild and reversible distress or functional impairment (yellow), to more severe, persistent injury or impairment (orange), to clinical illnesses and disorders requiring more concentrated medical care (red).

The arrows under the four color blocks denote movement in both directions is possible, thus indicating that there is always the possibility for a return to full health and functioning.



Signs and Symptoms

			
Healthy	Reacting	Injured	ILL
Normal mood fluctuations Calm & takes things in stride	Irritable/ Nervous Sadness/ Overwhelmed	Impatient Anger Anxiety Pervasively Hopeless	Angry outbursts/ aggression Excessive anxiety/ panic attacks Depressed/ Suicidal thoughts
Good sense of humour Performing well In control mentally	Displaced sarcasm Procrastination Forgetfulness	Negative attitude Poor performance/ Workaholic Poor concentration Poor decision-making	Overt insubordination Can't perform duties, control behaviour or concentrate
Normal sleep patterns Few sleep difficulties	Trouble sleeping Intrusive thoughts Nightmares	Restless disturbed sleep Recurrent images/ nightmares	Can't fall asleep or stay asleep Sleeping too much or too little
Physically well Good energy level	Muscle tension Headaches Low energy	Increased aches and pains Increased fatigue	Physical illnesses Constant fatigue
Physically and socially active	Decreased activity/ socializing	Avoidance Withdrawal	Not going out or answering phone
No/ limited alcohol use/ gambling	Regular but controlled alcohol use/ gambling	Increased alcohol use/ gambling - hard to control	Frequent alcohol or gambling use - inability to control with severe consequences ¹¹

¹¹ "Road to Mental Readiness Aide Memoire", Department of National Defense, Date modified: 2023-07-13, <https://www.canada.ca/en/department-national-defence/corporate/reports-publications/health/r2mr-aide-memoire.html>



Self-Care

The stress associated with grieving affects all aspects of your being: mental, physical, emotional, and spiritual. In just a short period of time, you can use up your energy resources and feel overwhelmed and exhausted from the stress of your grief. During this time, it is important to remember to practice extreme self-care to nurture you on your grief journey. The following suggestions are ways to care for yourself and lessen your “grief stress.” Make time to do one or two of below daily:

- Break a task into smaller, more manageable pieces. Instead of expecting yourself to finish an entire project in one sitting, break it down and develop smaller goals.
- Think about the people and places that bring you the most joy.
- Prioritize your life, responsibilities, and time.
- Practice saying “no” to items that are lower on your priority list.
- Identify people in your life who are positive supports and carve out time to talk or spend time with them.
- Honor your feelings; do not judge yourself for feeling angry, sad or frustrated. Whenever you are able, honestly share these feelings with other people.
- Listen to your favorite music but be mindful that some songs can be grief triggers.
- Water can be healing. Take a long, hot shower or bath.
- Start a new hobby or reconnect with an old hobby you previously enjoyed doing.
- Create a “to do” list. This list may help you spend less time dwelling on the stressors and responsibilities in your life. Keep this list beside your bed and write things down as you think of them. This may help you fall asleep faster.
- Allow yourself to have some comfort food. Eat a bowl of ice cream or have a piece of chocolate.
- When getting through a day or evening feels overwhelming, think about it in smaller segments of time. For example, tell yourself you only must make it through lunchtime. After lunch, think through your plans for the afternoon or evening.
- Create a list of short-term goals. What would you like to accomplish in the next two to three months? These goals may be ways to remember your loved one and can help you discover a sense of purpose. Plan a weekend trip or attend a local event as a way to “take a break” from your grief.
- Create a safe and comfortable place for yourself in your home. Fill it with all your favorite things, perhaps a cozy blanket, pillow, music. Get in your comfy clothes and spend some time there.
- Explore ways to express your anger – maybe scream into or punch a pillow!
- Practice a random act of kindness. Think of something nice you can do for someone else and make plans to do it.
- Practice deep breathing exercises, make an appointment for a massage, and try a meditation exercise or prayer.



ENCOMPAS

- Spend time in nature. Take a walk in a local park or around your neighborhood. Relish the sights, sounds and smells of the great outdoors.
- Start a gratitude journal and write down aspects of your life for which you are grateful.
- Tell someone you love them.
- Spend time with a pet.
- Make a list of what you feel guilty about. Consider where you can make amends and acknowledge which ones you are powerless to change.
- Ask a treasured friend or family member to list the strengths they see in you. Read and reflect on the list.
- Be kind, compassionate and gentle with yourself. Allow yourself to make mistakes, feel angry, sad, guilty and to have bad days.
- Spend some time thinking about a time when you felt extremely loved and happy. Relish the details of that moment in time.¹²

¹² “Extreme Self-Care on Your Grief Journey”, Pathways Centre for Grief and Loss, <https://www.hospiceandcommunitycare.org/wp-content/uploads/2016/02/Extreme-Self-Care-on-Your-Grief-Journey.pdf>



Apps

Road to Mental Readiness (R2MR) Mobile Application

- It is a mobile training tool (adjunct to in-person training) designed to improve performance and long-term mental health outcomes.
- Provides the tools and resources needed to manage and support CAF member, family members and public in general. R2MR training is layered and tailored to meet the relevant requirements and responsibilities CAF personnel encounter at each stage of their career and whilst on deployment.

<https://apps.apple.com/ca/app/r2mr/id1148743063>

https://play.google.com/store/apps/details?id=ca.drdc.rddc.r2mr&hl=pt_PT



Toolkits

Safety Plans to Prevent Suicide Toolkit

Centre for Prevention of Suicide

<https://www.suicideinfo.ca/resources/>



SafetyPlan_Toolkit_0
919_web.pdf

Hope and Healing After Suicide

CAMH

<https://www.camh.ca/en/health-info/mental-illness-and-addiction-index/suicide>



Hope and Healing EN
Coping after suicide.p

Toolkit for people who have been impacted by a suicide loss

Mental Health Commission of Canada

<https://mentalhealthcommission.ca/suicide-prevention-toolkits/>



suicide_loss_toolkit_e
ng.pdf



Talking to Children after Suicide Loss

Mental health Commission of Canada

<https://mentalhealthcommission.ca/catalyst/catalyst-may-2021-talking-to-children-about-a-suicide/>



Talking to Children
after suicide loss

