

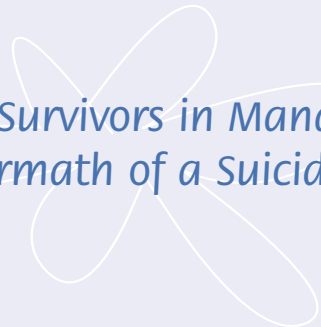


Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive



You are not Alone

A Guide for Survivors in Managing
the Aftermath of a Suicide



Worldwide, six million people are bereaved by a suicide death annually. In Ireland, almost two funerals a day are as a result of a person taking their own life. In 2003, 444 individuals chose to end their lives prematurely without saying goodbye to their families and friends.

Although the effects of suicide on the bereaved are similar to other forms of natural death, they do differ in a number of ways. For the suicide bereaved making sense of the death, coping with feelings of rejection, anger, guilt and disbelief can be even greater issues for these families. Typically, the act of suicide affects a wide circle of people, many of whom feel isolated and burdened after the event.

This booklet is designed to provide some brief general guidelines in managing the immediate events and in coping with the long-term future.

Most of all, it is an attempt to communicate the fact that you are not alone. Many others have experienced a death by suicide so much so, that they are offering support on an ongoing basis following a terrible event in their own lives.





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SECTION 1: IMMEDIATE REACTIONS

Why?

Death by suicide is an overwhelming loss that can leave families and friends besieged by a range of emotions and many unanswered questions. While the pattern of grief is unique to individuals, many families experience similar reactions. The need to understand why a person took his/her own life is one of the questions that a surviving family will face. Making sense of the death, trying to find an explanation and dealing with "could I have prevented the death", or "am I to blame" are all part of the emotional turmoil that the bereaved can experience.

Unfortunately, it is not always possible to understand, to fully piece together the person's unique story. Although a stressful event may appear to have been the trigger, it will seldom have been the sole reason for death. Ultimately, the bereaved will have to live with their loss, in their own individual way, albeit without having all the answers. What is important, is to grieve and to come to a state of acceptance. While grieving never completely ends, the pain will soften over time. Some time over the course of grieving, a conscious choice may need to be made, to fully live life again. Asking why is important, but sometimes the answer may never be found.

Suicide is often the result of a complex combination of several significant factors. In the end, there may be no way to fully understand the deceased frame of mind at the time of death. Getting through the experience, moving beyond the puzzlement of why and learning to fully function again are important challenges in the grieving process.

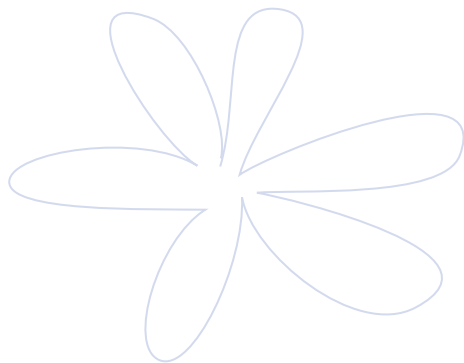
Am I To Blame? Could I Have Prevented It?

After a suicide, family and friends often go over the pre-death circumstances and events, blaming themselves for the things they think they should or should not have done. This common experience is a natural reaction but varies in intensity within families and among the different members of the family.

No matter what justification there seems to blame yourself 'it is not your fault'. The circumstances that result in someone taking their own life are very complex and it is often not possible to have known that a loved one might take their own life. Even professionals acknowledge the limitations in making such predictions.

Often, in trying to cope with the impact of the death, family members are unable to offer one another support. Individual family members respond differently to the death depending on their relationship with the deceased. Frequently, feelings of hostility and bitterness towards one another may surface. For others, withdrawal or excessive talking may be their way of coping. Essentially, the common denominator in such communications is the need to put things in perspective, to express feelings and to deal with the hunger for information and inner emotional turmoil.

Over time, the intensity of pain will lessen but for some, it may be important to seek help outside the family in order to make personal sense of the tragedy. For many, talking through one's feelings with a trusted friend/relative provides sufficient support in working through grief. For others, meeting people who have had a similar experience brings tremendous relief and a sense of comfort and healing.





SECTION 2: NATURAL RESPONSES

Feelings You May Be Experiencing Now Or In The Future

The aim of this section is to describe some of the most common feelings experienced by the bereaved shortly after the death of their loved one. The intention is to reassure you that you are not going crazy and that such a state of mind is both understandable and to be expected at this time.

The aftermath of a death by suicide leaves family and friends with the most painful of emotional legacies. The loss of a loved one is sudden and alarming, complete shock often masks the full realisation of what has happened. Images and painful memories may intrude by night and day.

As shock gives way to painful reality, there may be feelings of guilt and great mental anguish. Unfortunately, there is much ignorance and confusion surrounding a death by suicide. This is one reason why suicide survivors may find comfort in being with other individuals bereaved by a suicide death. It is advisable to obtain reassurance and support in order to maximise one's ability to get through this very dark time.

Grieving is a long lonely road marked by times of complete hopelessness and despair. There is no way of avoiding this pain. Losing someone by what may appear to be a deliberate decision may heighten specific aspects of grief. It is essential that you are aware of some of these feelings and how they may manifest within yourself, in your family and friends. It is important to remember, however, that each person will grieve in his or her own way and that not everybody will experience the same feeling.

GUILT

In the face of such tragedy there may be an overwhelming sense of regret, self-doubt and deep shame characterised by a gnawing sense of persecution. These feelings may feel deeply rooted in your mind and body and may allow you little relief or personal solace. You may feel your breathing is affected and may experience waves of panic. The questions that may shape in your mind could include some or all of the following:

"Why didn't I listen?"

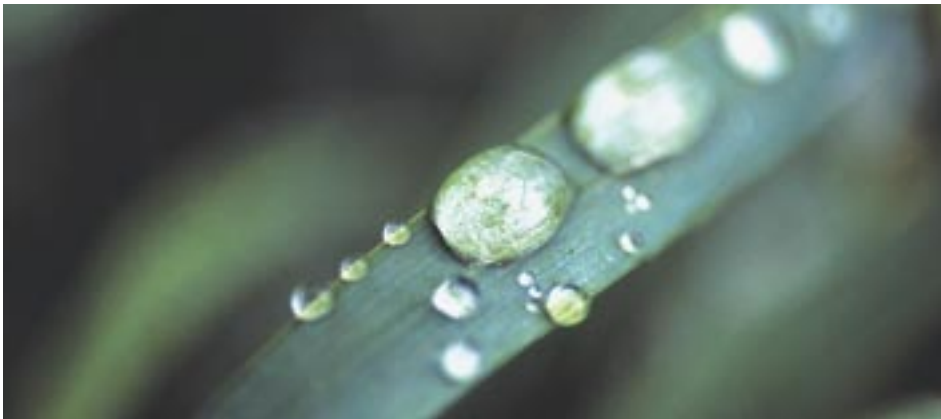
"Why didn't I prevent this from happening?"

"Why didn't I give him/her more time?"

Such questioning usually takes the form of self-reproach and self-blame, whilst removing all responsibility from the person who has ended his/her life. Time and support is needed in order to come to the understanding that suicide is an individual act. No one person is in control of another person's fate.

ANGER

Anger is an extremely physical emotion, which grinds away at whatever strength you may be clutching on to. Anger can make you tense, extremely irritable and prone to huge swings of emotion. At times there will be feelings of rage directed at yourself, the person who has died, family, friends and very often God. You may want to blame someone and that scapegoat may be targeted at anyone who comes across your path. In a grieving family, several members will be experiencing these emotions at the same time. Most families have their secrets and in times of trauma, these may well surface. This death may be the latest in a series of stressful life events. The relationship may have been ambivalent. At times, the deceased person's behaviour may have caused great frustration and you may have wished for them to go away. Please remember that this is not the reason for their death. This may well be the opportunity to seek out confidential support and enable some personal healing to take place.



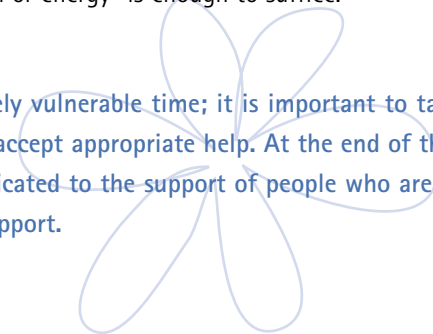
DEPRESSION

Depression has often been described as anger turned in on oneself. Depending on your individual make-up, you may feel greater amounts of depression than anger or alternatively you may swing widely between the two.

Depressive feelings include a sense of being pressed into a dark space, a sense of not being able to move or see any light at the end of the tunnel. Physically you may feel totally exhausted during the day and lie awake at night tossing and turning into the early hours. Your appetite may completely diminish or you may find yourself eating indiscriminately or bingeing in a self-punishing way. Alcohol abuse, gambling, drug or other compulsive behaviours may all take an upward spiral. You may be worried about yourself or other close relatives or friends of the deceased. This may be the time to visit your family doctor or contact the local Samaritans.

These are just some of the stronger emotions characterised by the early stages of mourning. There is of course a whole spectrum of feelings and actions associated with this time. Denial of what has happened is a form of self-protection and it will take time, care and listening to come to terms with the reality of life without a loved one. You may wish to avoid outside communication for fear of stigma, family shame protecting the loved one; you may feel people are avoiding you for the same reasons. Remember you have complete control of how much information you wish to share with others. You are not expected to provide reasons or explanations as to why the person is dead. A simple statement such as "they ran out of steam or energy" is enough to suffice.

This is an extremely vulnerable time; it is important to take personal care and to reach out and accept appropriate help. At the end of this booklet is a list of organisations dedicated to the support of people who are grieving and in need of confidential support.



How Do I Deal With Neighbours?

Remember that a death by suicide happens to all sorts of families and impacts on many people. The shocked family may find it hard to face the world and talk about the death. Alternatively, friends and relatives may feel uncomfortable and unable to offer consolation. While all kinds of loss are painful, the issues are different when dealing with a death by suicide. Generally, friends and neighbours are well meaning and want to give support but may feel uncomfortable. They may be afraid to upset the family or think it's best to leave them alone.

It may be helpful to take the initiative, by simply stating that the death has happened and ask for practical help.

If you are uncomfortable with talking about the death then you don't have to talk about it. When you are ready talk about the things you wish to discuss with the people you feel comfortable with.

What to Expect

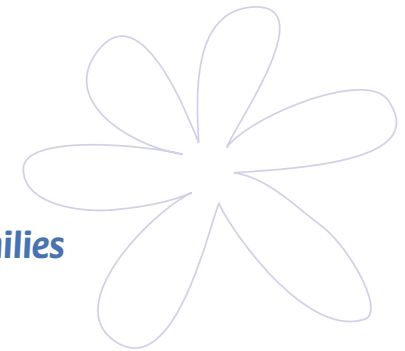
SOME COMMON - NORMAL - EMOTIONS REACTIONS YOU MAY EXPERIENCE

INITIALLY

- ▶ Feeling numb - shock
- ▶ Denial, it did not happen, looking for other explanations and become angry at others
- ▶ Shame Guilt & Rejection and feeling a lack of social support, wanting to hide the truth
- ▶ Relief if the deceased had been very ill before the death

LATER

- ▶ Enormous Pain and Puzzlement: Needing to know 'why?' it happened
- ▶ Feelings of panic, that you are going crazy
- ▶ Anger at self, the deceased or others
- ▶ Difficulty relating to family members; crisis in parental identity
- ▶ Worry that you or another in the family may be doomed to suicide
- ▶ Finding it hard to trust others again
- ▶ Low mood, no energy or anxiety
- ▶ Feelings of tension
- ▶ Find it hard to sleep



What has helped other families

- ▶ Learning to mourn
- ▶ Acknowledging all feelings
- ▶ Talking honestly with family and friends
- ▶ Having a regular chat and check-up with a doctor
- ▶ Reviewing pictures and mementos
- ▶ Visiting the grave
- ▶ Rearranging and storing the belongings of the deceased
- ▶ Writing a letter to the deceased
- ▶ Able to be angry but accept that you love the person who died
- ▶ Meeting others with similar experiences

Guidelines for breaking the news to children

The death of a sibling or parent is a very confusing experience for a child. Often, parents feel the need to cover up or communicate only part of the truth in order to protect their children. Parents worry that the child will not be able to cope with the reality of a death by suicide in the family. However, this approach fails to consider how resilient children actually are. It is extremely important that a child's feelings and questions are acknowledged in a supportive way. Such response augurs well for their healthy emotional development in the future. Trying to hide the reality causes an unnecessary burden on adults and only postpones the resolution of grief in the child to later years.

Honest and truthful communication shared in a loving and caring way helps a child to deal with, and recover from, the traumatic experience. The key is to share the truth gradually but always with respect to the age of the child. Gradual disclosure allows the child to ask questions and talk about worries as they arise. It also enables them to embrace the sadness of never seeing their loved one again.

A very young child may be satisfied with the fact that the relative had an accident and because of it, died. However, an older child may need to know more details and will usually ask if they do. In answering, it is important to be as honest as possible by stating the facts as known.

Children initially respond to a death with shock and denial. Depending on their age, some children may react by screaming, crying or with withdrawn behaviour. Others become angry and fearful that the remaining parent might also leave them or, they may blame themselves for the death. It is not unusual for small children to be seen playing or carrying on as normal at times fairly soon after the death. This should not be taken as a sign that they do not know what is going on. It may be an opportunity to allow the enormity of the event to sink in or perhaps a break from the intense feelings being experienced. Adults can help the young person by acknowledging their feelings, by listening and offering them the time and space to talk about the dead person and about themselves.

However, should a child continue over a long period to exhibit ongoing outbursts, sleep disturbance or withdrawn behaviour, professional help may be required.

WHAT PARENTS HAVE SAID ABOUT "TELLING THE TRUTH"

"I think too that what has made a difference to the boys is that it's not a closed subject in our house – he is everywhere in our home, he is a presence in our lives. My relationship with him is different now, but I do still have a relationship with him – as his brothers still do. We talk about him every single day of our lives."

"They have good memories, openness. Because from when I told them what happened, I just felt that I had to be able to answer their questions as best as I could and be open to them, and I think that has made a difference."

"I told my daughter straight away and she is the most stable little girl I know. I bought her a Memories Book and told her to write down anything of what you and your father shared together – like going to the park and butterfly catching. So she writes down anything she remembers and she can look back when she is eighteen and say 'wow, I do remember these things.'"

WHAT PARENTS HAVE SAID ABOUT "NOT TELLING THE TRUTH"

"We don't talk about my husband. The people around you don't talk about it because they don't know how to approach you. I automatically don't talk about it because that makes me feel bad and it reminds me that the children don't have their dad. Because that's what it all comes back to, all the time."

"We haven't told the younger ones, I just said their father got sick and died. The other children in the family know but tiptoe to not let the youngest know.....it was on the news as well, so it was hard to conceal."

"I don't think my son knows anything, but I am lying to him every time I tell him how his dad died and I feel terrible about that...I don't know how to tell him. I don't know where to start. I don't want to hurt him."

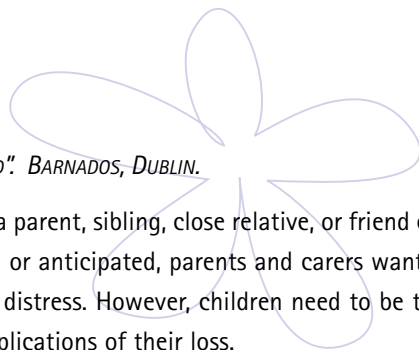
These excerpts are taken from "Coping with Suicide in Childhood" in Australia, Youth Suicide Prevention Bulletin with permission by the author Kerrie Noonan.

TELLING THE CHILD

TAKEN FROM: "DEATH HELPING CHILDREN UNDERSTAND". BARNADOS, DUBLIN.

Breaking the news to children of the death of a parent, sibling, close relative, or friend can be very difficult. Whether the death is sudden or anticipated, parents and carers want to protect children and themselves from greater distress. However, children need to be told about death and helped to understand the implications of their loss.

- ▶ Use simple and practical terms. Try and link the explanation to what children understand about loss i.e. loss of a pet, change of school, death of a relative.
- ▶ Use words like dead and dying. Even though they seem harsh, they are less likely to lead to misunderstandings later.
- ▶ Make it clear that when someone dies this means that his or her body is no longer working, their heart stops beating. They no longer need to eat and sleep and they no longer feel any pain.
- ▶ Be careful about using words like 'she is gone to sleep'; 'gone away'; 'we lost granddad'. Children may get confused by these terms and about the everyday use of them.
- ▶ In the absence of information children will make up their own stories, which can be more frightening than the actual facts.
- ▶ When telling the child about a loss, particularly if it is somebody very close to the child, ensure that they are not alone.
- ▶ Be prepared to have to repeat the story several times and answer repeated questions. This is the child's way of making sense of what has happened.
- ▶ Children need to be given permission to express their feelings in their own way. Children may be angry or withdrawn.
- ▶ Let the child know they can talk to important adults, relatives and friends about the death.
- ▶ Continue to offer children reassurance and support in the days, weeks and months ahead as they make their own journey through the grieving process.



- ▶ When a child dies the surviving child/children are also grieving. They can often idealize the child who died and feel unable to fill that child's role and feel they may not be good enough for the parent.
- ▶ It's really important that children receive a message about their own worth and place in the family.

WHO SHOULD TELL THE CHILD?

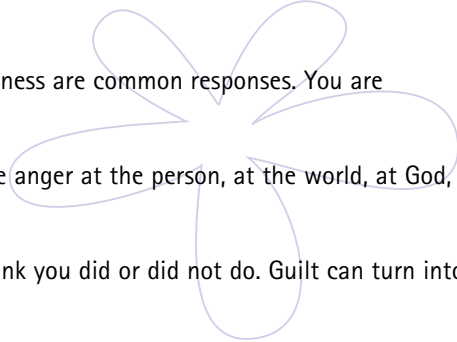
When a death is sudden, the child probably feels most protected if informed by a close family member, preferably a parent. When this is extremely difficult and another adult tells the child, try as soon as possible to ensure that the child is reunited with a trusted adult, preferably a parent, who can repeat the news. Otherwise, children have greater difficulty in accepting the loss and tend to distance themselves from this reality.



Suggestions for the bereaved

From *"Suicide and its aftermath"* ed. E.J. Dunne, J.L. Macintosh. K. Dunne W.W. Norton & Co. New York/London

1. Know you can survive. You may not think so but you can.
2. Struggle with "why" it happened until you no longer need to know "why" or until you are satisfied with partial answers.
3. Know that you may feel overwhelmed by the intensity of your feelings but all your feelings are normal.
4. Anger, guilt, confusion and forgetfulness are common responses. You are not crazy: you are in mourning.
5. Be aware you may feel inappropriate anger at the person, at the world, at God, at yourself. It's okay to express it.
6. You may feel guilty for what you think you did or did not do. Guilt can turn into regret through forgiveness.
7. Having suicidal thoughts is common. It does not mean that you will act on these thoughts.
8. Remember to take one moment or one day at a time.
9. Find a good listener with whom to share. Call someone if you need to talk.
10. Don't be afraid to cry. Tears are healing.
11. Give yourself time to heal.
12. Remember the choice was not yours. No one is the role influence in another's life.
13. Expect setbacks. Emotions can return like a tidal wave but you may only be experiencing a remnant of grief, an unfinished piece.
14. Try to put off major decisions.
15. Give yourself permission to get professional help.
16. Be aware of the pain of family and friends.



17. Be patient with yourself and with others who may not understand.
18. Set your own limits and learn to say no.
19. Steer clear of people who want to tell you *what* or *how* to feel.
20. Knowing that there are support groups that can be helpful such as Samaritans, Compassionate Friends or Survivors of Suicide groups. If not, ask a professional to help start one.
21. Call on your personal faith to help you through.
22. It is common to experience physical reactions to your grief, e.g. headaches, loss of appetite, inability to sleep.
23. The willingness to laugh with others and at yourself is healing.
24. Wear out your questions, anger, guilt, or other feelings until you can let them go. Letting go doesn't mean forgetting.
25. Know that you will never be the same again, but you can survive and even go beyond just surviving.
26. Be kind and gentle with yourself.



SECTION 3: EVENTS THAT OCCUR FOLLOWING THE DEATH

The Gardaí

In any event involving an unexpected death, including a suicide, the Gardaí are notified and an inquest will be held. In such instances the Gardaí are in most cases, acting as Coroner's Officers and will enquire into the circumstances surrounding the death. They will inform the Coroner of the death and send him or her a report. The fact that uniformed Gardaí visit the relatives at their home or at the hospital does not mean that the death is regarded as suspicious. It will be necessary for them to take statements and have the body formally identified by a member of the family or relative of the deceased.

The Coroner

A Local Authority appoints a Coroner. To qualify for the position a person must be a practising Barrister, Solicitor or Registered Medical Practitioner (Doctor) of at least five years standing.

In Ireland, it is a legal requirement that deaths from unnatural causes, including suicide, are reported to the Coroner. The purpose is to determine who died and the circumstances surrounding their death. To establish this, the Coroner will request a post mortem and, at a later stage, an inquest into the death.

The Post Mortem

A post mortem is an internal and external examination of the deceased, which takes place in a hospital and is performed by a Pathologist. It is usually carried out within twenty-four hours of the arrival of the body at the hospital. It is performed in a professional and sensitive manner. There is no visible disfigurement of the body. Some people find it helpful to discuss the post mortem results with their family doctor or arrange to meet the Pathologist who performed the post mortem and discuss the findings with him or her.



Funeral Arrangements

Suicide, by its nature, denies relatives of the deceased the opportunity to say good-bye. The funeral gives families a chance to arrange and plan a farewell. Partaking in the funeral arrangements and deciding on such issues as the clothes in which the deceased will be dressed, the type of coffin and the time at which the removal will take place can achieve this. It may be helpful to decide whether the repose will take place in the hospital mortuary, a funeral parlour, or the family home. By not rushing the funeral, taking time to come to terms with what has happened and being with the deceased some sense of comfort may be experienced.

Other families who have experienced a death by suicide have suggested that it is very important to spend time with the body. Even if family members do not wish to view the deceased, a vigil beside the closed coffin is often helpful. Other families emphasise the benefits of and comfort in having a public funeral so that adequate tribute is given to the deceased.

Funeral arrangements should not be made until the body is released to the spouse or next of kin, which usually takes place immediately after the post-mortem examination has been completed.

Death Certificate

The death cannot be registered until the post-mortem report is received, which may take six weeks or longer. Prior to the inquest being held, the Coroner's office will provide on request an Interim Certificate of the fact of death, which may be acceptable to banks, insurance companies and other institutions.

The Inquest

An inquest is an inquiry in public by a Coroner, sitting with or without a Jury, into the circumstances surrounding a death and can take place at any time from four weeks to twelve months after the death. An inquest must be held by law when a death is due to unnatural causes. The inquest will establish the identity of the deceased, how, when, and

where the death occurred and the particulars which are required to be registered by the Registrar of Deaths. A verdict will be returned in relation to the means by which the death occurred. The range of verdicts open to a Coroner or Jury includes accidental death, misadventure, suicide, open verdict, and natural causes (if so found at the inquest). An inquest will not tell you why a person died by suicide.

The Coroner will decide which witnesses should attend and in what order they will be required to give evidence. The Pathologist and Gardaí always give evidence at an inquest into a death by suicide. Any person may give evidence, which is relevant to the purpose of the inquest. Likewise, any person who has a lawful interest in the inquest may ask questions or be legally represented by a Solicitor or Barrister. Such persons include:

- ▶ the family and next of kin of the deceased
- ▶ personal representatives of the deceased
- ▶ representatives of insurance companies

All inquests are held in public and reporters may be present. In practice, a minority of inquests are reported. The Coroner is aware of the tragic circumstances and will endeavour to treat each one sympathetically. The existence of suicide notes will be acknowledged, but the contents will not be read out, except at the specific request of the next-of-kin and then only at the discretion of the Coroner. Every attempt is made to ensure that the inquest proceedings are not unduly intrusive on families concerned.





SECTION 4: SORTING OUT YOUR AFFAIRS

This three-part section aims to provide general information concerning financial and legal matters. Sections A & B deal with entitlements and wills while the final section is a question and answer column outlining some common queries following a death.

It is useful to know that the Citizens Information Centres in each county provide a free and confidential information service regarding all such matters. Further details and clarification can be obtained from the local Citizen Information Centres. These are listed in your local telephone directory.

PART A - ENTITLEMENTS

Assistance With Funeral Costs

There is help available from the social welfare department. A *bereavement grant* will be paid if the deceased, a spouse or parent of the deceased, or a dependent child has enough PRSI contributions. It is payable to the next of kin or to the person responsible for the funeral expenses. It is not related to the ability to pay for the funeral.

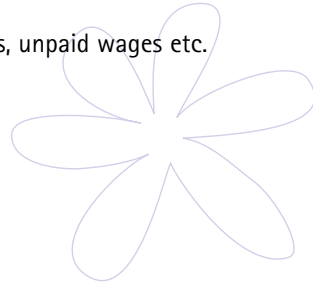
Under the *Supplementary Welfare Allowance* scheme, you may be able to get assistance with the cost of the funeral if your means are low. The local Community Welfare Officer decides each case on its merits. The health boards usually prefer if you apply before the funeral takes place. In practice, most people apply afterwards.

Income After Death

Depending on individual situations, the type of income/support entitlements that are available may vary. Generally, if the deceased was not employed, the Social Welfare Department will be of assistance. Alternatively, if the deceased was the breadwinner in the family, it is advisable to clarify their situation regarding the following:

- ▶ Insurance policies and private arrangements
- ▶ Mortgage protection policy

- ▶ Money owed by the deceased's employer for holidays, unpaid wages etc.
- ▶ Employment pension
- ▶ Money in the bank or other financial institution
- ▶ Social Welfare pension



Access to Money, Insurance etc.

If the insurance policy or the money in the bank is in the deceased person's name only then family members usually cannot get access until probate is taken out. If the amount of money in the bank is small, the bank may release it provided the personal representatives or next of kin sign an indemnity form – in effect, this is a guarantee that the bank will not be at a loss if there are other claims on the money.

If the bank account is in joint names, the money can be transferred into the survivor's name. You will need the death certificate to do this. If there is an account with more than €6,350 you will need a statement from the Revenue Commissioners allowing the money to be transferred into your bank pending investigations about liability to Capital Acquisitions Tax (CAT) and Probate Tax. Spouses are not liable for CAT on inheritances from each other.

Surviving Spouse

If you are a surviving spouse taking an inheritance from your deceased spouse, the inheritance is completely exempt and, no matter how valuable will not be liable to Inheritance Tax.



PART B - WILLS

Most people have some property or money to leave after their death. No matter how small the amount, it is important to make a will in order to ensure that it goes where you want it. There are some restrictions on what you can do in a will. In general, you may not completely disinherit a spouse and you must have fulfilled your obligations towards your children. Apart from that, you may dispose of your assets in whatever way you like. You may make a will yourself and it will be valid if you ensure that it is properly signed and that two people who are not beneficiaries under the will witness your signature. If you have substantial property and/or money, you should get professional advice.

Where There Is A Will

When a person dies, it is necessary to establish whether or not he/she made a will.

It may seem superfluous to say this but your spouse is the person to whom you are legally married. Non-married partners have no legal rights to each other's estates.

A church annulment has no legal status. If a partner in such a church annulled marriage subsequently "remarries", this is not a legal marriage and the parties have no rights vis a vis each other. A civil annulment (e.g. divorce) is required for rights to apply.

Partners may, of course, make wills in favour of each other but such wills may not negate the legal rights of a spouse.

Rights of Children Under A Will

Unlike a spouse, children have no absolute right to inherit their parents' estate if the parent has made a will. However, if a child considers that he/she has not been adequately provided for, then he/she may make an application to court. The child need not be a minor or dependent in order to use this procedure. The court has to decide if the parent has "failed in his moral duty to make proper provision for the child in accordance with his means". Each case is decided on its merits and the court looks at the situation from the point of view of a "prudent and just" parent. Anyone considering challenging a will on these grounds should get legal opinion before applying to the court. Children born within or outside marriage have the same rights.

The Family Home

The surviving spouse may require that the family home be given to him/her in satisfaction of the legal right to share on intestacy. If the family home was worth more than the legal right to share then normally the spouse would have to pay the difference into the deceased estate. However, the surviving spouse may apply to the court to have the dwelling house given to him/her either without paying the difference or by paying such sum, as the court thinks reasonable. The court may make such an order if it thinks that hardship would otherwise be caused either to the surviving spouse or to a dependent child.

Putting The Will Into Effect

Usually one or more executors are named in a will and it is their responsibility to distribute the assets in accordance with the will and the law.



Where There Is No Will

When there is no will or no executor appointed then the next of kin could apply for a grant of administration. If a person dies without having made a will "intestate" there are rules for division of property on intestacy.

SPOUSE BUT NO CHILDREN – spouse gets entire estate.

SPOUSE AND CHILDREN – spouse gets two thirds, one third is divided equally between children (if a child has already died his/her children take a share).

CHILDREN AND NO SPOUSE – divided equally between children (as above).

PARENTS, NO SPOUSE OR CHILDREN – divided equally or entirely to one parent if only one survives.

BROTHERS AND SISTERS ONLY – shared equally, the children of a deceased brother or sister take the share.

NIECES AND NEPHEWS ONLY – divided equally between those surviving.

OTHER RELATIVES – divided equally between nearest equal relationship.

Notifying The Tax Office

1. The deceased's tax office should be advised as soon as possible of the date of death and the name and address of the personal representative until such time as the administration of the estate is finalized.
2. If the deceased was self-employed, you will most likely get the deceased's accountant to file any outstanding Income Tax Return and business accounts with the deceased's tax office. As well as Income Tax, you will need to ensure that any outstanding VAT, Employer's PAYE/PRSI, or other taxes in respect of the period up to date of death are fully paid.
3. If the deceased was an employee, there may be a PAYE tax rebate due, as the deceased's tax-free allowances for the year of death may not have been fully used up. The deceased's employer will send Form P45 to the tax office to facilitate the rebate.
4. **SPECIAL ALLOWANCE FOR SURVIVING SPOUSE WITH A DEPENDENT CHILD.** Special income tax rules apply for the year of death. If you have any dependent children, you may be entitled to a special Income Tax Allowance (called "Widowed Parent's Allowance") for the 3 tax years after the year of your spouse's death. You may also be entitled to the "one-parent family allowance" for as long as you have any dependent children.
5. **REMEMBER**
Let the tax office know of your spouse's death as soon as you can. They will ask you certain questions – including the date of death, your late spouse's RSI number, and the name of the personal representative.

They will also need to make sure you are receiving the proper tax-free allowances. To do this they will want to know if you have any dependent children, and if you will be receiving a pension (either from the Social Welfare or from your late spouse's employer).
6. **DON'T WORRY**
If you haven't got all the information when you are contacting the tax office, tell them as much as you know.

Q. Who has to register the death?

- A. If a death occurred at home the next of kin must register the death by bringing a Medical Certificate of cause of death to the local Registrar. Your Health Board will tell you who the Registrar is. The hospital usually registers the death if the death happened in hospital.

Q. Where can I get a copy of a Death Certificate?

- A. If a death was recent, then the certificate can be obtained from the local Registrar for the district where the person died. If you are registering the death, you can get copies of the Death Certificate at the same time.

Q. How much does the Death Certificate cost?

- A. The fee is €6.98 (March '99). If you need it for Social Welfare purposes, the fee is 89 cents. If you need a further certificate (Long version) €5.71 per copy.

Q. Do I have to wait for a Death Certificate before claiming Social Welfare benefits?

- A. No. A copy of the Death Notice from the newspapers will be accepted if there is a delay in getting the Death Certificate.

Q. Does the deceased have to be buried in a particular graveyard or can any cemetery be chosen?

- A. Any cemetery can be chosen, bearing in mind any expressed wishes of the deceased. Most people use a family plot. Prices for graves and burials can vary a lot, so check around for prices.

Q. Is there any help available towards the funeral costs?

- A. You may be able to get help under the Supplementary Welfare Allowance Scheme. This is a discretionary scheme and there is a means test. If possible, you should apply to the Community Welfare Officer at your local health centre before making the funeral arrangements.

A Bereavement Grant may be payable by the Department of Social, Community and Family Affairs on the death of a person who has paid enough social insurance. It can also be paid on the death of the spouse or dependant child of the insured person.

The Bereavement Grant replaces the Death Grant from 2nd February 1999 and is worth €635 (was €127). Other changes include the extension of the grant to self-employed and public civil service contributors and the easing of the social insurance qualifying conditions.

Q. If the deceased was getting a Social Welfare payment, am I entitled to this for six weeks after the death?

- A. Yes. If the payment included an increase for you as a 'qualified adult' (adult dependant) or if you would have been eligible for this increase but you were in receipt of a Non-Contributory Old Age Pension, Blind Pension, Carer's Allowance or Disability Allowance.

This six-week payment may also be paid on the death of an adult dependant or child dependent.

The Carer's Allowance can continue to be paid for six weeks after the death of the pensioner, where the carer is *not* the spouse of the pensioner. Where the carer is the spouse, the Carer's Allowance ceases and the married rate of the deceased spouse's pension will be paid for the six weeks.

Since April 1998 the six weeks payment of Carer's Allowance is also paid after the death of a spouse/partner being cared for, who was not getting a social welfare payment.

Q. How do I claim this payment?

- A. You should notify the section in the Department of Social, Community and Family Affairs, which was making the payment e.g. the local Social Welfare Officer if it was Unemployment Benefit or Assistance. In the case of a pension, return the pension book, as soon as possible, to the relevant section, with a note about the death and include the Death Certificate or Death Notice from the newspapers. (Keep a note of the pension claim number).

Q. Can I cash the cheques or pension orders after the death?

- A. No. You should return the cheques or pension books to the Department of Social, Community and Family Affairs. If you are not entitled to this six weeks payment, then, whatever is due at the time of death can be examined by whoever is taking care of funeral expenses.

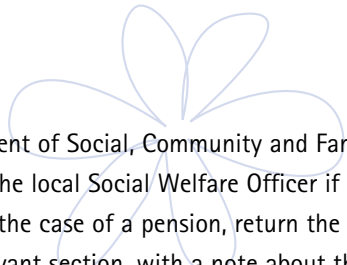
Q. Is there a pension for widowers?

- A. Yes. A contributory Pension was introduced in October 1994. The PRSI requirements are the same as for Widow's Pension. Most insured workers are covered for this pension. Additional allowances are paid for dependant children up to 18 years, or 22 years if in full-time education.

Q. What happens if there is not enough PRSI?

- A. You can apply for a widow's/widower's (Non-Contributory) Pension. Widow's/widower's with child dependant/s can apply for One-Parent Family Payment. These payments are means tested.

In the case of the One-Parent Family (OPF) the first €146.50 of your weekly earnings is disregarded and only half of the remainder of your earnings up to €293 per week is assessed as means. If your gross earnings from employment/self-employment exceed €293 per week, you will not qualify for the OPF.



Q. How do I apply for the Widow's/Widower's Pension?

- A. Application forms are available at any post office. Send in your claim as soon as possible even if you have not got all the necessary certificates. You can forward them on later with a covering letter. Completed forms should be sent to:

*Pensions Services Office, Dept of Social, Community & Family Affairs,
College Road, Sligo.*

Q. Can you get a Social Welfare Widow's/Widower's Pension if you get a pension from your spouse's job?

- A. Yes. You can draw a contributory pension irrespective of any other income or occupational pension that you might have.

Q. Would this be the same for the Widow's/Widower's (Non Contributory) Pension?

- A. No. As there is a means test for this pension, other pension or means would be taken into account. From June 1999, a widow/widower could have means, as defined by the Department of Social, Community and Family Affairs of up to €122.60 per week and get some amount of pension. You can have weekly means of €7.60 and still get the full pension.

Q. Have you to start paying PRSI before the age of 56 years to get a Widow's/Widower's (Contributory) Pension?

- A. No. However, the first requirement for Widow's/Widower's (Contributory) Pension is that you must have 156 weeks PRSI paid. Therefore, you must have paid PRSI before your 63rd Birthday to meet the requirements. (PRSI paid by workers after age 66 only counts for Occupational Injuries Benefits.

The second PRSI requirement is that there must be an average of 39 weeks paid or credited in the 3 or 5 years prior to pension (66 Years) or death to get maximum pension or alternatively there must be an average of 24 contributions since first entering insurance (for a reduced pension). An average of 48 contributions is required for the maximum pension in this situation.

Q. Does having a Social Welfare Widow's/Widower's Pension exempt you from paying PRSI if you are working?

- A. No. However, it would exempt you from paying the levies (from April 1999 there will only be a Health Contribution of 2%).

Q. If you have a Social Welfare Widow's/Widower's Pension and you have been working and paying full PRSI are you entitled to claim Disability Benefit or Unemployment Benefit?

- A. Yes. If you are entitled to Disability Benefit or Unemployment Benefit it will be paid at half the normal rate and it will only last for up to 15 months. To requalify for benefit you must work again for a further 13 weeks.

Q. Can I change from the Widow's/Widower's (Contributory) Pension to the Contributory Old Age Pension at the age of 66?

- A. You can only get a Contributory Old Age Pension (COAP) on your own PRSI and not on the PRSI of your late spouse. If you are not entitled to a COAP you can stay on your Widow's/Widower's Pension.

Q. Am I entitled to Free Benefits, e.g. Free Electricity Allowance, with my Widow's/Widower's Pension at age 66?

- A. Yes. If you meet the other requirements for getting these benefits. Widow's and widower's aged between 60 and 65 may retain these benefits if the spouse has been receiving them at the time of his/her death. The survivor must be receiving one of the following payments:
- ▶ Retirement Pension
 - ▶ Widow's/Widower's (Contributory) Pension
 - ▶ Widow's/Widower's (Non-Contributory) Pension
 - ▶ One-Parent Family Payment
 - ▶ Widow's/Widower's Pension under the Occupational Injuries Benefits Scheme

Or

- ▶ An equivalent social security pension/benefit from a country covered by EU Regulations or from a country with which Ireland has a Bilateral Social Security Agreement.

Note: Since June 1997, all pensioners aged 75 or over, who are eligible for Free Benefits, qualify no matter who lives with them.

Q. Can I claim Dental Benefit on my late spouse's PRSI?

- A. Yes, if your late spouse satisfied the PRSI requirements for Treatment Benefit at the time of his/her death and you were dependant on him/her at the time of the death (i.e. your income was below €88.88 per week) you may retain such entitlement for as long as you remain a widow/widower.

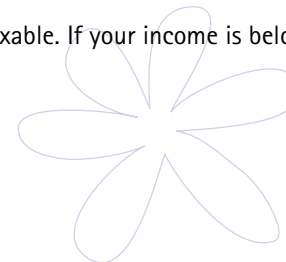
Q. Is there a social welfare payment for orphans?

- A. Yes. If either parent had worked at any time and paid PRSI for 26 weeks, the orphan would be entitled to the Orphan's Contributory Allowance.

There is a Non-Contributory Orphan's Pension for children who are entitled to the Contributory Allowance. The means test is based on the child's means. The payment would be paid to the child's guardian up to the child's 18th birthday or 22nd birthday if he/she were in full-time education.

Q. Is the Widow's/Widower's Pension taxable?

- A. Yes. All pensions are taxable. If your income is below the exemption limit, you will be exempt from tax.





SECTION 5: GETTING HELP FOR YOU AND YOUR FAMILY

Many families experiencing a death by suicide find comfort and additional support by sharing their story with others. Often, individual adult members feel better if they can talk to somebody outside the immediate family, while younger persons may benefit from formal counselling or peer support in order to make sense of their lives. Clearly, there is consensus that some form of emotional and practical support is needed in the long term for most family members.

In Dublin, Kildare and Wicklow there are a number of supports available to families who are bereaved by a suicide death. These include suicide bereavement support groups, healing bereavement programme, voluntary listening and support services, local parish support groups, child & adolescence support programmes /groups, and professional counselling services. If you are unsure of what type of support might best suit you or your family, discuss your needs with your local doctor who will be able to advise you.

Mental health services provided by the Health Service Executive are organised on a geographical basis, which and divided into different areas called sectors. Within each consultant led sector, a multi-disciplinary team provides assessment, treatment, and follow-up care for referred persons. Services offered include adult mental health care for 18 year olds and over; child psychological & psychiatric services, psychiatry of older age and social work services.

Referral to these free services is through your local general practitioner or family doctor.

Relevant Services in Dublin, Kildare and Wicklow

Services are outlined under the following four categories:

Suicide Specific Bereavement Support Services

General Bereavement Support Services

Health Services Support for Bereaved People

Other Support Services

Suicide Specific Bereavement Support Services

DOCHAS BALLYMUN

C/O Ballymun Health Centre
Dublin 11
086 856 9283

Provides a support service to individuals/ families bereaved by suicide.

DOCHAS BLANCHARDSTOWN

C/O Roselawn Health Centre
Blanchardstown
Dublin 11
01 820 0915

Provides a listening and support service to individuals or groups bereaved by suicide.

DOCHAS BALDOYLE

C/O Baldoyle Family Resource Service
Respond Housing Development
Grange Road
Baldoyle
Dublin 13
086 1714839

Provides a free listening service for people bereaved through suicide.

NORTHSIDE COUNSELLING SUICIDE BEREAVEMENT SUPPORT GROUP

Northside Counselling Services Ltd.
Coolock Development Centre
Bunratty Drive
Bonnybrook
Dublin 17
01 848 4789

The aim of the counselling service is to provide a quality, accessible and low cost professional counselling service that meets the on-going needs of the local community.

SUICIDE BEREAVEMENT SUPPORT GROUPS

Blessed Sacrament Chapel and Spiritan House,
North Circular Road
01 872 4597
087 949 9053

The aim of this service is to reach out with appropriate services to those who have been bereaved by the loss of a loved one through suicide.

BRAY SUICIDE SUPPORT GROUP

Holy Redeemer Parish Centre
Herbert Road
Bray
Co. Wicklow
01 286 8413

KILDARE SUICIDE BEREAVEMENT SUPPORT GROUP

Ballycane
Naas
Co. Kildare
045 895 629
086 855 4852

SUICIDE SUPPORT GROUP

Bishopslands House
Kildare Town
Co. Kildare
045 521 535/ 045 522773
087 251 3282

CONSOLE (BEREAVED BY SUICIDE FOUNDATION)

All Hallows College Grace Park Road
Drumcondra
Dublin 9
National Helpline Number: 1800 201 890
Phone: (01) 857 4300
Website: www.suicidebereaved.com / www.console.ie
Email: info@console.ie

Console is a National Charitable Organisation, providing a Free Professional Counselling Service, Therapeutic Support Groups and the National Helpline Service for those Bereaved by Suicide. Console also facilitates Community Awareness Programmes on the issue and impact of suicide, for loved ones bereaved, and the community.

TURAS LE CHEILE

Whitestown House
Kilcock
Co. Kildare
(Answer machine will be on outside of the times below and your call will be returned.)
Contact Mary, Monday to Friday, 9am to 5pm, on 086 056 6819
Turas le Cheile is a voluntary service that supports people bereaved including those bereaved by suicide.

General Bereavement Support Services

THE BEREAVEMENT COUNSELLING SERVICE

Dublin Street
Baldoyle
Dublin 13
01 839 1766 (9:15 – 1:00 pm)

The aim of this service is to offer support and counselling, on a one to one basis, to enable people to deal with their grief and to facilitate, in a group setting, the grieving process in children. There are a number of locations in the greater Dublin area and surrounding counties.

DEORA PROJECT

Oasis Counselling Service
St. Laurence's Place East
Seville Place
Dublin 1
01 836 4524

Deora provides services to people with addiction problems, people who have experienced bereavement as a result of addiction, people who experience loss as a result of addiction and people who have experiences bereavement as a result of suicide. A counselling service is provided by trained, accredited counsellors and volunteers.



SOLAS SERVICE (BARNARDOS CHILD BEREAVEMENT SERVICE)

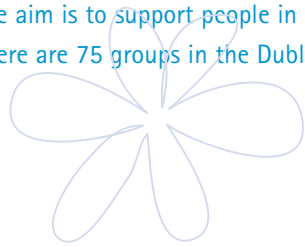
Christchurch Square
Dublin 8
01 456 0355
Helpline number 01 473 2110

This service provides information, counselling and therapy to bereaved children and their families.

BETHANY BEREAVEMENT SUPPORT GROUP

'Ardvarna'
13 The Hill
Monkstown
Co. Dublin
01 288 6078 / 838 7638

These parish based support groups are for those who have suffered a loss. They support those who have lost a loved one through death and the aim is to support people in their grief for as long as they feel they need the support. There are 75 groups in the Dublin area alone.



RAINBOWS IRELAND

Loretto Centre
Crumlin Road
Dublin 12
01 473 4175

Rainbows is a non-profit making organisation established to help children and adults work through the grieving process which follows loss through death or separation. This work is done through a number of 12 session peer support group programmes. Rainbows operates at National level and is run through schools and parish/community centres, established to run Rainbows. There are approximately 370 locations in Ireland registered to run the programme.

Health Services Support for Bereaved People

SOCIAL WORK DEPARTMENTS IN GENERAL HOSPITALS

Social Work Departments in General Hospitals provide a service to bereaved families where the deceased member was treated or brought to after death. The service they provide includes information regarding entitlements, emotional support, counselling and referral to other services.

HEALTH SERVICE EXECUTIVE BEREAVEMENT SERVICE

Bereavement Support Service
1st Floor
Park House
North Circular Road
Dublin 7
01 882 3020

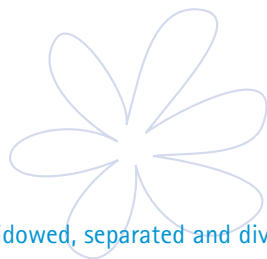


Other Support Services

BEGINNING EXPERIENCE DUBLIN

01 679 0556

A voluntary listening and support service. It helps widowed, separated and divorced persons make a new beginning in life by dealing with their grief. The service is a 'peer ministry' provided through a voluntary team of trained facilitators. These, however are not counsellors.



DAUGHTERS OF CHARITY CHILD AND FAMILY SERVICE

The Daughters of Charity Child and Family Service in partnership with the Health Services Executive, Northern Area and South Western Area provides services to children, young people and their families living in the following areas.

The Centres provide a wide range of services on parenting and family support including counselling and therapy to children and families experiencing difficulties. For further information please contact the manager of a Centre near you.



DAUGHTERS OF CHARITY CHILD AND FAMILY SERVICE CENTRES

CENTRE	PHONE	FAX
AISTEAR BEÓ FAMILY CENTRE Unit 7 Coolport Coolmine Business Park Blanchardstown, DUBLIN 15.	885 2680	885 2684
BALBRIGGAN FAMILY CENTRE 13 Drogheda Street Balbriggan, Co. Dublin.	841 4122	841 4138
CLAIDHE MÓR FAMILY CENTRE, Swords Road, Santry, DUBLIN 9.	842 5955	842 5955
CONNAUGHT STREET FAMILY CENTRE, 85 Connaught St., Phibsboro, DUBLIN 7.	838 8077	868 0246
CÚRAM FAMILY CENTRE, 46 North Strand Road, DUBLIN 3.	855 9313	855 9323
DARNDALE/BELCAMP SPRINGBOARD PROJECT C/o Our Lady Immaculate Junior School Darndale, DUBLIN 17.	877 1712	877 0772
ST. BENEDICTS FAMILY CENTRE Resource Centre, Swansnest Road Kilbarrack, DUBLIN 5.	848 8137	867 4394
TURAS FAMILY CENTRE Our Lady Immaculate School Darndale, DUBLIN 17.	877 1550	847 1926
CHERRY ORCHARD FAMILY CENTRE Cherry Orchard Avenue Ballyfermot, Dublin 10	623 1313	623 1345
JOBSTOWN FAMILY CENTRE The Mary Mercer Centre Fortunestown Road Tallaght, Dublin 24	458 5703	458 5729

SAMARITANS

112 Marlborough Street
Dublin 1
Helpline: 1850 609090
[24 hour confidential emotional support.](#)

CHILDLINE (ISPC)

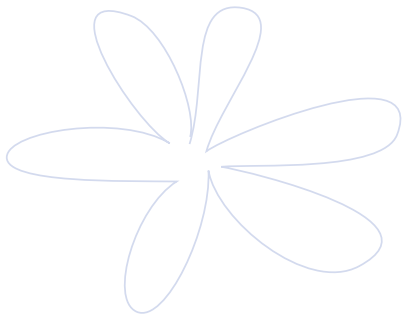
Helpline: 1800 666 666

AWARE

72 Lower Leeson Street
Dublin 1
01 661 7211
Helpline: 1890 303 302
[Organises support groups nationwide and monthly lectures.](#)

THE IRISH COUNCIL FOR PSYCHOTHERAPY

73 Quinns Road
Shankill
Co.Dublin
01 272 2105
[Publishes a guide and directory of psychotherapists. The psychotherapists listed in the Directory work both in private practice and the health services. In private practice the fee is negotiated between the therapist and the client.](#)





SECTION 6: SUGGESTED READING MATERIAL

SUICIDE AND THE IRISH.

Dr MI Kelleher. *Mercier Press*.

ON DEATH AND DYING.

Kubler-Ross. *Tavistock Publication, London*.

A SPECIAL SCAR: THE EXPERIENCES OF PEOPLE BEREAVED BY SUICIDE.

Alison Wertheimer. *Routledge, London*.

MY SON, MY SON. A GUIDE TO HEALING AFTER DEATH, LOSS OR SUICIDE.

Iris Bolton (1987) Atlanta. Available from *The Bolton Press*. 1325 Belmore Way, NE, Atlanta, 30330, USA.

THE FIERCE GOODBYE:

Carr, Lloyd & Gwendolyn Carr . Markham, Ontario Canada.
Inter Varsity Press.

HOPE IN THE FACE OF SUICIDE.

M Barrett. *Veritas*.

SILENT GRIEF: LIVING IN THE WAKE OF SUICIDE.

Christopher Lukas & Henry Seiden. *Papermac, London*.

HOW IT FEELS WHEN A PARENT DIES.

Jill Kremetz. Victor Gollancz, London.

DEATH: HELPING CHILDREN UNDERSTAND.

Barnados, Christchurch Square, Dublin.

EVERYTHING TO LIVE FOR.

Susan White-Bowden. New York: *Simon And Shuster*.

HEALING GRIEF: A GUIDE TO LOSS AND RECOVERY.

Barbara Ward. London: *Hutchinson*.

The Health Service Executive extends its kind appreciation to the relevant committees of the former MidWestern Health Board and to the North Western Health Board for "you are not alone" upon which this publication is based.

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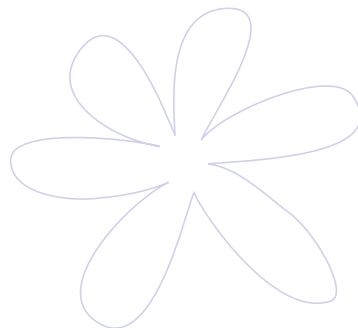
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The project committee members and the Health Service Executive will not accept liability for any error, omission, misrepresentation or misstatement contained in this booklet, whether negligent or otherwise.