

Sudden Loss Support Kit

(Easy print version)

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Department of Health

Mental Health, Alcohol and Drug Directorate

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[<https://www.health.tas.gov.au/health-topics/mental-health>]

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Support

- Lifeline – 13 11 14
- Suicide Call Back Service – 1300 659 467
- Emergency Services - 000

Introduction

Losing someone you care about to a sudden or unexpected death is a shock.

There is no doubt it can be a traumatic time for you, your family, friends and the local community.

Dealing with loss and grief can be overwhelming, but it is important to remember that there is no right way or wrong way to grieve. It is an intensely personal process, and there is no timetable to follow.

Navigating life after losing someone in a sudden or unexpected way can be confusing. There are a range of practical matters that may arise, which need to be considered.

It is our hope that the Sudden Loss Support Kit provides information to help people navigate this time.

Some parts of this kit will be useful immediately after a death, while other parts may be helpful in the weeks and months following.

There is a section on practical matters, which covers what to expect in the first 24 hours following a death and outlines the different processes that may need to occur.

There is information on grief and the wide range of emotions that come with the process of grieving the loss of someone. Bereavement after suicide can bring with it a range of additional emotions and we have included a section to address this specifically.

There is also a section answering many common questions about dealing with grief and bereavement and what other people can do to help during this time.

We have also included a comprehensive list of useful organisations and their contact details.

As well as this printed resource, there are a number of fact sheets available online at <https://www.health.tas.gov.au/health-topics/mental-health>.

It is our hope this resource can help those experiencing sudden loss access the support and services they need.

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Practical Matters

What to expect in the first 24 hours

- The person's body will be taken to the mortuary or the nearest regional public hospital.
- The next of kin will be contacted by a police officer.
- You may be asked to identify the person.
- You should contact a funeral director of your choice. Tell them the Coroner is involved.

The Coroner will decide whether an autopsy needs to be performed. If so, it will usually happen within 48 hours. If you want to object to an autopsy, contact the Coroner's Office immediately on **6165 7134** (Southern Tasmania) or **6777 2945** (Northern Tasmania).

The police or Coroner's Office may contact you to get more information about the circumstances of the death or the person's medical history.

Sudden and unexpected deaths

Why are the police involved?

The police attend every sudden death. Often, they will be in plain clothes instead of a uniform. They will need to ask questions and may talk with you in the next few weeks about the death. This is to help the Coroner determine the cause of death.

All sudden and unexpected deaths are reported to the Coroner for investigation in order for the nature and cause of death to be determined.

If you have any questions at all about the Coronial process, you can contact the Coroner's Office.

If you would like the assistance of a grief counsellor, you can make contact with your nearest Coroner's Office. Alternatively, contact Lifeline on **13 11 14**.

You may need to make a statement, which will assist the Coroner in making a determination about the nature and cause of the death. Tell the police if you wish to be kept informed of the progress of the investigation and don't be afraid to contact them if you are concerned about anything. Alternatively, if you don't want to be involved, or if you wish to nominate another person as the point of contact, let the police officer know.

Once the police attend the scene of the death, they will arrange for the body to be taken to the nearest mortuary or regional public hospital.

Visual identification

In most cases the attending police officer and/or the ambulance officer will have a relative or friend identify the deceased at the place of death. In some instances, it will be necessary for a deceased person to be identified at the mortuary and anyone who knew the deceased well can confirm the identity for the Coroner. If you are a close relative and the only person who can do so, you may wish to be accompanied by a friend.

Where it is necessary for the deceased to be identified at the mortuary, the officers concerned will endeavour to minimise the unsettling effects as much as possible. A suitable time and place is set for identification by arrangement or at the request of the Coroner's Office. It is helpful if the identifying person attends with details of the deceased noted down, such as full name and address, date of birth, place of birth, marital status, number and sex of any children and parents' names.

The deceased's possessions

Normally the investigating police will be responsible for the deceased's possessions.

If footwear or clothing is damaged, they may be disposed of immediately. A phone call to the Coroner's Office or the Police Property Officer will explain what has happened to this clothing and whether other property may be collected or not. The Coroner may require the property to be held by the Coroner's Office until the completion of the investigation.

Immediate support

Getting help

It can be useful to have the support of an experienced social worker or other health professional through these processes. You can contact them through a major hospital or through your nearest community health centre. They can help support and guide you and your family step-by-step through this difficult time.

Immediate needs of the bereaved person

- simple, clear, truthful information
- an advocate: someone who knows you and your needs well, who will help you deal with police, Coroner's Office or media. This could be a friend or relative, but the support of a trained social worker or other health professional may help as well
- opportunity to spend some time with the body of the person who has died, usually at a viewing at the funeral director's premises
- love, sensitive understanding and support
- safety

Letting others know

It may be hard to handle reactions when you tell others about the death, so think about making a list of who you most need to tell, asking someone you trust to tell some or all of these people, and preparing a short version of events that you feel comfortable repeating.

The coronial process

The Coroner is required by law to conduct an investigation into all sudden deaths. The Coroner will be in charge of the body until it is released for the funeral. The Coroner's staff can help the deceased's family with any issues arising during this process.

Every case is different, and the process will vary in how long it takes. To determine the circumstances and the cause of death, inquiries are made of witnesses and any treating doctor. Delays are possible due to difficulty locating witnesses, awaiting expert witness reports, waiting for autopsy or toxicology reports or if someone is charged with a criminal offence and the inquest is adjourned pending the criminal court hearing.

The Coroner records the finding at the conclusion of the investigation and/or inquest. A copy of the finding is then forwarded to the senior next-of-kin.

What happens in an autopsy?

The Coroner may instruct the forensic pathologist to conduct a postmortem examination (autopsy). This is an external and internal inspection of the body, which assists in finding the medical cause of death. An autopsy will normally be ordered by the Coroner if a medical practitioner will not issue a medical certificate as to the cause of death.

It is normal for the pathologist to make a detailed examination of the deceased person to determine the cause of death. They are always prepared to discuss this with you if there may be implications for the funeral arrangements. Any concerns you have in this area should be discussed with your funeral director, Coroner's Associate or grief counsellor.

The senior next-of-kin may object in writing to an autopsy being performed. The objection must be made as soon as possible after death. If an objection is being considered telephone contact should be made with the Coroner's Associate immediately no matter what time of the day or night. Staff will be able to advise you of your rights and obligations in relation to this. Once the postmortem is completed, a detailed report is prepared for the Coroner. It outlines the medical findings and conclusions. When the report is available the important conclusions are set out in a letter sent to the family.

The Coroner's staff will be in touch with you as soon as there is something to report, initial investigations are complete, and the body is available for the funeral. Attending police officers will provide the Coroner's staff with the name of the senior next-of-kin. In most circumstances the Coroner's staff will deal with this person.

The difference between an inquest and an investigation

The Coroner must hold an inquest if the coroner suspects homicide, if the person was held in care or custody, if identity is unknown, if the death was work related, if the death occurred while escaping or attempting to escape from a secure facility, if the death occurred while the person was being detained, if other legislation requires it or if the Attorney-General or Chief Magistrate directs it. Only a small percentage of deaths reported to the Coroner proceed to inquest. An inquest is a court hearing, where the Coroner can summons people to be witnesses or to bring papers and other evidence. Witnesses may be called and questioned on oath, or the Coroner may receive documentary evidence.

If the Coroner decides that an inquest is not required into the death, they will conduct an investigation. This involves reviewing all the papers submitted, for example, police, witness, and medical reports, and making a finding.

The funeral

There is no hurry to have the funeral. Take your time to prepare, even if some family and friends want to get the funeral over quickly. It's important to organise something meaningful to you. The funeral director or a member of the clergy can help plan a funeral that feels right.

The funeral provides the chance to express your grief in a safe way in a public space where your loss is recognised and shared, and you are supported by those who care. It's important to allow yourself time and space to plan the funeral that feels right for you and your loved one.

If you do not know of a funeral director to use, you can check the yellow pages or access the [Australian Funeral Directors Association website](https://afda.org.au/) [https://afda.org.au/]. This website has listings of registered funeral directors in each state and also has a section with frequently asked questions and answers about funerals and about grief.

You are entitled to speak with a number of different funeral directors to find out what services they offer and at what price before making a decision about which one to use.

The Coroner's staff cannot recommend a funeral director. If you contact a funeral director with your instructions, they will then liaise with the Coroner's Office to see that your wishes are met as soon as possible.

Sometimes the Coroner may prevent a cremation of a deceased person and require burial in case there is need for further investigation.

What the funeral director will do

The funeral director will take over the care of the deceased once the autopsy is complete and the Coroner has authorised the release of the body. Talk with them about your requirements for the funeral including the facilities such as rooms and refreshments and the numbers of people expected to attend. The funeral director will tailor the funeral to suit your needs; they can help with many of the formalities and are there to carry out your wishes.

You and your family are also able to view the body again at the funeral directors. Most funeral directors have facilities for this. It may be helpful to provide a photo of your loved one to assist the funeral director with the viewing.

Many bereaved people find it hard to remember important details of the funeral, so it can be helpful to have someone record the funeral. You can then watch or listen to it at home later.

Some family members may prefer a private funeral, but this can leave people feeling isolated and without the important social support they need later. It may be difficult for some people to spend time together after the death of someone but there are many benefits in getting together to support each other and reminisce.

Organ and tissue donation

Donation is a very precious gift that provides lifesaving or life changing hope to other people through transplantation of organs and tissues.

Depending on the circumstances of death of a loved one, you may be asked to consider organ and tissue donation.

This may occur when a person has died in the community or is receiving end of life care or support in hospital following a sudden or unexpected accident, as the result of suicide, catastrophic head or brain injury, an illness or other causes.

When there is no prospect for recovery, organ and tissue donation may be an option family members or loved ones are asked to consider. Organ donation is very rare with less than one per cent of people who die in hospital being able to become a donor. Many more people may be able to become tissue donors. The cause of death must always be determined before organ and tissue donation can take place.

Some families may have already discussed their organ and tissue donation wishes and may already know their loved one's donation decisions.

The deceased may have registered their wishes to donate organs and/or tissues on the Australian Organ Donor Register. It is the only national register for organ and tissue donation for transplantation after death.

The Donor Register lets authorised medical staff who have permission from the Australian Government, check someone's donation decision anywhere in Australia, 24 hours a day, 7 days a week. They can then give that information to family.

In Australia the family of every potential donor is asked to confirm the donation decision of their loved one before organ and tissue donation can proceed. Other families who have not discussed donation will also need to make a decision about whether their loved one will become a donor.

Organs that can be transplanted include the heart, lungs, liver, kidneys, intestine and pancreas. Donation surgery occurs very soon after death and involves the surgical removal of organs and tissues from someone who has died (a donor) for transplantation to someone who in many cases, is very ill or dying (a recipient).

If death occurs in the community, it may be possible to donate only tissue, sometimes up to 24 hours after death. In Tasmania, this can include parts of the eye, such as the cornea and sclera.

Specialist support is available in hospital for families who are being asked to consider organ and tissue donation. Donation specialists work closely with the treating clinical team to ensure families are sensitively supported to make an informed and lasting decision about donation. Donor Family Support is also available to support you and your family during and after your time of loss. They are there to listen; to provide information and reassurance and to answer any questions or concerns you might have. Following donation, the service may include ongoing counselling or referral to grief counsellors if preferred.

Death certificate

An application for a death certificate can be made at your nearest Service Tasmania Shop (**1300 13 55 13**) or via [Service Tasmania](https://www.service.tas.gov.au/) [https://www.service.tas.gov.au/].

Details of the shop closest to you can be provided by calling **1300 13 55 13** or at [Births, Deaths and Marriages](https://www.justice.tas.gov.au/bdm) [https://www.justice.tas.gov.au/bdm]. There is a fee involved.

The Coroner's Office may be able to assist if there is a problem obtaining a certificate. Sometimes the certificate is provided by the funeral director or a lawyer.

Distributing the estate

When a person dies leaving a Will, certain procedures must be followed before the estate can be distributed. In most cases, the executor will need to apply for a grant of probate from the Probate Division of the Supreme Court. Probate is the authority given by the Court to the executor to deal with the assets and liabilities of the estate. The grant of probate is usually a formality but cannot be issued until seven days after the death of the testator. To obtain a grant of probate, the executor will need to file a number of documents with the Court. If the documents are in order, the grant of probate will usually take between 7-10 days to be issued.

Where a person dies without having a valid Will, the next of kin will need to apply to the Court for Letters of Administration. This is an order of the Court that allows the estate to be administered. In these circumstances the Court will usually appoint the next of kin who applied as administrator to distribute the estate. Next of kin who wish to apply for Letters of Administration must go through similar steps as those required for obtaining a grant of probate. It is the executor's job to collect the assets of the deceased and distribute them to the beneficiaries. How this is done depends on the Will and the nature of the estate. A beneficiary does not own the property until the executor distributes the estate. An executor has 12 months from the death to distribute an estate.

Legal assistance

If you consider you need legal advice or legal representation you can contact the Law Society of Tasmania **6234 4133** for referral to a solicitor.

You may find the following numbers of assistance.

Legal Aid Commission – **1300 366 611**

Financial assistance

Depending on your circumstances and your relationship to the person who died, you may be eligible to receive Government financial assistance. You can contact Centrelink on **13 24 68** to find out if you are eligible or find out more information at: [what to do following a death](https://www.servicesaustralia.gov.au/death-loved-one) [https://www.servicesaustralia.gov.au/death-loved-one].

Who should I notify?

Although a death notice may have gone in the newspaper, there will be people and businesses that need formal notification of the death by you or someone you trust. Be prepared to receive accounts, mail, phone calls or inquiries from people who may not have heard of the death, or whose businesses or groups have not yet removed details from contact lists for some time following the death.

In other cases, you will need to change some accounts from the name of the deceased person into your name, for example, telephone, gas, car insurance and rental agreements.

It may be easiest to notify some organisations in writing. An example of a letter you can photocopy and use to do this is provided in the Additional Resources section of this book, along with a checklist of organisations you can use as a starting point.

Removing someone's name from mailing lists

The Association for Data-Driven Marketing Australia (ADMA) operates a Do Not Mail service. You can register the name of the deceased and ADMA Members will not send addressed direct mail to that person.

This will not stop you from receiving direct mail completely, or from non-Member companies, but you should see a reduction in the amount delivered. [Register the details with ADMA](https://www.adma.com.au/)

[<https://www.adma.com.au/>].

Social media

Social media networks usually have procedures in place to deal with the accounts of deceased members. As these procedures can differ between networks the best thing to do is to search the 'help' section of the network in question if you wish to close an account.

Belongings

It may be tempting to get rid of or give away all of the person's belongings because it hurts to see and handle them. However, these belongings can be comforting later, so it may be wise to keep some things special to you or the person who has died. You need not feel pressured by others to sort out or dispose of your loved one's belongings. You can do this at any time – when you feel ready. It can be helpful to have a supportive family member or friend with you when you choose to do this.

Life after the funeral

The time after a funeral can be hard. Attending the funeral may help you stay connected to the person you have lost, but after the funeral you may feel empty, lonely and sad. You are most likely still grieving, and it may be hard to get back into a balanced routine. Sometimes it can be hard to do day-to-day things. On the other hand, you may want to throw yourself back into work or study.

Everybody is different and you are the only one who can judge what you can do. Get back into routines at a pace that suits you. It may help to remember that it's quite normal to find some days harder than others. Over time it is likely that your routine will return to its normal pace.

When you return to work you may find the following useful:

- **Plan your return:** if you have children going back to school or if you are going back to work perhaps talk with the teacher or your manager about what you want others to know about your loss and who should tell them.
- **Let your teacher/manager know how you're feeling:** talking with them about your workload may help you ease back in. It's okay to ask for some consideration for homework or to get work tasks done.
- **Difficulties at work:** difficulties with concentration and memory are common in grief and may affect your study or work performance. If this happens it may help to discuss it with your teacher or manager. A visit to your doctor may also help.

Useful organisations

- Law society – 6234 4133
- Centrelink – 13 24 68
- Legal Aid Commission – 1300 366 611
- Service Tasmania – 1300 13 55 13

Grieving

What is grief?

Grief describes a range of emotional responses we can experience through the loss of someone or something that has significant meaning in our lives. We may experience sadness, anger, anxiety and guilt, in no particular order, and with varying intensity.

While grief is common to everyone, our particular family behaviour, gender, culture, age, previous experience and other factors will shape the way we personally experience grief. It will also influence how we handle situations.

There are four important parts to grieving:

1. Facing the reality of the loss
2. Allowing ourselves to experience the pain of the loss
3. Finding new ways to live meaningfully without our loved one's physical presence (although you can always retain a sense of the presence of the spirit of your loved one)
4. Reinvesting emotional energy back into life again.

What does grief look like?

Physical	Emotional	Cognitive	Behavioural
<ul style="list-style-type: none">• exhaustion• headaches• nausea• change in sexual interest• muscular aches	<ul style="list-style-type: none">• anger• sadness• disbelief• guilt• despair• loneliness	<ul style="list-style-type: none">• forgetfulness• lack of concentration• confusion• poor memory	<ul style="list-style-type: none">• disturbed sleep• changes in appetite• social withdrawal• crying• vivid dreams about the person who has died

We experience grief differently

No two people will ever grieve the same way, with the same intensity, or for the same length of time.

Different personalities, various ways of coping with stressful situations and our own attitudes all influence how we accept our circumstances. We are also affected by our role and relationship with the deceased person, by circumstances of the death and by current situations and influences.

Give yourself time to grieve

Grief takes the time it needs and is different for everyone. It is unhelpful to try to rush it or avoid it.

There will be times when grief may sweep over you in sudden, unexpected waves. Things like music, places, photos or a sudden memory could trigger these grief waves that may catch you unawares and be hard to manage.

When remembering or celebrating the person's life it is important, and safest, not to place a focus on how they died. For instance, after a suicide others may be more vulnerable to thinking about suicide themselves.

Be patient and try to take each day one at a time. Your emotions are likely to become less intense over time. However, if you realise that you or others seem stuck in grief and unable to move through it, it may be best to seek help.

Grief's journey

At first you may be overcome with a range of feelings for example shock, confusion, anger and guilt. It may all seem like a bad dream, and you may find you can live only minute-by-minute, day-to-day. During this time, you may have had to deal with the police, coroner's officials and funeral directors. You may have to communicate with your loved one's place of work or education and deal with questions from friends and neighbours at a very private time of your life.

After the funeral your grief may seem to become more intense for a time. You may feel the separation from your loved one becomes more painful after parting with the physical body and your loved one may feel very distant from you.

You may struggle with the unreality of the death every time you face a new situation that would have involved your loved one. You may also find yourself faced repeatedly with the pain that they will not return.

Some people report that after about three or four months they reach a low point as the reality that their loved one is not coming back sinks in fully. You may find yourself fighting against it, crying, yearning and pining. The time it takes to adjust to this feeling varies from person to person.

You may fear losing the memories of your loved one and be temporarily unable to visualise their face. Don't worry, you'll never lose those memories, they've just become hidden for a while and will re-emerge later. You will hold on to them and they will become very precious for you.

You may also become physically and emotionally exhausted. The body's mechanisms that help you cope often become drained about now, at a time when some people may expect you'll be back on your feet. This is a good time to visit your doctor to assess your health and discuss any further help you might need.

It is important to remember that things will not stay this way, they will get better.

Survival, healing and growth

As the months pass you will sense your grief changing in character and you may feel surprised that life is regaining some moments of normality. You'll still experience good and bad days; it is quite normal to see-saw between feelings of coping and feelings of great sadness. As healing happens you will likely experience more peaks and fewer troughs, and the troughs will get shallower.

In the early stages you may find it difficult to believe that your grief will ever lift, and your journey will take an upward turn. Most people report that the intense pain and sadness they feel eventually subsides and it becomes possible to remember your loved one without causing so much pain. You will retain the happy memories and you will invest in life again. You will plan your future, although this may be different from the previous life you lived.

Many people discover strength and courage within themselves that they did not know existed. Just surviving demands resourcefulness, determination and strength.

A new sense of purpose and creativity in your life can come from the discoveries that you make during your grief journey. Different people find this in different ways: caring for others, accomplishing some task, perfecting some skill, having a great sensitivity to nature or in developing their personal philosophy. You will have changed, and your life will have changed too. It will take some time to adjust to and accept the new you.

Emotions of early grief and mourning

Shock

The death of someone close to you comes as a tremendous shock. When someone dies unexpectedly this shock is intensified and when someone takes their own life, or dies in a violent way, the shock can be particularly acute. Shock is common during the days and weeks immediately following a death. Some experience it more severely and for longer than others.

Numbness

Your mind only allows you to feel your loss slowly and following the death of someone you have been close to; you may experience feelings of numbness. What has happened may seem unreal or dreamlike. The thought 'this can't really be happening' may recur. The numbness of early bereavement may itself be a source of distress if, for example you wonder why you can't seem to cry. In fact, this numbness is only delaying emotional reactions and may be a help in getting through the practical arrangements. The 'protection' provided by shock gradually wears off and emotional pain begins.

Disbelief

It is natural to have difficulty believing what has happened. Where a death was untimely and sudden it is even harder to grasp that the loss is permanent and real. On one level it is possible to 'know' that a loved one has died. But on another, deeper level it may seem impossible to 'accept'. A large part of you may resist the knowledge that the person who has died is not going to be around anymore. Confusion, panic and fear are common during this struggle between 'knowing' they have died and disbelief.

Searching

Numbness and shock tend to give way to an overwhelming sense of loss. Many bereaved people find themselves instinctively 'searching' for their loved one, even though they know that they are dead. This may involve calling their name, talking to their photographs, dreaming they are back or looking out for them amongst people in the street. This denial of a painful reality is a natural part of mourning. Realising that a death has really happened and is irreversible can take some time.

Anguish and pining

Understanding that a loved one is really dead can bring with it misery and sadness. As the loss begins to make itself felt, pining for the person who has died is common. Powerful and desperate longings to see and touch them, to talk and be with them may be felt. The intensity of emotions is often frightening and may leave the bereaved feeling devastated. Emotional pain is often accompanied by physical pain. It is common to go over and over what has happened, replaying things in your head or talking them through. The need to talk about a loved one, following their death, is part of the natural struggle to counteract their loss.

Physical and emotional stress

Losing someone close to you is a major source of stress. This stress may show itself in both physical and mental ways. Restlessness, sleeplessness and fatigue are common. You may also have bad dreams. Loss of memory and concentration are common. You may experience dizziness, palpitations, shakes, difficulty breathing, and a feeling of restriction in the throat and chest. Intense emotional pain may be accompanied by physical pain. Muscular tension may lead to headaches, neck and backaches. Loss of appetite, nausea and diarrhoea are also common, and women's menstruation may be upset. Sexual interest may also be affected. The physical effects of shock usually pass with time.

Emotions during bereavement

Anger

Anger is a natural and common response to loss. It is rare to experience no anger during bereavement and for some people feelings of rage can be very intense. The protest "Why me?" reflects a general sense of helplessness at the unfairness of life, as does anger at others for carrying on their lives as if nothing has happened.

Anger may also have a more specific focus. Intense feelings of blame may be directed towards other people – relatives, friends, doctors – who did not seem to help the person enough before their death. It is common to feel anger at oneself for 'failing' to prevent their death, blaming oneself for not doing more. Feelings of anger toward the person who has died can be distressing and confusing.

The bereaved may also feel abandoned by the deceased person. Feelings of anger are at their most intense shortly after a death and tend to grow less with time.

Guilt

Guilt or self-blame is also common during grief. Guilt may be felt about the death itself. It is extremely painful to accept that we were not able to prevent the death of a loved one or protect them. Feelings of responsibility are common and bereaved people often judge themselves harshly under these circumstances.

Our relationships before the death are another common source of remorse. Sudden death interrupts close relationships without warning. Since our lives are not usually conducted as if every day might be our last, we assume there will always be the future to sort out tensions and arguments or to say the things that have been left unsaid.

Regrets often take the form of "If only"... If only I had done this, or If only I hadn't said that. Guilt may also be provoked by what someone feels or doesn't feel during bereavement (e.g. anger towards a dead person, inability to cry or show grief openly). Occasionally a death may bring with it a sense of relief for those left behind, particularly if there had been a lot of unhappiness and suffering for everyone beforehand. This feeling may also cause intense guilt. Lastly, guilt may be felt for surviving – for being alive when the other person is dead.

Despair

Feelings of despair are common during bereavement, once it is realised that despite all the pining and longing, a loved one will not be coming back. Relationships can suffer because despair is draining and saps interest in others. The bereaved may be left feeling both powerless and hopeless. Life may no longer seem to make sense or have meaning. Feelings of “not giving a damn” about anything or anyone are common, as is indifference as to what happens to you.

Fear

Fear is common in grief. Violent and confusing emotions, panic and nightmares may make grief a frightening experience. You may fear a similar event happening to someone else you love.

Grief and depression

The feelings of the newly bereaved have a lot in common with those of people suffering from depression. Like depression, grief can bring profound sadness and despair. Feelings of unreality are common. It may be hard to see a way forward. Grief interferes with sleep, concentration and appetite. For a bereaved person, these feelings are part of a natural response to a terrible loss. People who have been bereaved are likely to be more prone to sadness and depression for a number of years. For some, these feelings may be particularly severe and prolonged. When grief gives way to a longer lasting depression, further help may be needed.

Helping children and teenagers with grief

Children will be faced with many losses in their lives. It is a common instinct for parents and other carers to want to protect children from the pain of grief. However, it is important for children to learn how to grieve and to be given the opportunity to grieve.

Children will learn about grieving from the adults in their life. Children experience the same feelings as adults but tend to express their grief differently. Grief for children is not constant but comes in bursts. It is not unusual to explain a death to a child and find that they do not seem affected by it, or they want to go out and play. This does not mean they do not feel the pain of the loss.

Younger children especially may ask the same questions many times. You may have to tell the story over and over again. As children get older, they will grieve again. The loss will mean different things to them at different stages. Often children express their feelings through behaviour and play.

How to support your children in the grieving process

Families are extremely important in supporting a young person who is grieving and helping them to deal with their loss. Continuing your family life with as little interruption as possible, as well as their social and school life, allows your child to maintain a sense of safety and security, and to feel hopeful about the future.

It can be particularly challenging for families to support each other when a family member has died. Everyone will grieve for the loss of their loved one in different ways and may not feel able to provide support while grieving themselves.

It is important to acknowledge that your children may respond in ways that are difficult for you to understand. They might respond with defiant or risk-taking behaviour – although this might seem disruptive and frustrating to you, it may be their way of coping and therefore requires some understanding.

Professional support for the whole family might be helpful if you're finding it difficult to support each other through a loss. Youth specific information on grieving is available at [Headspace](https://headspace.org.au/) [https://headspace.org.au/].

Grief after suicide

While grief after suicide is similar to grief after other types of death, it raises additional complex issues because of its suddenness and traumatic nature. These may include:

Trauma

Suicide may be violent and leave the bereaved traumatised. Intrusive images of the death can recur, even if the death was not witnessed. The initial grief reactions of shock and numbness may also be stronger and last longer.

Asking why?

For the bereaved there is often a desperate need to know why it happened. The search for answers may seem relentless, but it's important you reach a point where you feel you've struggled long enough with the question. You may have enough answers to satisfy yourself or recognise that the reasons for the suicide will never be completely understood.

Guilt

Guilt is a common reaction in bereavement. Research suggests that guilt is often felt intensely by those bereaved by suicide. Family members and friends often feel guilty about not having foreseen the suicide or prevented it.

Bereaved families, often feel guilty in some way for the death; that there was something 'wrong' in the family or with their parenting skills.

Bereaved people often replay the events over and over again in their heads. There can be a long list of 'if onlys': "If only I had been home", "If only I had recognised how they were feeling" and "If only I hadn't said that".

There is a limit to your responsibility: no-one is responsible for another person's decisions or actions.

Relief

For family and friends who've been through many years of chronic mental illness with their loved one, there may be feelings of relief. They may feel "At least now they are at rest" and they may sense freedom from ongoing worry for their loved one. It is okay to feel this way; it doesn't mean you wished your loved one dead.

Blame

It is common for people to react to a sudden death by looking for someone to blame. Family members bereaved by suicide may blame each other. Initially blame can be a way for some people to make sense of what happened. Try to remember that no-one is responsible for another person's decisions or actions.

Talking about suicide

Should I tell people if it was suicide?

Some people find it difficult to tell others about the cause of death and choose not to do so. Initially this may be easier. However, it may result in experiencing a sense of unease in your relationships with others and may lead to a lack of support. It is helpful to be honest. Telling the story can be healing. If you avoid the truth, it will take extra energy and worry to maintain the lie, and this will complicate the grief process. It is also important to be honest when telling children about the death. For a detailed discussion of talking with children about a suicide death see the section in this guide on Helping Children with Grief.

What do I say when people ask me about the suicide?

It can be helpful to work out ahead of time what to say to people. You may want to share more with some people than others. If you don't want to discuss it at that time, let them know. You can say something like "I don't want to go into that at the moment." It may be better not to discuss the method in too much detail. Some people are more vulnerable and may be influenced by this.

Telling children and teenagers about suicide

Every child or teenager will react differently to news of a suicide. Their age and the shock they feel will influence what they can take in and understand at this point. You may need to repeat key information later.

Telling children and teenagers early on prevents them from hearing about it inappropriately from others. This can also be a time when children can feel overwhelmed by their loss. It's very important to support, encourage and reassure them that they can talk with you or others to help them understand what they're feeling.

To help children and teenagers come to terms with suicide, explain facts simply and honestly. Let them talk about what has happened. It helps them to make sense of it. Reassure them that no single thing will have caused the person to die, but a mixture of things. Explain why some questions can't be answered with certainty. The directness of their questions may be unsettling. Some children and teenagers might also ask questions later, even months or years later. Let them know they are loved, cared for and safe. Reassure them that if they ever have any questions, they want to ask you that you will try your best to answer them truthfully.

When a child or teenager hears that someone died of suicide, one of their first questions may be “What is suicide?” One way to explain is to say that people die in different ways: from cancer, heart attacks, car accidents, or old age, for example. Suicide means a person caused their own death intentionally. If they press for more detail, use your discretion to help the child understand as much as appropriate.

Children and teenagers need to understand that the deceased loved them. You may want to explain to them that the deceased may not have been able to tell them how they felt, and they may not have realised how their death would have affected them. Children and teenagers need to know that the suicide was not their fault, and that nothing they said or did, or didn't say or do, caused the death.

Some children and teenagers might ask questions about the morals of suicide, is it good/bad, right/wrong. It's best to steer clear of moralising, if possible.

Rather than suggesting that the person 'did the wrong thing' perhaps they can be helped to understand that the deceased person didn't seek help, or was unable to find help, and made a choice that can't be reversed. Suicide is something that happens when pain exceeds the resources for coping with that pain. Talk with them about how to seek support and from whom they can find support, if they are hurting.

Whatever approach is taken when explaining suicide to children and teenagers, they need to know they can talk about it and ask questions whenever they feel the need. They need to understand they won't always feel the way they do now, that things will get better, and that they'll be loved and taken care of no matter what.

After a loss to suicide children and teenagers may feel:

- abandoned: that the person who died didn't love them
- the death is their fault: they should have loved the person more or behaved differently
- afraid that they will die too
- confused
- worried that someone else they love will die or worry about who will take care of them
- guilty because they wished or thought of the person's death
- sad
- embarrassed to see other people or to go back to school
- angry with the person who died, at God, at everyone
- lonely
- numb

A child or teenager may have many of these feelings or may pretend nothing has happened or may not feel anything at all.

Whatever they feel, remember your role as an adult is to support and comfort. Reassure them that whatever feelings they may have; they have permission to let them out. If they want to keep it to themselves for a while, let them. Don't tell them how they should feel or discourage them from expressing negative emotions like anger.

StandBy Response Service provides a 24-hour coordinated crisis response to assist families, friends and associates who have been bereaved through suicide. The StandBy Response Service provides a reliable, single point of contact coordinating existing services to enable an immediate response.

To contact the Standby Response Service:

- Ring 1300 727 247 to access the 24-hour phone line
- Email: standbytasmania@lifelines Tasmania.org.au

Questions about grief

As we've already described, no two people will grieve the same way. Your way of coping may be different from the ways of your partners, siblings or friends. Some factors which will affect how you grieve include:

- your personality
- your relationship with the person
- gender
- cultural background
- previous losses
- physical health

Do men and women grieve differently?

Gender is one of the factors that impact on how you grieve and may affect your style of grieving. Generally, men tend to be physically active in their grief. This may involve sorting out practical problems in the family, completing projects in memory of the person who has died or other physical activity. They may also express more anger about the death than women.

Women are more likely to be openly expressive about their emotions and find support from sharing this with others. Some women may withdraw to cope with their distress. These are very broad generalisations, but they do indicate that there are different ways to grieve. These differences can put a strain on relationships. If your partner does not grieve in the same manner as you, it is easy to become resentful thinking that they do not share your loss, or they don't care. It is important to recognise that people grieve in different ways. The different styles of grieving do not mean you loved the person any more or any less.

Do people from different cultures grieve differently?

Grief is a universal response to loss. However, there may be cultural differences about how to deal with grief. Some cultures have very specific rituals. This may mean that people from different cultures or religions show their grief differently or act differently after a death in the family.

Why can't some of my family help me?

Each person will have had a different relationship with the person who died, and their experience of the loss will be different. Their way of expressing their grief may also be different. Recognising this can help you be more tolerant and understanding of each other. Let others grieve in their own way. Don't compare grief reactions. Everyone will go through the process in their own way, in their own time.

Am I going mad?

The feelings you experience when grieving could seem abnormal and out of control under other circumstances. You are not going mad, you are grieving.

What about drugs and alcohol – do they help?

At times people find it helpful to use prescription medication for a few days as a ‘first aid’ measure. However, using alcohol or drugs long term to relieve the painful feelings will only prolong and complicate your grief.

Are there more difficult days and times?

Anniversaries, birthdays, Christmas and holidays can be difficult times. It may be useful to plan ahead. You may decide to do things differently and create new traditions on these days. You may want to find new ways to remember the person who has died. Discuss with your family how these times might best be celebrated.

Would it help to move?

Although it may be tempting to move or change jobs in the hope that this will ease some of the pain, it is a good idea not to make any major or permanent decisions for 12-18 months after the death of a loved one. You are already undergoing enormous change because of the loss. If your decision does not have to be made immediately then leave it for a while.

It has become worse – why?

There may have been a lot of visitors and support around the time of the funeral, but people have since moved on with their lives. People often expect that you will have “got over it” after six – eight weeks. This leaves you on your own and without the constant support of these friends. The ‘anaesthetic’ effect of the shock also wears off leaving intense and painful feelings. People often say that the grief is worse four – six months after the death rather than at the time of the initial bereavement.

How long does it last?

There is no magic figure or date. The loss will always be part of your life, but the intense pain will gradually subside. Grief comes in waves and can be unexpected or triggered by little things. However, there is often a pattern or cycle to grief. By looking back over the last weeks and months you may be able to notice a pattern to your own grief. Gradually these waves of grief grow further and further apart. Eventually you will be able to laugh again and remember the life and good times with your loved one rather than just the death.

Things that can help you manage grief

Managing grief can be difficult and challenging. The following suggestions may help.

Accepting your feelings

There is no right or wrong way to feel after losing someone you care about. Accepting the feelings, you have and acknowledging you are going through a stressful experience may be helpful in managing your reactions. Many people wrongly think the intensity of their feelings means they're going mad.

Allow yourself to cry

It's okay to cry. You don't have to be over it in anyone else's time except your own. If you feel uncomfortable about crying in front of people, you may want to go to a safer place:

- a quiet room
- the park
- a counsellor
- your favourite spot

Some people also have some very negative or hurtful memories of the person who died. If this is the case, it is helpful to choose someone you trust and with whom you can safely talk about these experiences and feelings without judgement.

Take time out

Friends and relatives may have deep feelings of grief too. The way they manage these feelings may be different to you, which can mean that people's reactions to things are exaggerated. Things that wouldn't usually stress people may now do so. If you're having trouble coping with friends or relatives it may make sense to take time out:

- go for a walk
- listen to music
- spend time with friends
- exercise.

It's okay to smile

After you've lost someone close to you it may help to talk about the memories and good times you had with that person; there'll be lots of happy memories of fun times. It's good to enjoy those memories.

Here are some ideas that other people who have been bereaved have found helpful. We know that people have different ways of grieving at different times so what may be helpful for one person may not be so for another. What is important is that you find something that is helpful for you.

- Spend time with people who care about you and who understand.
- Know it's okay to grieve and that there is no time limit on grieving.
- Have a space where you can be on your own when you need to.
- Say what's on your mind and in your heart.
- Little things may upset you – let them – it's okay.
- Go easy on yourself; you will have good and bad days so be patient with yourself and others.

- Remember you are not alone. Speak with others who have also experienced a suicide.
- Reading about grief and suicide can help you gain insight and understanding.
- Seek answers but try not to dwell on the 'why?'
- Don't isolate yourself.
- Accept that it wasn't your fault.
- Professional support may be a source of strength.
- It is okay to laugh. Laughter is healing. It can bring momentary relief from the pain and intensity of feelings.
- Your greatest help will be your ability to reach out for help when you need it and to accept and use what help is available until you regain a sense of control over your life again.

Caring for yourself

Following the sudden death of someone close it will probably feel like it takes all your energy just to keep breathing, to drag yourself out of bed in the morning and to do simple daily tasks. Everyone else's 'normality' seems to highlight your feeling of 'abnormality'. You may even feel like a distant observer of your own life. Don't worry; these feelings are normal in your circumstances.

On top of this, you may be bombarded with well-meaning advice from others trying to ease your pain: 'find someone else', 'move house', 'find a new job', 'travel' – anything to 'take your mind off' your pain.

Things you can do to help yourself

Firstly, ignore all advice that doesn't feel right for you. Secondly, where possible don't make major decisions about your life until after the first anniversary of the death. Most of us don't make decisions in our best long-term interests when we're vulnerable. Take your time.

You may also wish to consider some of the following:

- take time to think, remember, pray, meditate, mourn
- develop a resource list: phone numbers and places to contact when the going gets tough
- find distractions that will provide you with some time out
- collect information, read simple books about surviving suicide or sudden loss, or about life enhancement – when you are ready
- use physical nurture like massage, spa baths, early nights
- contact a trained bereavement counsellor if the going gets hard
- prioritise daily tasks and at first only do the essentials
- indulge yourself from time-to-time to remind yourself that life still holds some good things
- try to notice, acknowledge and reward each step forward in some way.

When is it time to get help?

Grief is painful and exhausting. When someone close to us dies, understanding the uniqueness of this loss can help us find the support we'll need and to recognise when help is needed from outside family and circle of friends.

Some people put off asking for help for many reasons, but later wish they'd asked sooner. Using the help available can make a positive difference to how you and others come through this tragedy.

Sudden and traumatic loss often leads to sudden changes in our patterns of daily life and the experience of unusually strong emotional reactions.

It is not always easy to decide at what point it would be helpful to receive some outside support. Some reasons you might decide to seek extra help during bereavement are when you:

- continue to feel numb and empty some months after the death
- cannot sleep or suffer nightmares
- feel you can't handle intense feelings or physical sensations such as exhaustion, confusion, anxiety or panic
- feel overwhelmed by the thoughts and feelings brought about by a loved one's death, e.g. guilt, anger, rejection
- have no one with whom to share your grief and feel the need to do so
- keep constantly active in order not to feel e.g. working all the time
- find you have been drinking or taking drugs to excess
- find you are worrying and thinking about suicide yourself
- feel afraid that those around you are vulnerable and not coping.

Thoughts of suicide

After a suicide it is understandable to feel concerned about the wellbeing of other family members, friends or yourself. With the pain of loss so great, some people do think of suicide.

These thoughts may not last long, they may come and go often, or they may be persistent. However, there's an important difference between having suicidal thoughts and acting on them.

When someone finds they are thinking about suicide a lot, or planning to act on their thoughts, they should get help as soon as possible.

If you are concerned for yourself or others, contact:

- your doctor
- a trained counsellor
- a community social worker
- a telephone counselling service such as Lifeline on **13 11 14**

If you have extreme concerns for your own or someone else's safety, immediately contact:

- Emergency Services on 000
- Your doctor
- Lifeline on 13 11 14
- Suicide Callback Service on 1300 659 467

Additional Resources

Use this pro-forma as a guide to write your own letter.

Pro-forma Letter

To whom it may concern,

I wish to notify you of the death of:

Mr/Mrs/Miss/Ms/Other

Surname:

Given names:

Date of birth:

Address:

Date of death:

I understand the above named had dealings with your organisation.

The reference number/membership number/client number for your organisation was:

Please amend your records.

If you require further information, you can reach me on:

.....

Relationship to the deceased:

With thanks

Date:

Useful contact details

Print this page and write in details

Category	Name / organisation	Contact details
Solicitor or lawyer who holds the person's Will. The Will may contain instructions for funeral arrangements		
Person's workplace, school, university		
Phone and mobile phone companies		
Bank, credit unions: cancel automatic and direct debit payments and bank cards		
Companies to which loans are owed		
Landlord, rental agreements, leases		
Australian Taxation Office		
Any other government agencies to which the person was linked, eg, Centrelink, Child Support Services		
Australian Electoral Commission		
Insurance companies		
Superannuation funds, investment companies		
Community organisations or services who had regular contact with the person, eg, doctor, community health centre, dentist, accountant, church, hobby groups, clubs, teams		
Car registration and driver's licence		
Australian Passport Office		
Australia Post when you're ready to cancel mail		
Subscriptions or memberships to cancel, eg, newspapers, magazines, gym membership		
Family and friends		
Funeral bond		
Funeral insurance		
Health benefits fund		

Useful contacts

Emergency services

Organisation	Contact details
Call Emergency Services if you or someone you know is in danger	000

Crisis support

Organisation	Contact details
Lifeline	13 11 14
Suicide Call Back Service	1300 659 467
Kids Help Line	1800 551 800
Mens Line Australia	1300 789 978
Rural Alive and Well	1800 729 827

Help after suicide death

Organisation	Contact details
Standby Response Service 24/7	1300 727 247
Lifeline	https://www.lifeline.org.au/Get-Help
Lifeline Suicide Bereavement Group	0419 445 552 Email: support@lifelinetasmania.org.au
Choose Life Services (CLS)	1300 132 098 https://chooselifeservices.org.au/

Young people

Organisation	Contact details
Kids Helpline	1800 551 800 https://kidshelpline.com.au/
Headspace	Hobart 6231 2927 Launceston 6335 3100 Devonport 6424 2144 Burnie 6408 0251 https://headspace.org.au/
Be You Supporting children's and young people's mental health in early learning services and schools, from early years to 18. Resources to support schools responding to suicide.	https://beyou.edu.au/resources/suicide-prevention-and-response/suicide-response
ReachOut	https://au.reachout.com/
Helping Children and Teenagers with Grief Fact Sheet	https://www.health.tas.gov.au/ and search 'teenager'

Grief and loss

Organisation	Contact details
Australian Centre for Grief and Bereavement	1800 642 066
Grief and Loss Counsellor	Royal Hobart Hospital (South) – 6166 8344 Launceston General Hospital (North) – 6777 6245
Social Work	North West Regional Hospital – 6493 6279
Australian Counselling Association	1300 784 333 https://www.theaca.net.au/
Australian Association of Social Workers	https://www.aasw.asn.au/

Aboriginal and Torres Strait Islander Peoples

Organisation	Contact details
Tasmanian Aboriginal Centre	1800 132 260
Tasmanian Aboriginal Health Service	South – 6234 0777 North – 6332 3800 North West – 6431 3289
Social and Emotional Wellbeing and Mental Health Services	www.sewbmh.org.au
Grieving the Aboriginal Way Fact Sheet	https://www.health.tas.gov.au/ and search 'suicide prevention'
Australian Indigenous HealthInfoNet	https://healthinonet.ecu.edu.au/

Finding Services

Organisation	Contact details
Lifeline Service Finder	https://lifeline.serviceseeker.com.au/ and search 'service finder'

Mental Illness

Organisation	Contact details
Access Mental Health	1800 332 388 03 6166 6333 (outside Tasmania)
Beyond Blue Support Services	1300 22 4636 or email or chat online at https://www.beyondblue.org.au/
SANE Australia Helpline	1800 18 SANE (7263) https://www.sane.org/

People with a culturally and linguistically diverse background (CALD)

Organisation	Contact details
Multicultural Access Point	https://www.multicultural.tas.gov.au/
Telephone Interpreter Service (TIS)	13 14 50

LGBTIQ+ Tasmanians and their friends and family

Organisation	Contact details
MindOUT!	https://www.lgbtiqhealth.org.au/mindout
QLife line LGBTI phone counselling service	180 184 527 https://www qlife.org.au/
Working It Out: Tasmania's gender, sexuality and intersex status support and education service	https://www.workingitout.org.au/ Email: info@workingitout.org.au 6231 1200 More information online at https://www.beyondblue.org.au/lgbti

Veterans

Organisation	Contact details
Open Arms – Veterans and Families Counselling	1800 011 046

Hospitals

Organisation	Contact details
Royal Hobart Hospital	6166 8308
Launceston General Hospital	6777 6777
North West Regional Hospital	6493 6000 (Burnie Campus) 6478 5500 (Mersey Campus)

Legal and coronial services

Organisation	Contact details
Legal Aid Commission	1300 366 611 https://www.legalaid.tas.gov.au/
The Law Society of Tasmania	6234 4133 https://www.lst.org.au/
Victims of Crime Support Service	1300 300 238 https://www.justice.tas.gov.au/
Women's Legal Service Tasmania	1800 682 468 https://womenslegaltas.org.au/

Online resources

Organisation	Contact details
Beyond Blue	https://www.beyondblue.org.au/
Conversations Matter – practical online resources to support safe and effective community discussion about suicide	https://conversationsmatter.org.au/
Headspace	https://headspace.org.au/
Head to Health – mental health portal	https://www.headtohealth.gov.au/
Life in Mind	https://lifeinmind.org.au/
MensLine Australia	1300 789 978 https://mensline.org.au/

Organisation	Contact details
Suicide Call Back Service	1300 659 467 https://www.suicidecallbackservice.org.au/
The Trauma and Grief Network	https://tgn.anu.edu.au/
Tasmanian Communications Charter speaking together for mental health and suicide prevention	https://www.tascharter.org/
Tasmanian Suicide Prevention Community Network (TSPCN)	https://www.suicidepreventiontas.org.au/

Fact Sheets

- Grieving the Aboriginal way
- Supporting someone who is experiencing sudden loss
- Helping children and teenagers with grief
- Information for parents who have lost a child

All available online at www.health.tas.gov.au [<https://www.health.tas.gov.au/>] and search 'suicide prevention'

