



Stichting Pastoraat Werkers Overzee

Practical Guide for Care after High Mental Impact Situations (HiMIS)



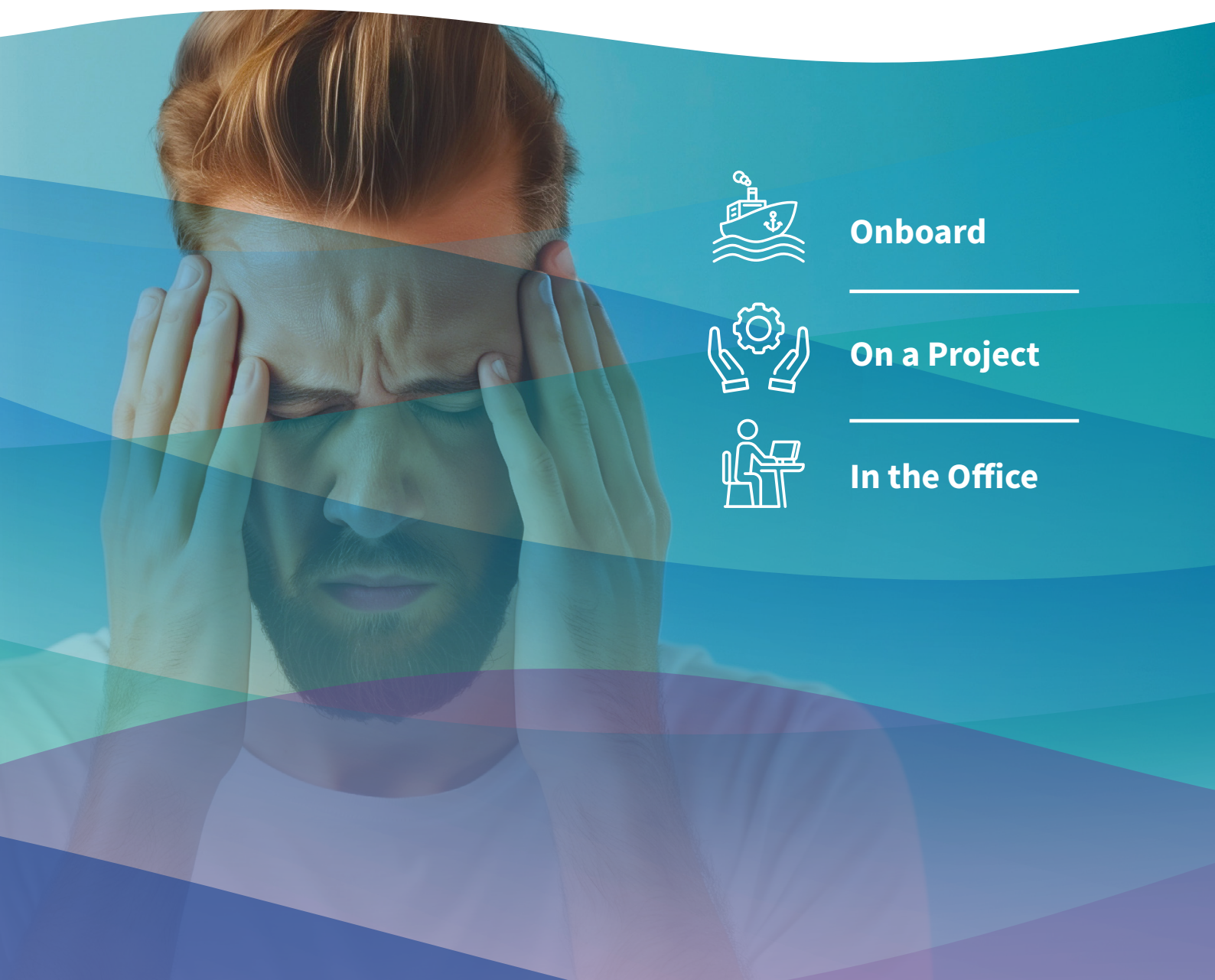
Onboard



On a Project



In the Office





Situation 1: Onboard

The engineer knocks on the door of his colleague's cabin. It's odd because his colleague was not on time for the change of the watch. And now there's no response. He opens the door and sees his colleague lying on the bed. He's not moving anymore. The alarm is immediately raised. An attempt at resuscitation is made. But it's too late.



Situation 2: On a Project

The project leader is called: there has been an accident during operations. An employee has been run over by a truck. He is employed by a subcontractor. He is still alive, but has been taken to the hospital by ambulance and is in serious condition.



Situation 3: In the Office

You are busy planning a ship, but you get a call that someone has died on board. After some deliberations in the office, you and a colleague are assigned the task to visit the family in order to deliver the bad news.

Preface

Incidents on a project – we do our utmost best to avoid them, but unfortunately they happen every now and then. After an initial shock, procedures, investigations and consultations follow. There are concerns about legal consequences. The vessel stops working. The project has to pause operations. Economic interests immediately demand attention.

Meanwhile, there is more going on. People are shocked. Colleagues are concerned about each other.

Nowadays, more attention is paid to this aspect of the matter. In the past, sometimes the approach was: two liters of beer and then we can continue.

Now, there is mental support - from corporate social work, the pastor, sometimes also “victim support”. But a lot can be done by the management as well.

This guide calls attention to the mental side of these high-impact events. Therefore, we talk about High Mental Impact Situations (HiMIS). The guide covers a few simple points of attention for those in charge. In dealing with HiMIS, a corporate interest is involved, since colleagues should not keep walking around with mental pressures.

First, we look at what we are talking about and explore the concept of “trauma.” Because a good understanding of trauma is important to give a correct (first) response.

Next, we give a general overview of what the consequences can be of experiencing a traumatic situation.

After that, we zoom in on what happens on board, on a project, and in the office.

In the second part of this guide, we offer a number of resources and tools that can be useful for ship/project/office management to give a good (first) response to those mentally affected by an incident.

This guide is intended for all persons in charge who might encounter a HiMIS at some point in their career - or who have already experienced one. It’s not really a story to read from A to Z, but to flip through and find what applies to you, or is good to think about. In addition, the guide can serve as a “checklist” when the unfortunate moment is there that you are encountering a HiMIS.

You might feel, while reading this guide, that many obvious points are being made. Congratulations! Then you probably already have a good understanding of what mental care after a HiMIS entails. Yet, in practice, often the simplest points of attention turn out to be difficult or are ignored.

In compiling this guide, we have used the experiences of people in the field. Thank you, to everyone, for your input! And we are grateful for the guide used by the peer support network within the armed forces*. There are similarities in what we do and experience, and therefore we also utilize their expertise.

Middelburg, The Netherlands, 2024,
Stefan Francke (waterbouwpastor)



Stichting Pastoraat Werkers Overzee

* *Ministerie van Defensie, Collegiaal Netwerk Reader 2018b*

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1. What are we talking about?

On a vessel, one can encounter dramatic events. A crane operator is found on the deck – he has died of a heart attack. A sling breaks, and a sailor’s leg is hit, necessitating amputation. A ship must navigate through areas with danger of attack, and one can feel the tension in the air. A crew member gets trapped between the watertight doors, requiring a medevac.

These are all situations you’d rather not deal with, but unfortunately, they do happen occasionally. These are intense moments where a lot happens at once, and emotions are sometimes shut off to be able to act, especially ‘in the heat of the moment’.

Often, it’s only later that feelings come into play, and the brain starts to process everything that has occurred. Many crew members report that it’s like a “video” playing in their heads. Sometimes, there’s a kind of “aftershock” where emotions come out. The shock can linger. Existential questions arise: why did this happen? Sadness can surface.

Sometimes, people may want to leave the ship; they want to go home. Or crew members don’t want to work in a certain place anymore. Their fundamental sense of safety has been compromised, and it will take time to regain it. For some, the focus on work is gone, and everyone notices they’re not mentally present. It’s not for nothing that we call it a High Mental Impact Situation.

Now, these kinds of unpleasant events are, in a way, part of the risky work at sea. They are, after all, part of life in general: sooner or later, everyone in their life will face negative experiences such as illness, accidents, and death. We’re not saying that everyone in these situations will develop a trauma or that a post-traumatic stress disorder (PTSD) will automatically develop. Far from it! But there is a risk that negative experiences can have a deeper impact than it seems at first. It’s important to point this out, partly to prevent the development of psychological trauma.

But when we talk about psychological trauma, we first need to clarify what we’re talking about.





2. One step further: how does psychological trauma work?

The functioning of human emotional life cannot be compared to a machine, but rather to a process in which various phases can be distinguished. For instance, the mental impact of intense events can be compared to a wound that needs to heal: a layer must form over it. However, this does not always happen automatically. And wounds can reopen. Essentially, it is only after some time that one can determine whether the wound does not want to heal. In the case of a “mental wound” that does not want to heal, we can speak of psychological trauma.

Images or metaphors are useful in explaining what happens in human emotional life. In medical literature, we find a more technical approach.

The mental response to a severe incident normally follows this process:

- I. **Incident** – in this phase, the brain is fully alert, and actions – especially after training for a certain emergency – are performed more or less automatically. Various hormonal processes occur (including increased levels of adrenaline and cortisol).

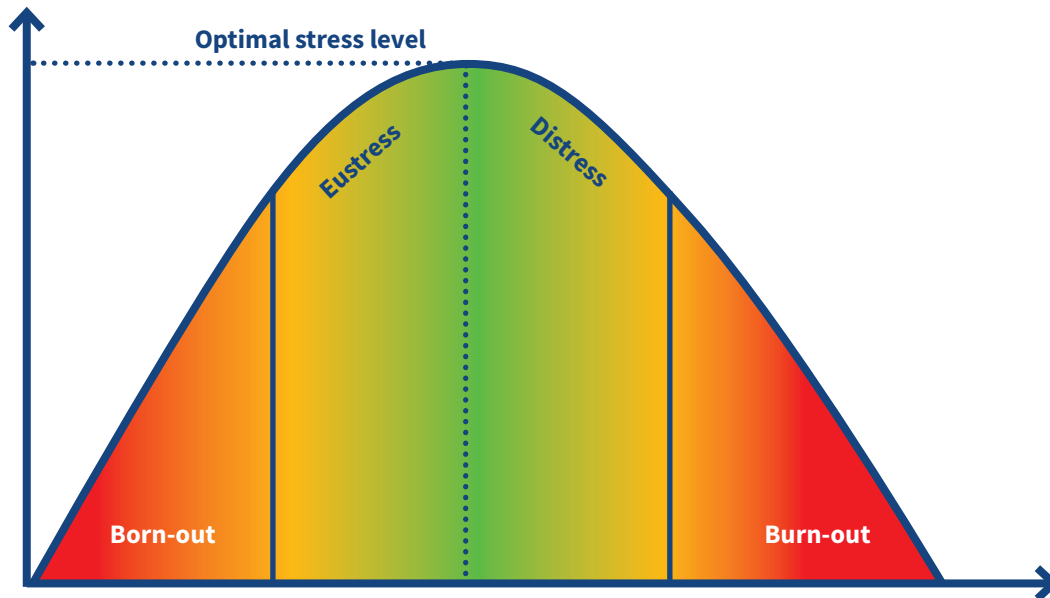
- II. **First response phase** – after the incident is over, a kind of numbness sets in, the elevated hormone levels calm down. At the same time, the brain is busy processing all the information gathered during phase 1. This phase usually lasts 1 to 3 days. There is a great need to talk about the event or just the opposite.

- III. **Normalization/processing phase** – the incident moves from the active to the long-term memory and finds its place there. The “sharp edges” of the incident are softened. But occasionally, the events resurface and there is a need for conversation.

- IV. **Integration phase** – the experience of the incident is wrapped up and incorporated into a larger story. Sometimes one feels wiser or there is an increased awareness of the vulnerability and preciousness of life, leading to a different outlook on life.



The levels of stress in these phases are shown in the graph below:



Source: Collegiaal Network Reader 2018b

However, the processing of the impact can also deviate from this schematic process. Then the normalization phase is disturbed, and integration is not achieved. In this process, the physical and psychological components are interconnected. Thus, the mental impact can be read from biological-medical effects/symptoms: poor sleep, startle, quick to anger, easily emotional, reduced concentration, headaches, nightmares, little interest in anything or hyperactivity, shutting oneself off from the environment. In this case, the hormonal balance is easily disrupted. What we are dealing with here can best be described as the dysregulation of our stress system.

Stress is a part of life, and our body has an entire system for stressing and de-stressing. Stress hormones help us respond with focus to a situation that requires full attention and/or immediate action. Evolutionarily, our stress system helps us to survive.

However, de-stressing is also very important. And that's where things go wrong with what we have come to call PTSD. In such cases, the body goes into stress mode at minor triggers (sometimes but not always related to the incident) and/or remains in that state. That exhausts the body. Note: PTSD is a medical condition, defined according to a certain protocol. One does not just simply get PTSD, although a single cause can lead to PTSD.

This disruption of the de-stressing process occurs on an unconscious level. In addition, problems can also occur on a more conscious level, especially in the normalization phase so that phase IV is not reached. Someone fails to process the incident by keeping on thinking about it – for example, questions remain, sadness continues to gnaw, it is not possible to leave the event behind. In such cases, the help of a psychologist can be useful.



Stress reactions & symptoms

Cognitive:

- Lack of concentration
- Difficulty making decisions
- Spatial and temporal disorientation
- Mental confusion
- Memory and recollection gaps
- Nightmares
- Mistrust

Emotional:

- Anxiety, fear, panic
- Repression
- Feelings of guilt, self-reproach
- Irritability, aggression, outbursts of anger
- Emotional poverty, emotional outbursts
- Feeling of helplessness, hopelessness
- Insecurity, anxiety

Physiological:

- Dizziness & weakness
- Speech disorders
- Sleep disorders
- Restlessness
- Increased blood pressure and pulse
- Breathing problems
- Headaches, stomach problems
- Heavy sweating

Behavioral:

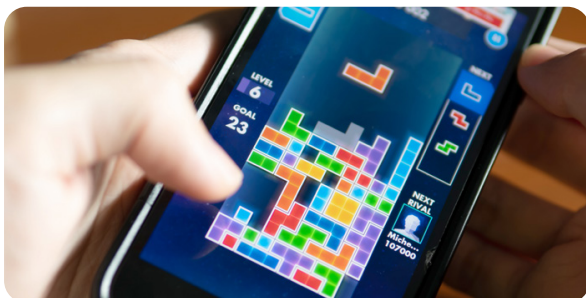
- Withdrawal / distance from other people
- Hypersensitivity
- Increased consumption of alcohol, cigarettes and medication
- Hunger or loss of appetite
- Hectic, restlessness, silence, lots of talking
- Change in behaviour
- Neglect of personal hygiene

Coping mechanisms

We have coping mechanisms to deal with incidents: relaxation, forgetting, giving a certain sense or meaning to what has happened. But sometimes those coping mechanisms need a little help or need to be restored. And it is always good to get them started. Therefore, a first response in phase II is important.

To return to the image of a wound: to accelerate healing, iodine and a plaster will help a lot. But that does not mean that complications cannot occur. In that case, further professional help from a specialist is needed.

If we extend the image to a mental wound: immediately enlisting a psychologist or psychiatrist is a bit like calling in the help of a surgeon for a cut on the hand. We can also do a lot ourselves in terms of mental first aid. Chapter 3 is dedicated to this.



Why playing Tetris might be a good idea:

Playing Tetris after trauma is associated with a psychological phenomenon known as “Tetris Effect” and may have potential therapeutic benefits. The Tetris Effect refers to the situation where individuals, after playing a game for an extended period, start to see the game’s patterns or elements in their thoughts, dreams, or daily activities.

Potential benefits:

1. **Cognitive Distraction:** Tetris engages the brain, diverting attention from distressing thoughts.
2. **Visual-Spatial Processing:** Manipulating shapes in Tetris may help reorganize traumatic memories.
3. **Interrupting Flashbacks:** Playing Tetris might disrupt intrusive flashbacks.
4. **Pattern Recognition:** Tetris involves quick pattern recognition, potentially aiding memory integration.
5. **Routine and Predictability:** Tetris provides a structured and predictable activity, offering a sense of control.




3. Mental first aid: three perspectives

High Mental Impact Situations occur in various locations on the work floor. In this guide, we focus on the vessels, the project in general, and the (main) office. We start from the question: from a mental point of view, what can happen to you and your colleagues after a HiMIS, while you as a person in charge are also busy with business operations?

Procedures are important, but each incident is also an individual matter where people react differently and different actions are needed. However, what all situations have in common is that attention to the human aspect from the company or the people in charge is an indispensable factor in processing the incident.

First, we list some points of attention for different High Mental Impact Situations per location, then we map out where mental support might be needed and what care actions can be taken.


Three perspectives:



Onboard



On a Project



In the Office

However, first a few general remarks or rules of thumb when responding to a HiMIS:

1. Everyone reacts differently

It may seem obvious, but you can't prescribe anything when it comes to reaction to an incident. Everyone processes it in their own way, but a communal approach can help.

2. You are not abnormal, the situation is abnormal

Sometimes people think it's strange if they react emotionally to a HiMIS. But that's not unusual. Moreover: the fact that you are upset is not because of you. It's the situation that causes your unusual behavior.

3. Acknowledge that mental care is important

Often there is resistance to mental support. The impact of the incident is belittled. Or other interests play a role. Especially a person in charge needs to make room for mental support.

4. Don't ask if there is a need for attention, give attention

If you ask if there is a need, the answer is often 'no'. This can be because it is seen as a sign of weakness. But often people do not realize what a HiMIS might do to you.

5. The need for (a sense of) safety is fundamental

Will something like this happen again? Fear of dismissal or job loss might be in the back of the minds. There is the shock that someone or something has failed.

The ultimate goal of all the "care actions" to be discussed is to normalize mental mindsets so that everyone can continue with work and life as usual.

One more note: after a severe incident the company usually activates an Emergency Response Team (ERT). Actions by the vessel/project/office management regarding mental health can/should be coordinated with this team.



Perspective 1: Onboard

3.1 Vessel

Specific points of attention:

What are elements/actions that have a mental impact in the event of an accident on board?

- During an accident, part of the crew must act very quickly. They are trained for this and act almost like a machine, but that doesn't mean they have become a machine.
- During medical procedures, there is sometimes physical contact (CPR, mouth-to-mouth resuscitation, blood). This can leave traces, both literally and figuratively.
- In a Medevac, a colleague suddenly disappears after a short but intense period. The contrast with the hectic moment is then very large.

What are actions and elements that have a mental impact in the event of a death on board?

- The person who finds the deceased experiences a considerable shock.
- The recovery of the body is not always easy, and the aim is to involve as few people as possible to minimize the impact.
- The body of a deceased colleague sometimes has to be placed in a body bag (check if the body bags on board are large enough!) and cooled.
- The deceased's belongings must be packed to be sent to the family at home. The cabin must be cleaned.

What are the actions and elements that have a mental impact in the event of a dangerous situation on board?

- The threat of potential danger creates constant mental pressure.
- Suddenly, it's "all hands on deck," and there's a need to sail away.
- Possible confrontations with violence, close by (on board) or far away (in the port, on the beach, etc.).

General points of attention:

- The crew must be informed, preferably both teams at the same time.
- The spread of news via social media should be prevented.
- Immediately, various people and institutions from outside the vessel will get involved: office, HSE, authorities. Investigations are started, interviews are conducted, and various visitors come aboard.
- The operations of the vessel are stopped, and a different work schedule must be set up, as far as possible.
- If the crew has acted well during the incident, they deserve praise and positive affirmation.
- Pressure may be applied by the project/company to prioritize restarting work as soon as possible.
- Contact may be made with the family, or the family may contact the vessel.

Possible mental impact:

- In the event of an accident or death, someone is suddenly gone. On one hand, crew members are used to crew changes, but on the other hand, there might be a sense of loss, especially if some crew members have worked together for years.
- The daily routine is disrupted, breaking the normal living and working environment. Moreover, various strangers come on board.
- Investigations can cause tension - especially the interviews.
- Investigations may sometimes contradict the feeling of pride after good actions (CPR, rescue attempts, etc.).
- There may be a feeling of failure (e.g., the accident could have been prevented, we should have checked on the deceased, the rescue attempt failed).
- There may be concern about the future of the vessel or one's own position - what are the consequences of this incident? In case of sudden departure due to danger: what is the future of the project?
- From a certain religious conviction, there may be fear that the spirit of the deceased is still on board.

Possible care actions by vessel management:

- It is good to hold one or more meetings on board, first for information provision, whether it's about an accident, death, or dangerous situation. It's important to allow space for emotions - at least by explaining that an emotional reaction after an incident is not strange.
- Provide opportunities for people to vent or react. At the same time, additional rest time may also be desirable. Indicate that vessel management is available for conversation and that it's important to report if you're not feeling well. Check if there are feelings of guilt or shame, or if someone is being blamed. It's also possible that trust among each other is lost.
- If someone goes off board for a medical reason, it's nice if someone stays with the person. Involvement from the vessel always helps, e.g., through a collective card or video.
- In consultation with the office, the dredging pastor can be called in. When he visits, his goal is to talk to the crew and create a sort of "closure". In the event of a fatality, this will be a moment of remembrance, a memorial. This can also be supplemented with flowers or a wreath at sea.
- After an incident, it's good to get back to work (the normal daily pattern creates a sense of safety) or - if that's not possible yet - to be busy with other activities.
- Special attention is required for the cabin of the deceased. Sometimes the Filipino crew will ask if a new mattress can be installed. A "cleansing ritual" by the dredging pastor or another spiritual leader may be desirable. Not everyone will want to sleep in this cabin.
- Often, crew changes take place shortly after the incident. It's good to inform the newly arrived crew members. Also, keep an eye on people who went home quickly and did not go through the processing process on board; they might still experience a kind of aftershock on the next term. Provide the opportunity for crew members going on leave to stay informed about the further course after the incident.

It's also good to inquire about someone's condition upon returning on board after the incident.

- In some cases, crew members may wish to go home earlier after an incident. Or vessel management may decide it's actually good for someone to go home.
- If possible: shore leave can help to distract thoughts. Going ashore as a group also creates a moment of closure.
- If medical procedures have been performed on board: it's important to warn crew members that the next medical training can be confronting.
- Trainees on board require special attention. On one hand, due to their young age, they may sometimes easily let incidents slide off them, but on the other hand, they may sometimes react extra intensely.
- After a death: it must be coordinated with the office whether crew members can attend the funeral and/or visit the family. Filipinos often pass the hat around to raise money for the bereaved.





Perspective 2: On a Project

3.2 Project – offshore/onshore

First, the project management should be aware of what the mental impact on board can be if an incident occurs there. The project is involved in what happens on board and is engaged in that context. But the incident can also occur onshore.

Specific points of attention:

What are elements/actions that have a mental impact in the event of an accident on a project?

- In the event of an accident, a part of the project staff (operations, HSE, medics) must act very quickly. There are trainings and procedures for this, but that does not mean everything automatically goes smoothly.
- During medical actions, there is sometimes physical contact (CPR, mouth-to-mouth resuscitation, blood). This can leave traces both literally and figuratively.

What are actions and elements that have a mental impact in the event of a death on a project?

- The person who finds the deceased experiences a considerable shock.
- The recovery of the body is not always easy, and it is best to involve as few people as possible to limit the impact.
- The body of a deceased colleague must be transported.
- The belongings of the deceased must be packed to be transported to the family at home.
- The project must take care of the identification and repatriation. An embassy might be involved in this process.

What are the actions and elements that have a mental impact in the event of a dangerous situation on a project?

- The threat of potential danger causes constant mental pressure.
- Suddenly, it's "all hands on deck" and an evacuation must be carried out.
- Possible confrontation with violence, close by or far away.

- Difficult conditions during or shortly after evacuation (housing, missing connections, etc.).

General points of attention:

- The head office must be informed and in some cases, the subcontractor as well.
- The project staff or a part thereof will need to be informed, preferably as soon as possible.
- The spread of news via social media must be prevented. Reporting must be managed.
- Persons involved in the incident may need to leave the country as soon as possible to avoid detention or other direct legal consequences.
- Immediately, various people and institutions inside and outside the project will interfere with the matter: HSE, authorities, police. Investigations are started, interviews are conducted, and various visitors come aboard.
- The involved units – whether at sea or onshore – might be shut down, affecting the planning.
- If the project staff or ship's crew has acted well during the incident, they deserve praise and positive affirmation.
- The company may pressure to prioritize restarting work as soon as possible.
- The home front may seek immediate contact with the project to learn what has happened or the current situation. Repatriation may also take much longer than expected.
- The project may receive family of deceased workers or workers in the hospital.

What is the possible Mental Impact?

- In the event of an accident or death, someone is suddenly gone. On one hand, people are used to departures for leave or moving to another project, but now there's a loss experience, shock/sorrow at the loss of a colleague.
- The daily routine is disrupted, causing the normal living and working environment to be absent.
- Investigations can cause tension – especially the interviews. There may be concerns about the legal consequences for those involved.

- Investigations can sometimes conflict with the sense of pride after good actions (CPR, rescue attempts, etc.).
- A feeling of failure may occur (e.g., the accident should have been prevented) or frustration with oneself or colleagues that it went wrong.
- There may be concern about the future of the project or one's own position – what are the consequences of this incident? In the case of a sudden stop of the project due to danger: what is the future of the project?
- From a certain religious belief, there may be fear that the spirit of the deceased is still present in the area where the incident happened or in the accommodation of the deceased.
- There may be irritation at the attitude of the authorities or the company itself (e.g., if there is quibbling over cost codes, while it concerns a colleague).
- Fatigue may occur if the “handling” of the incident (investigations, repatriation, restart, etc.) takes much longer than expected.

Possible care actions by the project management:

- As project management, it's firstly important to convey that the aim is not to resume work as quickly as possible as if nothing happened, or to focus solely on the technical consequences (investigations, planning, HSE), but to recognize the shock and grief and allow space for it.
- In this context, it may be necessary to resist pressure from higher management to immediately resume operations.
- It is beneficial to attend meetings with the involved project team (or a meeting on a ship), primarily for information provision, whether it concerns an accident, death, or dangerous situation. It's important to allow space for emotions. Consult with the team leader or captain to explain that an emotional response to an incident is not unusual.
- Give – via the directly involved team leader - space for people to vent or react. At the same time, extra rest time may also be desirable. Check if the directly

involved team leader might be experiencing feelings of guilt or shame, or if someone is being blamed. It's also possible that trust among each other may be lost.

- Try to identify which individuals are most affected by the incident and in what way – and where there may be emotional needs. Additionally, there's also a general involvement and shock, which should be acknowledged.
- If someone from the project ends up in the hospital, it's good for people to visit. This seems obvious, but does not always happen. Involvement from the project is always beneficial, e.g., through a collective card or video.
- In consultation with the main office in the Netherlands, the dredging pastor can be involved. His goal when visiting is to talk to those involved and create a sort of “closure.” In the event of a death, this would be a memorial.
- After an incident, it's good to get back to work (the normal daily pattern creates a sense of safety) or – if that's not yet possible - to be busy with other activities.
- Special attention is required for the deceased's accommodation after a death. Sometimes the Filipino crew requests a new mattress. A “cleansing ritual” by the dredging pastor or another clergy member may be desired. Not everyone will want to sleep in that room.



- Often, a relief worker arrives shortly after the incident. It's good to inform the newly arrived workers – through the directly involved team leadership. Also, watch out for people who went home quickly and did not experience the processing on the project; they might experience a sort of aftershock during the next work period. Provide the option for project personnel going on leave to stay informed about the incident's further developments. It's also good to check in on someone upon their return to the project regarding the incident.
- In some cases, project personnel may wish to go home earlier after an incident. Or, the team leadership, in consultation with the project manager, may decide it's best for someone to go home.
- Perhaps another team needs to be deployed at the site of the incident so that those involved are not constantly reminded of it.
- If possible, an extra day off can help to distract the mind. A team outing also creates a moment of closure.
- If medical actions were performed: it's important to warn project personnel that a subsequent medical training could be confronting.
- Trainees on a project require special attention. On one hand, they may sometimes easily let incidents slide off due to their young age; on the other hand, they may react particularly strongly.
- After a death: coordination with the Netherlands is necessary to determine if crew members can attend the funeral and/or visit the family. Filipinos often collect money for the bereaved family. Flowers, a wreath, or another form of involvement from the project are self-explanatory.
- After a death, setting up a memorial corner (photo, candles, writing book) can be very comforting for some colleagues. Agree in advance on how long you want to keep this memorial corner.
- Consult with the main office in the Netherlands that it must be very clear who contacts/has contacted the family and when. It should also be clear to the family who they can approach.
- For repatriation to the Netherlands, the airport chaplaincy at Schiphol can be involved. They guide the family at the airport and arrange for a special reception area.
- In the event of a sudden stop of a project due to a dangerous situation, it's important to organize a sort of "group closure," e.g., in the Netherlands, so that experiences from the sudden departure can be shared. A resumption of the project after such a situation must also be mentally prepared by allowing enough space for questions and concerns.







Perspective 3: In the Office

3.3 Office – role of hr department

It might be the case that a possible incident occurs at the main office itself. For this, essentially the same applies as what is stated in section 3.2. When it comes to the role of the HR department in an incident on a vessel or a project, it's important to also read the above sections so that one has knowledge of what the impact of a HiMIS on a ship or project is.

Points of attention:

- In many cases, when an incident occurs on a vessel or a project – serious accident, death, dangerous situation – a crisis response team will be formed at the office.
- As an HR employee, you can be involved in the incident in various ways. If it concerns Dutch employees employed by the company, you will have to take very direct actions. If it concerns hired workers, the first responsibility lies with the temp agency or the subcontractor. If it involves Filipino seafarers, the responsibility will primarily lie with their agency, but there will also be intensive cooperation with their agency.
- For own employees, the HR department will probably have to deliver the bad news to the family. That is not an easy task. See below the section “bad-news conversation”.
- The HR department will also have to take on the further contacts with the family. This means that the many questions that will arise from the partner and/or further family must be answered as well as possible. Good information provision is important in consultation with the crisis team – whether it concerns a death, hospitalization, or evacuation.
- The same applies for contacts that run through an agency or a subcontractor. The company will want to show its involvement and care, even though it does not bear direct responsibility for the employee affected by the incident.
- In dangerous situations (evacuation due to violence, hostage-taking, etc.), it is important to inform the home front well and indicate who the family can contact. Here, it is important to advise against contacts

with the press. In this case, it might also be a good idea to organize a (closed) meeting.

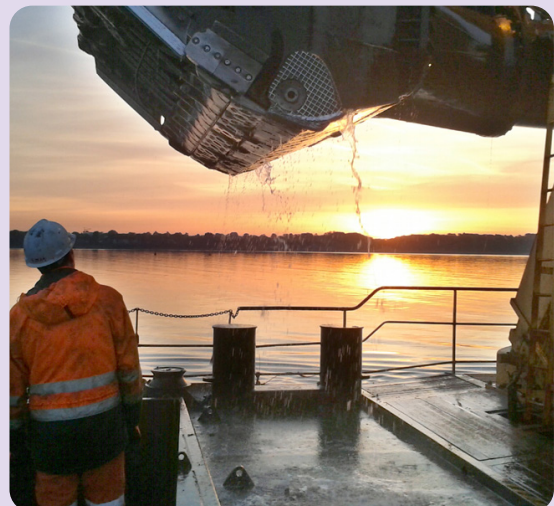
- The HR department will have to take care of replacing the employee(s) affected by the incident.
- The HR department may have to arrange the travel of and replacement for colleagues who want to go after the incident.
- In case of an incident at the office itself (accident, death), you can consult the instructions given for the vessel and project.

What is the possible mental impact?

- As indicated in the bad news conversation: such a thing does not leave you unaffected.
- Over time, you build a relationship with the people on the vessel and/or the project. If they are involved in an incident, it also affects you personally. You may also have to deal with emotional colleagues.
- Around an incident, you have to perform different tasks than usual, and that can be stressing.

Possible care actions by the office:

- For the vessel or project, it will often mean a lot if someone from the HR department travels for a visit. The interest and support will be greatly appreciated, and they can share their story.



- However, it is important to make clear “*which hat you are wearing*” during the visit. Are you there primarily to show compassion, or are you present as a company representative with other interests?
- In the case of an accident or hospitalization, it would be good if family could visit. This will be arranged by the HR department. Sometimes it is also necessary for the company to send someone if the family cannot travel or as a “*liaison officer*”. Even after a death, the family may sometimes want to travel – either to be close to the deceased or to visit the vessel or the project. In that case, it is wise to provide guidance, from HR and/or the dredging pastor.
- In the event of a death or a medical flight, the HR department will be involved in the repatriation. Someone will have to accompany the family at the airport. At Schiphol, the airport chaplaincy can also be engaged.
- In the event of a death, the family will appreciate the interest from the office. Think of attending the funeral, possibly speaking at the funeral, taking care of flowers or a wreath, etc. It is also important to give the vessel’s crew or project team members the chance to visit the funeral.
- The HR department will have to discuss the financial consequences of the incident for the family. It may be useful to offer support to the family to clarify financial matters.
- The company may consider providing additional financial support to employees of an agency or subcontractor, if that provided by their own employer is insufficient (especially with foreign agencies and subcontractors).
- In the event of a colleague’s death at the office, it is good to organize a memorial moment where the team leader speaks and everyone has the opportunity to express themselves. Also, setting up a memorial corner, with a photo of the deceased, flowers, possibly candles, and a memorial book is meaningful.
- In the event of a colleague’s death at the office, paying attention to the mourning process is of great importance. See the special chapter about that below.
- It is good to give attention from HR to involved persons a year later (“*It’s been a year since... How are you now?*”)
- If a project in a dangerous area starts up again, it is good to organize one or more information meetings for all those involved - in collaboration with the project.

*‘It’s been a
year since....
How are you
now?’*



4. Tools

In this chapter, you will find additional materials to support your care actions.

4.1 Resources

It's important to realize in the context of a HiMIS that you are the prime mental resource for people, as a sounding board, a safe haven, a coordinator. This does not mean that you have to act as a psychological counselor, that is not asked of you. But with time and personal attention, you can make a significant difference.

Within the company, you can call on the dredging/offshore pastor to provide mental support on-site. He/she can offer an independent listening ear and support during meetings. The dredging pastor can also engage a colleague from a maritime welfare organization abroad.

The contact details of the dredging pastor:

Stefan Francke

waterbouwpastor@gmail.com / stefan@spwo.nl

Phone with voicemail +31 6 370 084 23

Phone with WhatsApp +31 6 535 854 23

Furthermore, referral to the company social worker or the occupational physician for further psychological or medical support is possible. And they, in turn, can refer again.

A number of accessible publications, helplines, and organizations that can offer support:

- The International Seafarers Assistance Network (ISWAN) – www.seafarerhelp.org with helpline and publications, including the Piracy Humanitarian Response Program
- Slachtofferhulp Nederland - www.slachtofferhulp.nl
- ARQ Nationaal Psychotrauma Centrum – arq.org for assistance with big disasters
- *Order from Chaos. Responding to Traumatic Events*, Marion Gibson
- *Psychological First Aid: Guide for Field Workers*, World Health Organization
- *Coping with Capture. Hostage Handbook on Somali Pirates*, Danish Maritime Officers
- *Handreiking Rampenspirit. Zorg voor de geest*, Landelijk kennis&adviescentrum psychosociale zorg na rampen



4.2 Differences in culture and age

Cultures handle misfortune or death differently. In many countries, death is closer than in the Western world, and therefore, death is more familiar. Life expectancy is shorter, and accidents are more common. Therefore, there are cultural differences in the acceptance of an accident or death. Filipinos or Indians, for example, may more easily accept that something has gone wrong. However, this does not mean that the shock or sorrow they feel is any less than that of Westerners. But what has happened is more easily accepted.

Expressions of mourning and grief vary by culture. Traditionally, people in Europe are more introverted, while, for example, in the Middle East, there is a strong expression of feelings.

Funeral Customs

The customs vary by funeral as well. In some countries, cremation is even prohibited, while in India, for example, it is standard for Hindus but not for Christians or Muslims. In many countries, the funeral is connected with a religious ritual. In the Philippines, for example, it is customary to hold a so-called “wake” for a number of days before the funeral, a good opportunity to visit and speak to the family.

In some traditions, it is appreciated when a “religious professional” (priest, minister, imam, pandit) is present when the coffin is sealed for repatriation.

The table on the next page shows some general differences in funeral customs, but habits vary by religion, country, and population group.

Generational Differences

It’s important to consider the differences between generations. Young people react differently to a death than older people do. On one hand, young individuals sometimes seem to accept what has happened more easily or may even exhibit an indifferent reaction. On the other hand, young people often do not yet know how to articulate their feelings or express them. Older individuals, having experienced more in their lives, may react with less shock. However, due to their experiences, older people may also have developed a certain sensitivity. At a sad event, sorrow from a previous sad event can always resurface.

Cultural Beliefs

Westerners sometimes refer to certain thoughts or beliefs about an accident or death as “cultural beliefs” or even “superstition”. It’s important to realize that what one person perceives as superstition is a reality for another. For example, Filipinos might experience a continuing presence of a deceased person (“ghosts” or “spirits”). There can also be a notion of a “curse” resting on a particular place. Chaplains may perform certain rituals for this. It’s good to pay attention to the feelings that might exist among crew members or project staff on this matter, while at the same time ensuring that these feelings are not inadvertently amplified by too much attention.

‘There are cultural differences in the acceptance of an accident or death’

	Events before	Type of funeral	Location	Funeral leader	Events after
Secular	Family visit; body laid in state	Burial/cremation	Funeral home	General speaker	Family visit
Muslim	Body washed by relatives	Burial same day	Washing at mosk	Imam	Family visit; mourning period of 3 and 40 days
Roman Catholic	Family visit; wake; body laid in state	Burial/cremation	Church or funeral home	Priest	All Soul's Day; special Mass
Protestant	Family visit; body laid in state	Burial/cremation	Church or funeral home	Minister, pastor	Memorial in church Sunday after
Orthodox	Family visit; body laid in state	Burial (as soon as possible)	Church	Priest	Third day meeting at graveyard
Hindu	Body washed and other rituals by relatives	Cremation	Crematory	Pandit	Mourning ceremony after 13 days
Buddhist	Body washed by relatives	Cremation	Crematory	Monk or spiritual guide	Rituals during transfer period



4.3 Conversation techniques

When you want to have a conversation with someone about how he or she is doing, it is foremost important to take the time for it. If someone feels that there's actually no time for the conversation (you're constantly looking at your watch for example), they won't feel that they have room to talk about very personal matters. Thus, the first rule of thumb is: **take your time**.

In principle, you can pick up on many signals regarding someone's mental well-being during normal conversations over meals or at work. However, sometimes it might be good to sit down for this talk specifically. It's best to keep the atmosphere as informal as possible. It's helpful to explain at the start of the conversation why you want to talk: because you're concerned or because you want to know how everyone is doing. You can also mention that this conversation does not relate to (the evaluation of) work and that it will not have any further consequences.

Listening

The second rule of thumb for a personal conversation is: **listen well**. Listening means not just refraining from speaking yourself, but also trying to empathize with the other person. When it comes to someone's mental state, you don't necessarily have to come up with a solution or offer advice. Listening in itself can already lift a burden off someone.

To listen well, you need to adopt an open attitude. Statements like *"I already know what you're going to say," "I understand completely,"* or *"I've experienced that too (and much worse)"* show a lack of openness. If you're full of yourself, you'll easily miss what the other person is trying to tell you.

It's also important to listen to the emotional layer of a person. Do the words and emotions run parallel? What does the body language say? If someone says they're doing fine with a strained face, you actually know that's not the case. Constantly fidgeting with hands can be a sign of tension.

Asking Questions

However, to be able to listen, you need to get the conversation started. This usually happens through questions from your side. The third rule of thumb: **ask open-ended questions**. That means asking questions that can't be answered with just a yes/no or a single word. For example, *"Are you doing well?"* is a closed question. *"How are*

you doing?" also risks getting a simple *"good"* as an answer. Asking *"How are you (feeling)?"* is more likely to yield a more extensive response.

There are different types of open-ended questions, so you have a wide repertoire:

- You can ask about facts – from *"What did you do today?"* to *"What exactly happened?"* This can easily get a conversation started. But it shouldn't feel like an investigation into the incident.
- Asking for clarification or additional information is important – *"What do you mean exactly?" "Can you explain that?"*
- Paraphrasing makes the other person feel understood – *"Am I understanding correctly that...?" "I hear you saying..."*
- On a deeper level, you can reflect on emotions – *"That seems difficult!" "Did you feel angry then?"*
- Reflective questions also go deeper – *"Did you find that difficult?" "Were you prepared for that?" "Have you experienced something like this before?"*
- Choice questions can help give the conversation a concrete direction – *"Do you want to just go to work tomorrow or take another day off?" "Do you want to go home?" "Who could you like to call?"*

In a personally focused conversation, it's also very important to listen to your own feelings. You have an antenna that unconsciously picks up a lot of information. This is something you can train yourself in. After a personally focused conversation, you can reflect on what you felt at certain moments and ask yourself: what triggered this feeling?

Closing

Try to always end a personal conversation on a positive note. Even if it's just with *"I thought it was important to have this conversation."*

You can try to summarize things. Or see if there needs to be a follow-up. *"I'm wondering if you need anything else." "Can I do anything more for you?" "Shall we meet again after some time?"*

4.4 Bad-news conversation

If you have to go to bring bad news to a family, make sure you have reliable information beforehand. Go with together (two persons). If the family lives far away, you sometimes have no choice but to call ahead, but it is better to go directly. A compromise is to call halfway the trip to check if someone is home.

Introduce yourself at the front door and ask if you can come in because you have something to say that can't be done over the phone. Sit down and deliver the news as simply and directly as possible. Then, let the shock sink in quietly. In many cases, partners of the deceased or badly injured colleague will make coffee – just let it happen.

Then there will be questions and possibly very intense emotions. Sometimes people have had a premonition or knew something was wrong. At this point you won't know the answer to many questions. The best thing is to be honest about that. Many questions will be answered in the upcoming days. Therefore, there's no point in speculating. You may be faced with anger towards the company. Don't take this personally and don't get defensive. Let it happen.

Ask if family members can come, and it might be wise to call the family doctor. If there is no family, perhaps there are friends or acquaintances who would like to come. You can't force someone to not be alone, but it's good to indicate that it's advisable if someone wants to stay nearby.

The press might have caught wind of the incident. It's good to prepare the family for possible media attention. Advise them it's not wise to talk to the press, as they have their own interests. The company has nothing to hide, but it's often unpredictable how the press will handle something.

It's also possible that the family immediately starts talking about the financial consequences (compensation, insurance, liability, etc.). Then indicate that this is not the moment for that, but that it will certainly be discussed later.

Stay as long as necessary until family or other support has arrived. But don't linger too long. You have to do what is necessary from the company's perspective, but all further grief and mourning is a personal matter. Moreover, the initial shock now needs to be processed. Make arrangements for the follow-up. Leave enough channels of information: phone numbers, email addresses, WhatsApp. Indicate that you or your colleague is available 24/7 during this difficult period.

If you came by car: drive carefully back to the office or home. It might be good to stop along the way, to catch your breath and debrief. A conversation like this is not easy to shake off.

'Can I do anything more for you?'



4.5 Recognizing risk factors

The Dutch armed forces use Trauma Risk Management (TRiM), a method developed by the British military. This method identifies ten risk factors that could predict if and what kind of mental problems someone might develop. We include them in this guide to help get a “sense” of what might be going on in a person and which factors play a role in someone’s mental state. However, to utilize the predictive value of this method, one must undergo training and adhere to a strict questioning protocol.

1. Lack of Control over the Situation

The person felt they had no control over themselves and/or the situation during the incident. (*“I didn’t know what I was doing,” “I couldn’t do anything at all”*). It concerns the person’s experience, not whether they had objective control over the situation.

2. Life Threatened

The person felt that their life was threatened during the incident. (*“I thought I was going to die,” “I knew I would get hurt”*). Here too, it’s about the perception of losing one’s life or getting injured.

3. Blame

The person blamed others for what happened. (*“I just can’t believe what he did,” “If only they had taken my concerns seriously,” “They knew but did nothing,” “I no longer trust the person in charge”*). Their anger is an obstacle in processing the incident.

4. Guilt and Shame

The person felt guilty or ashamed of their behavior during the event. (*“I should have known better,” “I keep wondering why I did nothing”*). Like blame, constantly thinking about supposed failure can hinder proper processing. Shame can also prevent sharing the experience with family, friends, and loved ones, further deterring them from seeking support.

5. Acute Stress Reactions

The person experienced acute stress following the event. (*“I keep thinking about it,” “I have trouble sleeping,” “I’m upset when I think about it,” “I’ve had concentration problems since the incident,” “I’ve been irritable since the event”*). The presence of this risk factor can be seen as the strongest indication for the development of mental problems.

6. Added Stress

The person was exposed to significant stress aside from the incident, for example, at work, home, or with health. People experiencing additional stress (such as health problems, several potentially shocking events in succession, or relationship problems) during recovery may face more problems in processing their experiences. This could be the result of added stress on the mental capacity normally used to process the current incident. It’s important to distinguish between daily hassles and added stress.

7. Daily Activities

The person has had problems with daily activities since the event. (*“I don’t feel like going out,” “I couldn’t handle things at work properly,” “I have no desire to exercise even though I normally do”*). It’s about significant deviations from normal routines. People often attribute their lack of functioning to medical problems rather than to experiencing the shocking event, as indicated by increased visits to the doctor or sick leave. This concerns significant deviations in daily routine, behavior at work, and at home.

8. Previous Experiences

The person has been involved in previous traumatic events. (*“I had a near-death experience when I was young, almost like this,” “I was involved in a similar incident 4 months ago,” “My father just died”*). Those who have experienced previous traumatic events have an increased risk of developing post-traumatic stress disorder if they are later exposed to shocking events. This is even more the case if the previous incident resembles the current one. To determine the extent to which this plays a role, it is advisable to ask the person if they think more about the previous incident since the recent event and what effect it now has on them.

9. Lack of Social Support

The person has poor social support (support from family, friends, unit). (*“I called my girlfriend, but she wasn’t really interested,” “The team hasn’t talked to me since the event,” “I haven’t had a chance to call people, I’ve been so busy”*). Social support that is both accessible and presumed to be useful is associated with fewer psychological problems after a shocking event. An isolated person who is not well integrated within the team, does not have good contact with colleagues, and has little contact with family or

friends, is at increased risk of developing psychological complaints. Note, a colleague may have a social network but not make use of it.

10. Inefficient Coping

The person avoids the event through excessive behavior. The person drinks excessively or uses other substances to cope with their grief. (*"I took a few extra drinks to fall asleep," "When I'm gaming, I don't have to think about what happened," "I took some of my wife's sleeping pills"*). It's important to ask to what extent there's been a change in behavior since the event. Heavy drinking in itself is concerning from a medical perspective but is not an indication for the development of psychological problems unless it's related to the incident or its consequences. At this point, behaviors are undertaken to suppress thoughts about the event, such as drinking lots of coffee or energy drinks to avoid sleeping, exercising or gaming to the maximum, smoking more, or starting to smoke.

(Source: Collegiaal Netwerk Reader 2018b)

I thought
I was going
to die

Identifying Acute Stress

TRIM uses a checklist to identify acute stress. To what extent does the person suffer from an acute stress reaction? Generally, a score of 6 times yes is an indication of acute stress.

Acute Stress Checklist:

- Behaving or feeling as if the event is happening again.
- Disturbing thoughts or memories about the event that come involuntarily.
- Being upset by things that remind you of the event.
- Physical reactions (heartbeat, stomach, sweating, dizziness) when reminded of the event.
- Trouble falling or staying asleep.
- Disturbing dreams about the event.
- Difficulty concentrating.
- Being extra alert to potential dangers to oneself and others.
- Being irritable or jumpy at unexpected things.
- Irritability or outbursts of anger.

Remember, trouble falling asleep is a significant indicator of later problems. Even if a person scores low overall, a score on acute stress indicates that the person is not entirely mentally fit.

Another way to ask about acute stress reactions is: *"Do you notice yourself still preoccupied with the event?" "Do others notice that you're still preoccupied with the event?"*



4.6 Stress and stress relief

What helps well with stress are rest and “being able to let go”. Now, the possibilities on a project or a vessel are limited. But a day off to sleep in can help. Or a day away from the project or ship to take your mind off things can help to “destress”.

Exercising generally helps to relax and feel good.

Additionally, there are various relaxation exercises possible, where breathing plays an important role. Look on the internet for this.

A few simple examples:

Breathing Exercise 1:

Put hands on your belly, breathe in and out. Focus on your belly. Try to breathe through your belly. Try to get all the air in your belly. This is a really relaxing exercise.

Breathing Exercise 2:

3 times normal breath, 3 times deep breath and hold it for 2 seconds. Then 3 times normal, 3 times deep breath and so forth. Focus on the breathing, that will take away your mind from the mind. The breathing will give you control over your body.

Breathing Exercise 3:

Breathe 10 times while thinking that you only breathe in and out through your left nose. Focus on your nose! Then 10 times you breathe in and out through your right nose. Keep focusing on your nose. Your mind will be there. Keep on switching. Just practice - first, it will feel strange and you might think “*what’s the use of this*”. But then your body and mind will get used to it. Just keep on practicing.



4.7 Inner conflict (guilt and shame)

An internal conflict occurs when you do something or fail to do something in a way that contradicts your (deeply rooted) personal values, standards, and beliefs. Also, when people you have a lot of trust in (partner, friends, colleagues) exhibit such behavior, one can suffer moral injury. Stress and dysfunction can result from this.

This can involve following orders that you may have difficulty with (e.g., environmental damage), working under certain conditions (e.g., foreign colleagues are very poorly housed). After an incident, one may feel that things are being covered up or that the wrong person is being blamed. Not everyone dares to speak out about this.

Failure

A special form of internal conflict is the feeling of having failed. Especially after an incident, it's as if a video is constantly being played in one's head. *"If only I had acted differently."* *"I made a wrong decision."* *"Why didn't I intervene?"* This video causes stress in body and mind.

Feelings of guilt and shame are variations of this. **Shame** is self-reproach. You feel uncomfortable or stupid about what you said or did. It's mainly about how you come across to others. Physically, shame can manifest as a red face, squinted eyes, or a bad feeling in the stomach area. **Guilt** involves the realization that you are complicit or responsible for something that happened. It's about violating certain rules, agreements, or norms. Physically, guilt can manifest as nausea, headache, literally feeling pain inside.

What Your Feeling Tells You

First and foremost, it's important to realize: these feelings prove that you are human and not a robot. It shows that you dare to look at yourself and reflect. With guilt, it's about social norms, and with shame, it's about personal boundaries and how we want to appear to others. In other words: guilt is about what you do, and shame is about who you are. Therefore, shame can sometimes reach deeper.

Feelings of failure are deep and are preferably kept hidden. We fear what others think of us or how they judge us. *"What will they think of me now?"* *"Now that this has happened, they'll think I'm a bad professional."* As said: one would prefer to rewind the tape and do it over. But that's not possible.

It should also be noted that vicarious or substitute shame can occur. Someone feels ashamed of their background or family. Or someone feels ashamed for colleagues or the company. Vicarious shame can also reach deep.

Dealing with the Feeling of Failure

Now the question is how best to deal with the feeling of failure. Because what has been done or said cannot be undone. In this context, it's important to understand the functionality of these feelings. The feeling of failure provides, as it were, an explanation for what went wrong and wants to protect you as a person from making the same mistake in the future. Simply put: ultimately, mistakes are there to learn from. In the future, you will do things differently, no matter how costly the lesson may have been.

An unfunctional consequence of guilt and shame is paralysis, when someone dares not do anything, when someone withdraws completely. Therefore, it is important to integrate the experience of failure into the life story and transform it into a learning experience. My supervisor during the pastoral internship always said after a failed conversation: *"But you're still alive, aren't you?"* You have to move on.

It is not easy to talk about feelings of failure, guilt, and shame. You must first have a basis of trust before you can engage in conversation about this. It's important, as a conversation partner of someone struggling with this, to listen well and show a lot of understanding. Do not come up with advice, but simply acknowledge that you find it difficult when someone tries to come to terms with these feelings.

'What will they think of me now?'

4.8 Death and grief

Various events can lead to an experience of loss. This loss can trigger a grieving process. Naturally, we first think of the death of a family member or colleague. On board or on a project, one becomes a kind of second family to each other. Therefore, the death of a colleague will have a significant impact (direct involvement). There will also be intense sympathy for a colleague who loses a family member (indirect involvement). Loss can also occur in other events, for example, due to a serious injury or the loss of physical function(s), loss of health, a broken relationship, destruction or loss of important personal possessions, a sudden dismissal, or loss of status or position.

Grieving Process

A grieving process is the way someone tries to find peace after a significant, sad experience. One tries to adjust to the new reality and give the loss a place. A range of emotions and reactions can occur during the grieving process. In many cases, grief is an intensive process that requires a lot of energy and time. Not everyone experiences the same emotions or intensity of emotion; a grieving process is very personal. Eventually, most people find a way to process their loss, to *“give it a place”*. This doesn't mean that the loss and the associated grief completely disappear; it remains a part of the person's life.

According to Elisabeth Kübler-Ross, there are five stages in the grieving process. Nowadays, we prefer to speak of “elements” because the components of grief processing (also referred to as grief work) occur simultaneously:

0. The shock of confrontation with death (as a witness or through notification)

1. Denial Phase

Initially, people react with disbelief to bad news. This general defense mechanism acts as a buffer after an unexpected shocking message and gives the person a chance to come to themselves. Subsequently, one will gradually recover from the shock. It is important to express feelings. Characteristic of this element is that the person seeks facts, truth, and possible culprits.

2. Anger

When denial can no longer be maintained, feelings of anger, annoyance, jealousy, and resentment arise. The anger and incapacity are primarily projected onto the environment. The blame is sought outside oneself and placed on colleagues, employees, and

advisors. Sometimes the anger is directed at the bearer of the bad news.

3. Bargaining

One tries in various ways to escape the terrible reality. Negotiation, as it were, takes place. By setting goals for oneself, the bad news is softened. The desire is mainly to “do” something.

4. Depression

The truth becomes more apparent, and the person feels powerless and misunderstood. This can lead to withdrawal and shutting down communication. There is a chance of turning to alcohol and drugs, such as painkillers, calming tablets, and sleeping pills.

5. Acceptance

When the person realizes that there is no longer any hope to cling to, they can accept the bad news and the grief. Over time, they will want to take up things again and make plans. An old word for this is “consolation” or “comfort”. Consolation occurs when you can accept what you cannot change.

Foremost: every person grieves in their own way. There is no prescription. But it's important for persons in charge to be aware of the different elements that a response to loss entails.



Inhibiting Factors

Even though each person grieves in their own way, there can be factors that obstruct the grieving process. In such cases, we speak of “complicated grief”.

- a. **Delayed Grief** - Among seafarers and their partners, delayed grief is often due to being accustomed to not seeing each other for a long time. Therefore, grief may emerge much later than expected.

- b. **Denied Grief** - one does not allow oneself to grieve and prefers to just continue.

- c. **Chronic Grief** - one remains “stuck” in grief, the emotions stay as strong. Note: do not too quickly assume chronic grief if sadness keeps returning. It’s more about a total absence of the will to move on.

- d. **Traumatized Grief** - the loss is not processed because one is constantly overwhelmed by the memory of the circumstances surrounding the loss (the video keeps playing).

- e. **Somatized Grief** - the emotional reaction is absent, but there are many physical complaints for which no medical cause is found.

- f. **System Blocked Grief** - the individual’s grief issues are dominated or sustained by problems within daily life, the family, or work.

For these blockages in grief processing, it’s important to seek psychological help.

‘What do you need right now?’

What Can You Do?

As a person in charge, what can you do?

First and foremost: be present. As a captain, chief engineer or project manager, you need to show up and also take the initiative for a conversation. Try to acknowledge that it’s not strange to feel shocked and emotional. Moreover, in conversations, it’s important to listen. That’s really all that needs to be done. As a person in charge, you must not succumb to the thought, “*Now he or she should be over it.*” Some people really need a lot of time to grieve. Grief also comes in waves. When you least expect it, a wave can suddenly wash over someone again. It’s also important to consider whether certain days might be sensitive for colleagues (death anniversary, birthday, holidays). That someone is not quite themselves yet doesn’t mean they can’t return to work. One might also feel ignored. Therefore, it’s important to stay in contact and ask how someone is doing. Avoid saying things like “*We’ll be there for you*” or “*Just let us know if you need help*”. Instead, ask directly, “*Can we make an appointment?*” or “*What do you need right now?*” Or ask specifically if there’s something you can or cannot do.

A practical note: from the vessel or project, you can help the family of a deceased colleague by capturing a moment of farewell on board, creating a farewell book, attending the funeral, or visiting later (the latter will often be appreciated).



4.9 Suicide

When someone takes his or her own life, it is a profoundly traumatic experience for those around them. On board or on a project, you become a sort of second family to each other. One can be involved in a suicide in either a direct or indirect manner. In the first case, for example, if a colleague commits suicide; in the second case, for example, if a family member of a colleague does so.

From my letter to a crew whose colleague who took his own life:

1. First and foremost: each person involved must find a way to come to terms with the choice of the colleague or family member who has taken their own life. Everyone does this in their own way. No one else can dictate how this should be done. Essentially, every person has enough resilience to process this shock / give it a place.
2. Because a self-chosen death is so final, irreversible, and also violent, it's almost too much to comprehend. Therefore, it's a very normal reaction for some people to feel nothing at first. The brain, as it were, switches off the feeling; you don't feel much, you just go on. Another common reaction is avoidance: you don't want to think about it, you actually want to skirt around it, you don't want to be affected by it. You will undoubtedly encounter this reaction among some colleagues. They don't want to be affected. A third common reaction is that of intense emotions – sadness or anger. These are normal reactions, which need time to work themselves out. Aftershocks are not unusual.



3. In addition, there may be particularly intense reactions if the death of this colleague reopens other wounds. Other beloved people may have died in the past year. Maybe someone has previously dealt with suicide. Then a lot can come up. It's good to allow space for this.

An important point must be mentioned: if someone else in the crew has psychological problems, it's crucial to keep a good eye on them. A suicide nearby can have a kind of "magnetic" effect on someone with serious psychological issues. It might sound a bit dramatic, and hopefully it's not the case, but keep an eye on it.

4. And of course, there's the big question – why? – and also the question to ourselves: what could we have done to prevent this? We must remind ourselves that we can never keep someone else alive. But feeling terrible and asking yourself questions is more than normal. You know you couldn't have done more, but still, it gnaws at you.

Research has shown that most suicides are based on psychological problems. At some point, someone makes the decision to stop with their lives. The when and where then become secondary. Various things can trigger the final act – and then there's no turning back, whatever the surroundings might do.

If an attempt at suicide fails, it's often followed by another. Postponement in many cases does not mean cancellation.

5. It's good to talk with each other about what happened. Workers in dredging are not made of stone. At the same time, it should not be "forced". I also know from some dredging crew how annoying they can find it if people pull at them. The art is just to create space if someone wants to share something.

6. For most colleagues, life will eventually go on as usual. However, it's good to remind people to keep an eye on themselves. A few nights of poor sleep is no problem, but it shouldn't continue like that. Is there a "video" haunting your head? In that case, it might be good to express your feelings. Not necessarily to a psychologist, a wife or good friends can do the same. Of course, you can always email or call me."

Why?

Why does someone take his or her own life?

- a. **Intense Suffering** - Sometimes you hear or read that someone has chosen to end their life. This phrasing doesn't quite fit, as suicide often doesn't involve a choice. The feeling is that there are no alternatives, and a decision is made to end an unbearable situation. People do it because, in their perception, they can't do otherwise. Feelings of deep gloom, despair, and hopelessness dominate their existence. Most people do not want to die, but they can't bear to live 'like this' anymore.
- b. **Accumulation of Problems** - These feelings may be related to severe mental illnesses, shocking and painful events, or major setbacks and disappointments. This includes unresolved traumatic experiences. Someone can also be deeply desperate due to the loss of a loved one, such as a partner or child, or because of immense shame, feeling trapped, loneliness, isolation, or other hopeless social circumstances. It's usually an accumulation of problems and experiences. Sometimes the reasons for the feelings of despair may be completely unclear. This doesn't make them any less intense, but more difficult to understand.
- c. **Depression or Severe Gloom** - People suffering from depression or severe gloom often think about suicide. Those who have just started antidepressants are at an increased risk. It takes a few weeks for these medications to improve mood. During that period,

the risk of suicide is higher. It's unclear why this is the case, but it's a reason to be extra vigilant. Depression is rarely the sole cause of suicide. There's often an accumulation of factors/problems.

- d. **Seeking Attention** - People might attempt suicide in a way that has little chance of success. Others may see such an attempt as theatrics or exaggeration. Behind every suicide attempt lie despair and hopelessness. It's very important to talk to the suicidal person about these feelings.

The final step towards self-destruction can be very deliberate or more impulsive. In all cases, a kind of "switch button" is turned.

What can you do?

As a colleague, you might deal with a suicide or someone showing signs of considering it. If someone talks about it, it doesn't mean they won't go through with it.

The most important preventative measure is to dare to start a conversation about suicide. This isn't easy, but by making it discussable, you offer a helping hand and break a taboo. It's important not to ignore hints or allusions from a colleague towards self-harm or suicide, but to discuss them. The fear that you might give someone ideas is unfounded. The intention is precisely to talk about this difficult subject. Stay calm, make and maintain contact, take your time, and be clear about your role and (im)possibilities. A catchword could be: RACE: Recognise, Ask, Care, Escort. In short, do not avoid the topic, but: Recognise, Ask, Care, and Escort.



If you have concerns about a colleague you also could/ should talk with someone at the head office (the “person of trust”).

Recognize Warning Signs

People who want to end their life rarely emit clear signals. They do their best not to alarm their surroundings. Nevertheless, suicidal people can exhibit worrisome behavior over a long period.

- Gloominess. Strong mood swings, being very irritable and aggressive, or crying easily.
- Loss of interest in everything. They withdraw, become unreachable, and fall into social isolation.
- Self-neglect.
- Insomnia or, conversely, excessive sleeping.
- Deteriorating work performance.
- Visible changes in eating and sleeping habits or personal hygiene.
- Alcohol and/or drug abuse.
- Giving away personal belongings to which someone is very attached. Suddenly drawing up a will.
- Ending personal relationships.
- An obsession with death (for example, in music, poems, art).
- Poor social skills in dealing with others and difficulty making friends.
- Domestic violence or violence in the social environment.
- Possession of firearms at home or within reach.

These signals should be viewed in relation to the person’s normal behavior. Vigilance is advised if there is a notable change in behavior.

In a conversation, primarily listen for statements like:
“I don’t care anymore,” “I can’t see a way out,”
“I’m just a burden to others,” or
“Who would miss me anyway?”

If Someone Has Taken His or Her Own Life

When you encounter a suicide on a vessel or at work, it’s important to account for intense reactions, including potential feelings of guilt (*“If only I had”*), questions, anger, and confusion.

As a person in charge, your role is to provide general explanations about suicide, acknowledge the shocked emotions and questions that arise, and request to avoid speculations - however understandable they may be.

During a memorial, it’s important to also mention the good memories of a colleague and to honor those. A person’s life is more than the way their life ended.

‘If only I had...’



4.10 Self-care

Taking care of the mental well-being of your employees can also take a toll on you as a person in charge. You bear the ultimate responsibility, and you need to stay strong. You wouldn't be the first project manager or captain to just keep pushing through, only to face difficulties later on. Therefore, it's important: take good care of yourself.

This means: when things have calmed down a bit, seek some extra rest. Do something enjoyable. For instance, after a funeral, I, as a pastor, often went to the movies to distract my thoughts. Treat yourself.

It's also no shame to consider taking leave a bit earlier if it can be arranged.

Moreover, keep in touch with people you trust, whether inside or outside your professional circle. You don't have to bear it all alone.

If it all affects you deeply, you might consider not staying on the ship or the project but requesting a transfer instead. This way, you're not constantly confronted with what went wrong.

Remember, you're human too: you don't have to act tougher than you feel.

'You don't have to bear it all alone'



