A Death Like No Other: Dealing with the Aftermath of Suicide

Supporting staff members after a patient suicide.

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Staff Involvement in Suicide Prevention

• **Suicide prevention** ~ everyone’s business
• Health & social care staff working in mental health services are at high risk of **meeting someone who is suicidal**
• Suicide risk assessment & management ~ an **integral part of daily clinical practice**
• Department of Health ~ **National Suicide Prevention Strategy** (2012)
• **No Health Without Mental Health** (2012)
• World Health Organisation ~ **Suicide Prevention Strategy** (2014)
• People experiencing severe and enduring mental illness are at a higher risk of dying by suicide (Joiner, 2007; Hawton & Van Heeringen, 2009)

• Some die by suicide after having contact with mental health services (Joiner, 2007; Appleby, 2013)

• Suicide postvention focuses mainly on relatives, friends, significant others and less on health & social care practitioners (Jordan & McIntosh, 2011)
How are staff affected by a patient suicide?

Brief literature review revealed the following primary research studies:

- **Psychiatrists** (Dewar et al, 2000; Landers, 2010; Scocco, 2012; Rothes et al, 2013)

- **Trainee psychiatrists** (Alexander et al, 2000; La Fayette & Stern, 2004)


- Evidence that a patient suicide has a profound personal & professional impact.

- May result in **moral distress** (Epstein & Delgado, 2010; Gallagher, 2011) or **post-traumatic growth** (Calhoun & Tedeschi, 2006)

- Patient suicide may be seen as an occupational hazard...*it comes with the territory*..... (Gulfi et al, 2010)
What is a suicide survivor?

• Gutin et al (2011), state:

  “a suicide survivor is someone who experiences high levels of self perceived psychological, physical and or social distress after the suicide regardless of the social relationship with the person” (page 7).
Continuum of Suicide Survivorship

- Suicide exposed
- Suicide affected
- Suicide bereaved, short term
- Suicide bereaved long term

Cerel et al, 2014
### Potential Types of Individuals in Categories of Suicide

<table>
<thead>
<tr>
<th>Exposed</th>
<th>Affected</th>
<th>Suicide-Bereaved, Short Term</th>
<th>Suicide Bereaved, Long Term</th>
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</thead>
<tbody>
<tr>
<td>▪ First responders                                                      ▪ First responders                                                      ▪ Family members                                                  ▪ Family members</td>
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<tr>
<td>▪ Anyone who discovers the decedent                                      ▪ Anyone who discovers the decedent                                      ▪ Therapists                                                    ▪ Therapists</td>
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<tr>
<td>▪ Family members                                                        ▪ Family members                                                        ▪ Clinicians                                                     ▪ Clinicians</td>
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<td>▪ Therapists                                                            ▪ Therapists                                                            ▪ Health &amp; social care workers                                    ▪ Health &amp; social care workers</td>
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<tr>
<td>▪ Clinicians                                                            ▪ Clinicians                                                            ▪ Friends                                                       ▪ Friends</td>
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<td>▪ Health care workers                                                   ▪ Health care workers                                                   ▪ Close work colleagues                                          ▪ Close friends</td>
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<td>▪ Community members                                                     ▪ Community members                                                    ▪                                                            ▪</td>
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<td>▪ School communities                                                    ▪ School communities                                                    ▪                                                            ▪</td>
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<td>▪ Work place acquaintances                                              ▪ Work place acquaintances                                              ▪                                                            ▪</td>
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<td>▪ Fans of celebrities                                                   ▪ Fans of celebrities                                                   ▪                                                            ▪</td>
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<td>▪ Community groups. E.g. sporting clubs                                 ▪ Community groups. E.g. sporting clubs                                 ▪                                                            ▪</td>
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<tr>
<td>▪ Rural or close knit communities                                       ▪ Rural or close knit communities                                       ▪                                                            ▪</td>
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</table>

Cerel et al, 2014
Suicide Postvention for Staff

- **Activities** that occur **after a suicidal event**, including a suicide **attempt** or a **completed** suicide.

- **Raise** suicide prevention, intervention **and** postvention awareness.

- **Provide opportunities** for **continued** education and training.

(Andriessen, 2009)
How to support staff members after a patient suicide

• Provide staff with information about **what to do** and **where to seek** emotional and psychological support.

• Provide opportunities for **debriefing** ~ individually or in groups.

• **Demystify** the **inquest process** and address **fear of blame, public humiliation, litigation** or **loss of employment** by providing information regarding the local NHS Trust Policy.

• Actively encourage **opportunities to promote closure** and **healing**. For example, being involved in bereavement rituals such as attending funerals, if appropriate.

• **Sign-post to suicide bereavement resources.**

(Duffy & Ryan, 2005)
Useful Resources

International Association of Suicide Prevention

* Special interest group – available at: http://iasp.info/postvention.php
Dr. Paul Quinnett

The Things Suicidal People Say – Suicide Warning Signs Revisited (2008)
Useful Resources

“Question, Persuade & Refer “
Dr. Paul Quinnett (PhD)

Established 1995

http://www.qprinstitute.com/index.html
New Approaches to Preventing Suicide

A Manual for Practitioners

Edited by David Duffy and Tony Ryan

Foreword by Louis Appleby
Promote International Events

World Suicide Prevention Day

10th September

1 August 2016
Useful Resources

Anyone can have thoughts of suicide. Everyone can learn to help.

For practical training in suicide prevention, call Brian @ Changes on 0131 653 1086.

Most people considering suicide show signs of their intentions. Sometimes the signs are not obvious. And sometimes they’re not taken seriously. Attend a suicide prevention training course to learn how to spot these invitations for help, and intervene effectively. It could help you to save a life.

For more information and details on courses, visit www.chooselife.net.

If you are having thoughts of suicide, don’t hide it, talk about it. Call Breathing Space on 0800 83 85 87 or Samaritans (24 hrs) 08457 90 90 90 or Childline 0800 1111.

http://www.glasgow.gov.uk/media/image/h/3/choose_Life.gif

Recommended Reading & Reference List


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Recommended Reading & Reference List


• Wurst, F.M; Kunz, I; Skipper, G; Wolfersdorf, M; Beine, K.H and Thon, N. (2011) The therapists reaction to a patient’s suicide: Results of a survey and implications for health care professional's well being. *Crisis*. 32, pp99-105