

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)



Suicide in Mental Health Practice

- 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)
- **Nurses** (Midence et al, (1996); Talseth et al (1997); Valente, (2003); Bohan & Doyle, (2008); Robertson, (2010); Takahashi et al, (2011; Canning & Gournay, 2014)
- Social workers & allied health professionals (Linke et al, 2002; Ting et al, 2008; Gulfi et al, 2010, Wurst et al, 2011, Wurst et al, 2013, Castelli Dransart, 2014)
- Evidence that a patient suicide has a profound personal & professional impact.
- May result in moral distress (Epstein & Delgado, 2010; Gallagher, 2011) or posttraumatic 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?

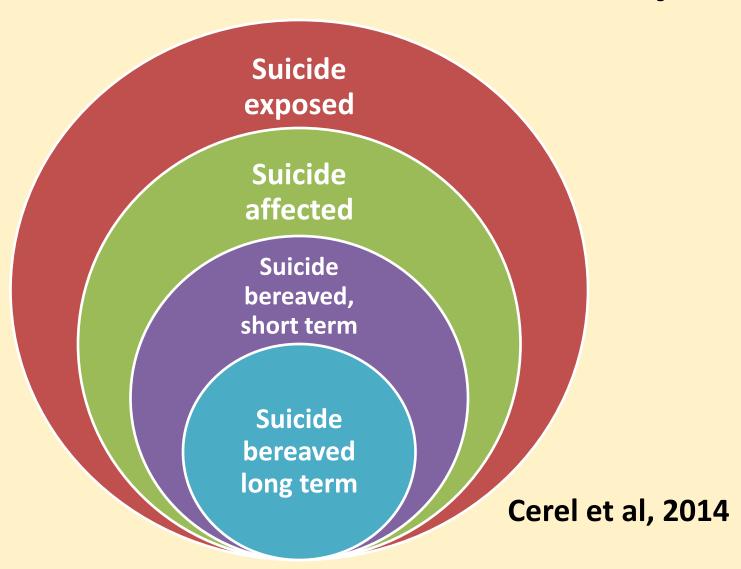


Gutin et al (2011), state:

"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

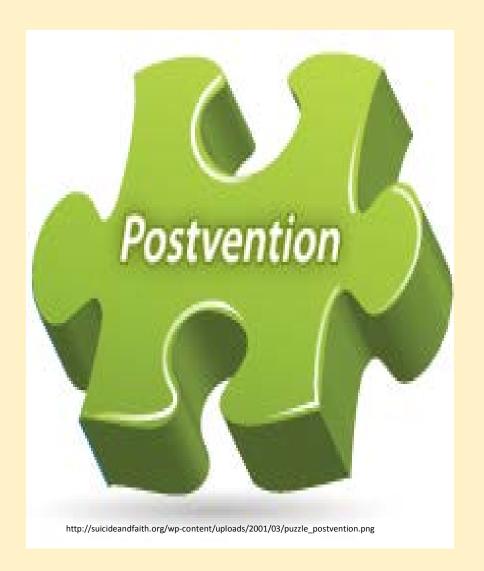


Potential Types of Individuals in Categories of Suicide

Exposed	Affected	Suicide-Bereaved, Short Term	Suicide Bereaved, Long Term
 First responders Anyone who discovers the decedent Family members Therapists Clinicians Health care workers Community members School communities Work place acquaintances Fans of celebrities Community groups. E.g. sporting clubs Rural or close knit communities 	 First responders Anyone who discovers the decedent Family members Therapists Clinicians Health & social care workers Close friends Class mates Co-workers Team members Neighbours 	 Family members Therapists Clinicians Health & social care workers Friends Close work colleagues 	 Family members Therapists Clinicians Health & social care workers Close friends



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)



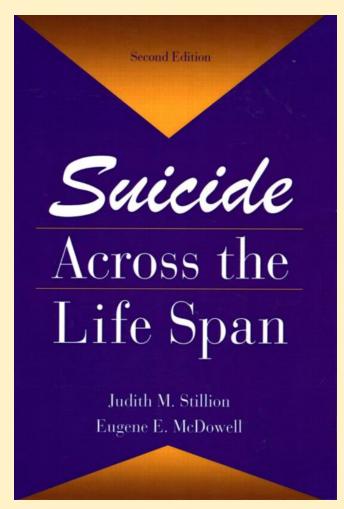
How to support staff members after a patient suicide

- 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.

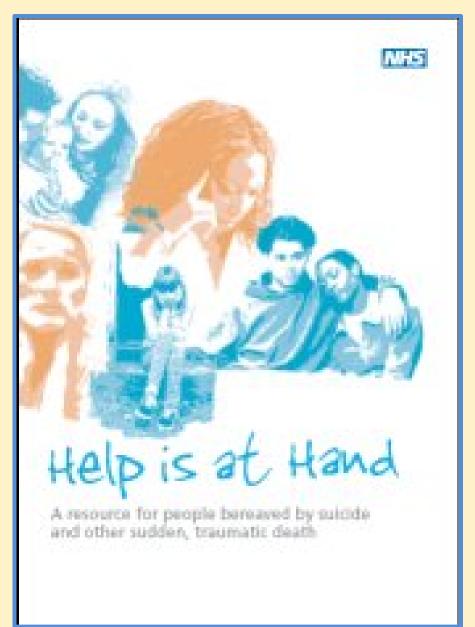
(Duffy & Ryan, 2005)



Useful Resources

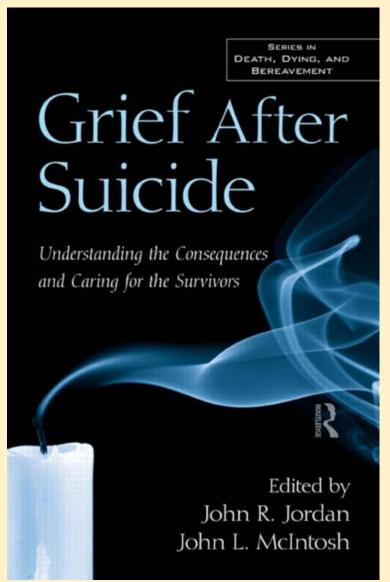


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Useful Resources



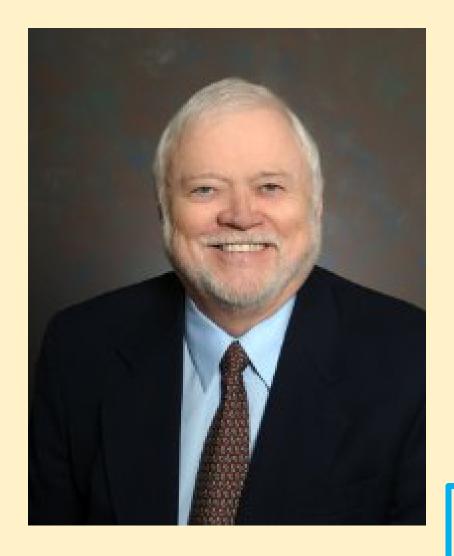


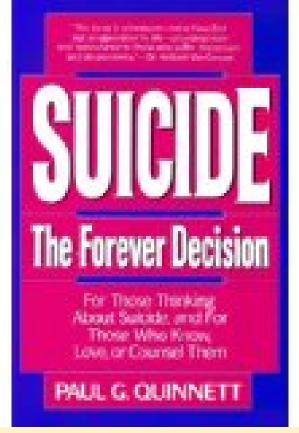
International
Association of
Suicide Prevention

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



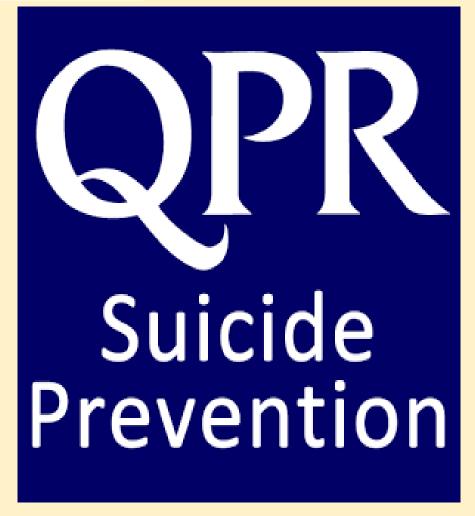
Dr. Paul Quinnett





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





Useful Resources

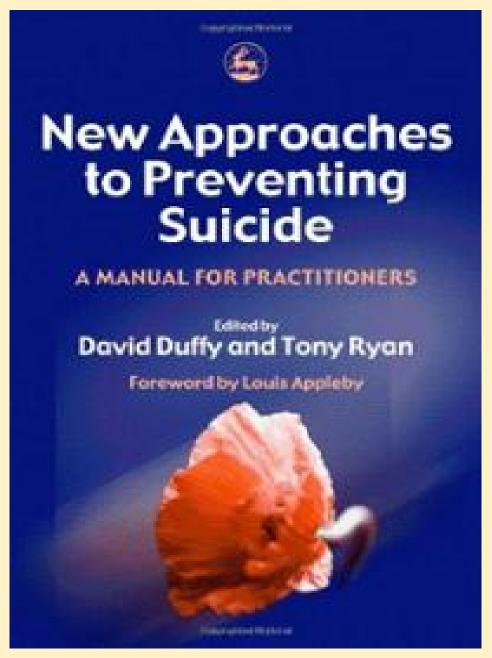
"Question, Persuade & Refer "
Dr. Paul Quinnett (PhD)

Established 1995

http://www.qprinstitute.c om/index.html

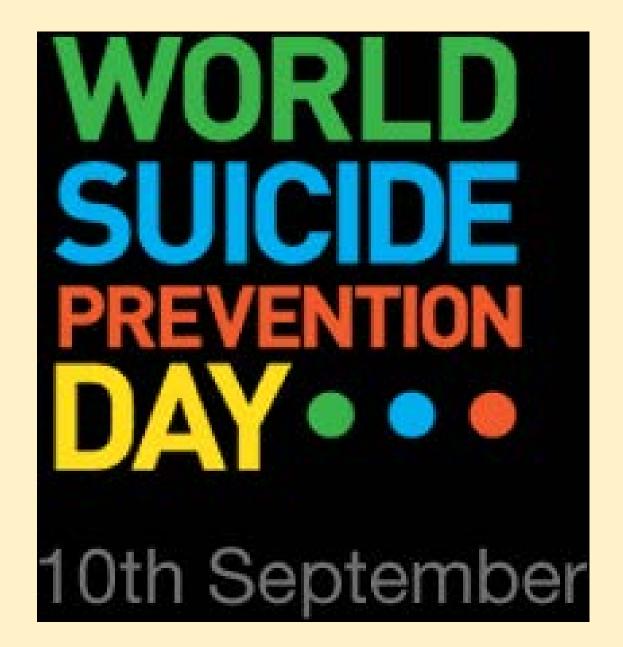
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Promote International Events







chooselife

The national strategy and action plan to prevent suicide in Scotland

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

FOR PRACTICAL TRAINING IN SUICIDE PROVENTION

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.





Useful Resources



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







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