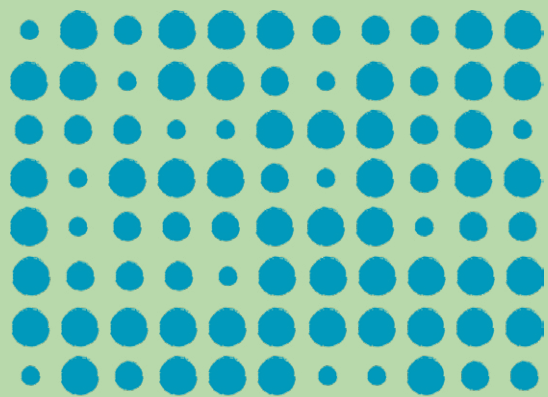


**SAMARITANS**

# NHS employee suicide:

a postvention toolkit to help manage  
the impact and provide support



Working in partnership with



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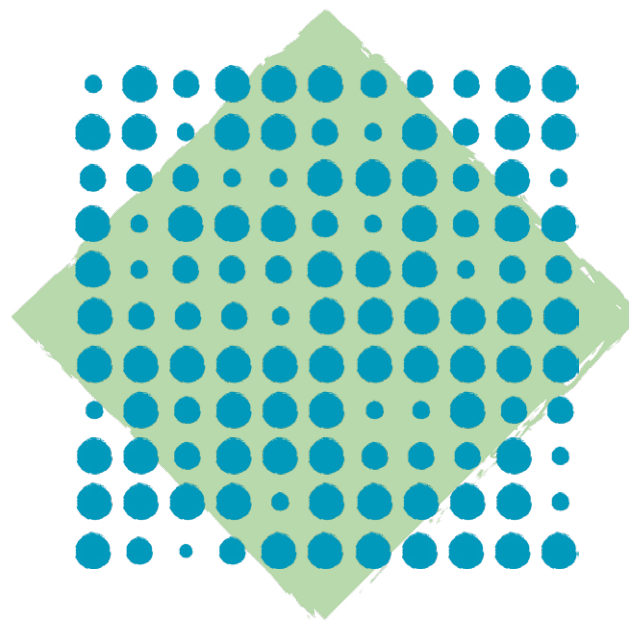
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# Introduction

## Who should read this toolkit?

We must do as much as we can to prevent suicide in NHS organisations. When suicide does happen, this toolkit is designed to help NHS organisations, particularly **leaders in Human Resources, Occupational Health and Health & Wellbeing**, to develop and implement a process to manage the impact of an employee suicide on colleagues. This includes students on placements in NHS organisations. Support after a suicide is known as postvention.

Advice here may also be adapted to support those in the workforce who lose a family member or close friend to suicide. You may find the toolkit useful when supporting colleagues after a sudden death of any cause. It has been informed by real experiences of colleagues across the NHS.

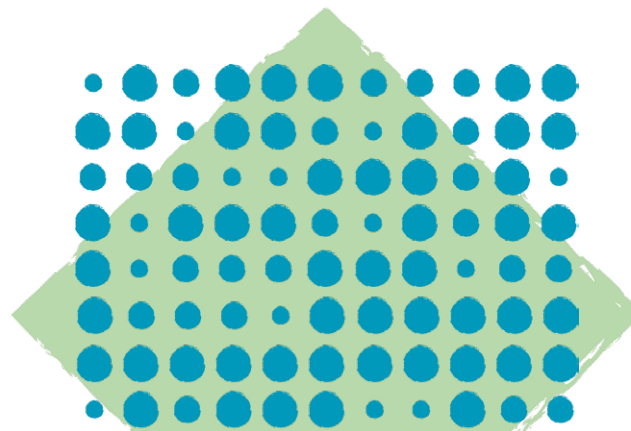
It's important to say from the outset that the postvention response will be challenging for everyone involved. We recommend that responsibility for using this toolkit be shared by more than one person. If you are affected, share your concerns with colleagues and managers and ask for support too.

We use the term 'died by suicide', but please note that the cause of death may not be formally established for days or weeks. Further, legal confirmation of suicide as the cause of death can only be made by a coroner following an inquest, which usually takes several months to complete. Others, including press, may talk about the death as suicide, so it is important that postvention support for colleagues happens straight away.

The conclusion following an inquest might not be one which you or employees expected so it is best to be conscious that

this is a period of uncertainty. It might be helpful for your communications at this time to reference *a sudden death that may be a death by suicide* to enable necessary conversations to happen in advance of any coroner's ruling.

This toolkit provides guidance for when there is strong evidence that suicide is the cause of death, and when the community – colleagues, relatives and friends – are responding to what they believe is a suicide and so experiencing the corresponding impact and emotions.

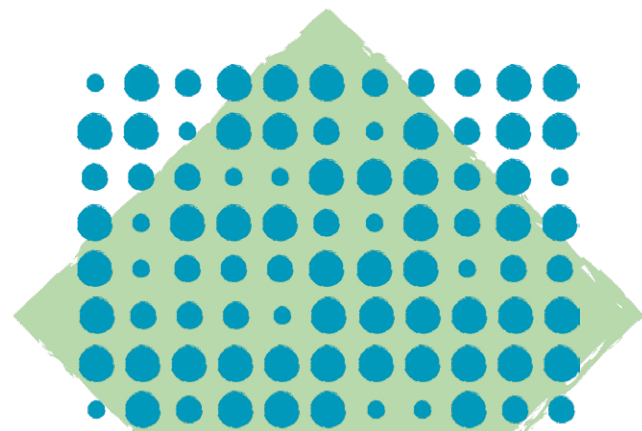


### Forewords

**NHS staff have always gone above and beyond to support the millions of patients that are cared for every week.**

But looking after ourselves and our people is of paramount importance too. The pandemic created an environment with unprecedented challenges for staff, who were also dealing with the impact of lockdowns and grief in their personal lives. The challenges facing the NHS now are just as relentless. Our support for our colleagues is needed more than ever.

We are committed to building on our existing resources to support the mental health and wellbeing of NHS staff, and to create environments where staff feel able to be honest about how they are feeling and comfortable in asking for help.



We know that some groups of staff are more at risk of suicide than the general population, and that when a staff member dies by suicide, the impact on colleagues is devastating and far reaching.

We continue to do all we can to help prevent this from happening, but sadly it still does. The response from the NHS as an employer is important and can help minimise as the negative long-term psychological impacts on those who knew and worked with the person who died.

This toolkit has been designed to help NHS trusts support their workforce after the death of a colleague by suicide. It is just one part of the resources available to the NHS to support their staff, including on how to reduce the risk of suicide. There is always more to learn, and this toolkit will also compliment a piece of long-term research that is looking in depth at this issue of postvention response in the NHS.

This toolkit could not have been created without the expertise of the Samaritans and collaboration with the many individuals from NHS trusts that took the time to talk to the Samaritans.

We hope this will help support people going through one of the most difficult and traumatic times of their lives, and we thank all individuals and organisations involved in the development of this resource.



**Dr Navina Evans**  
Chief Workforce Officer  
NHS England



**Dame Ruth May**  
Chief Nursing Officer  
NHS England

## SECTION 1 – Introduction

**Suicide is complex and affects people from all walks of life. There is never one reason why a person might feel that they have no other option but to take their own life. Anyone affected by suicide can become at risk themselves, and it is impossible to predict who will react most and over what timescale. The trauma can have significant consequences at every level, from productivity and performance to wellbeing and relationships outside work, affecting those that did not directly know the person who died, as well as those who did.**

NHS organisations are going through a time of extreme challenge. When caring for others day after day, it is easy to forget that, sometimes, you might need support yourselves. This toolkit is part of that support.

Developing the toolkit has been a collaborative effort, bringing together experiences from NHS employees across the country, and across different teams, roles and backgrounds. Everyone said the same thing – we need to be prepared, we need to

care for ourselves, we need to share our stories. The impact of a colleague's suicide is felt across teams of thousands of people, far beyond those closest.

Each time we go into workplaces we hear the same thing: "We wish we had known more. Suicide and suicidal feelings need to be discussed more, and more openly, so that people know they will be taken seriously and that they can reach out for support. And, if the worst happens, we need to be more prepared."

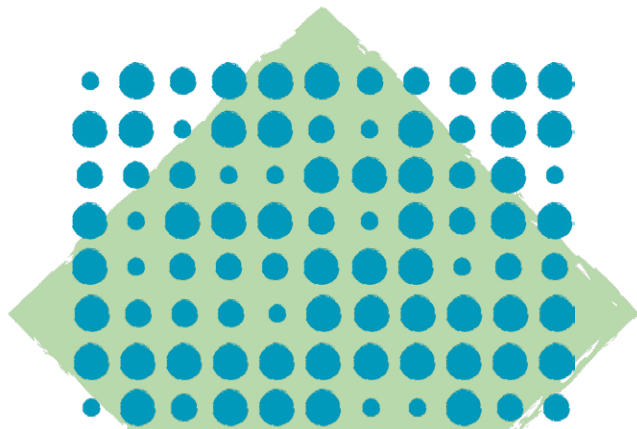
That is why this toolkit is such a valuable resource. If a colleague, friend or family member takes their own life, the worst has already happened. You can have the knowledge and skills to minimise the harm and help everyone to deal with its devastating consequences as best they can.



**Julie Bentley**  
Chief Executive  
Samaritans



**Sean Duggan**  
Chief Executive  
NHS Confederation's  
Mental Health Network



### What is postvention?

Postvention refers to the actions taken to provide support after someone dies by suicide. There is no one right way to respond to suicide, but effective postvention planning can ensure that timely and appropriate care and support is provided. In addition, there is no single or right way to grieve, so open dialogue with colleagues is essential to put in place the most appropriate support for each employee. This can help individuals with their grief, manage the impact on the organisation and reduce the risk of further deaths by suicide.

Leadership plays a critical role in setting the tone for how the rest of the staff will respond to a suicide. Building a culture of openness around suicide, as well as general mental health and wellbeing, is one way that support after a suicide can be most effective. Talking safely and responsibly about what has happened will not increase the risk of imitational suicides within a workforce; handled well it can be critical to coming to terms with the death and moving forward.

“Permission has to be there from the top. It is ok to not be ok.”

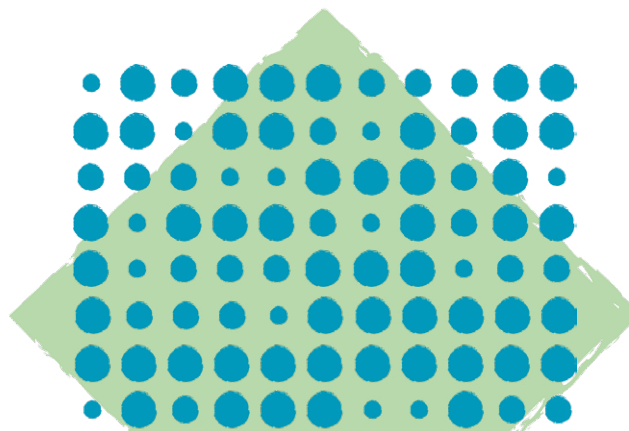
### What is a cluster?

The term *suicide cluster* describes a situation in which more suicides than expected occur in terms of time, place, or both. It can apply to a situation where there are two or more deaths by suicide in a workplace or team over a short space of time. If this applies to your workplace, contact your Local Authority’s Director of Public Health for specific guidance and support.

### Why is postvention important?

Evidence shows that people who have been bereaved or affected by suicide are almost three times more at risk of suicidal ideation<sup>1</sup>. It is estimated that as many as 1 in 10 people attempt suicide after losing someone to suicide and 8% drop out of work or education<sup>2</sup>. The impact of suicide can be far-reaching, with as many as 135 people affected by one death by suicide<sup>3</sup>.

Bereavement by suicide is complicated, unpredictable, and it can be devastating. Therefore, it is important to have a clear and supportive postvention plan in place in workplaces and all other environments where people are in close contact, such as schools and colleges.



1 Hill, N., Robinson, J., Pirkis, J., Andriessen, K., Kryszynska, K., & Payne, A. et al. (2020). Association of suicidal behavior with exposure to suicide and suicide attempt: A systematic review and multilevel meta-analysis. PLOS Medicine, 17(3), e1003074. doi: 10.1371/journal.pmed.1003074

2 Pitman, A. L., Osborn, D. P. J., Rantell, K., & King, M. B. (2016). Bereavement by suicide as a risk factor for suicide attempt: a cross-sectional national UK-wide study of 3432 young bereaved adults. BMI Open, 6 (1), ARTN e009948. doi:10.1136/bmjopen-2015-009948

3 Cerel, J. et al. (2018). How many people are exposed to suicide? Not six. Suicide and Life-Threatening Behaviour. DOI: 10.1111/sltb.12450

### Understanding grief after suicide

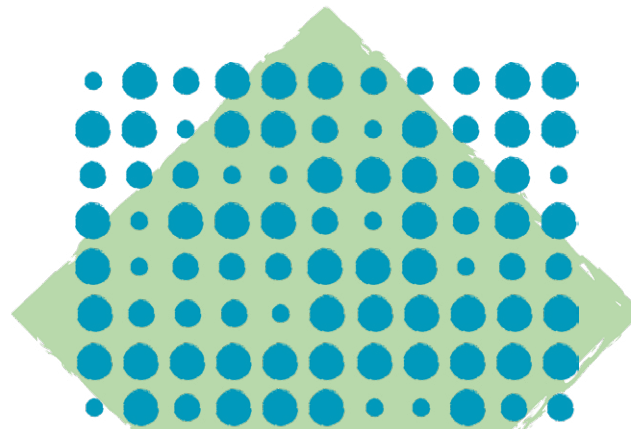
**Bereavement after suicide is complex and it affects different people in different ways. It is often called 'grief with the volume turned up'. Alongside sadness and loss can be feelings of anger, shame, and guilt. Some people react by feeling numb. Some feel it would be easier to explain the death in a different way. Others may not know what to say.**

 **All these responses are normal.**

[Read more on emotions following a suicide on Support after Suicide's website](#)

This complex grief can complicate how to respond to those bereaved by suicide. There won't be just one way to respond, or a set pattern to the grief of those affected by the loss. This makes it essential to see each affected employee as someone with their own specific support needs which may change over time.

This toolkit can give you a framework and some examples of how to support your staff after a suicide. But your local knowledge of the team, their relationships and their needs will be essential to delivering effective postvention.



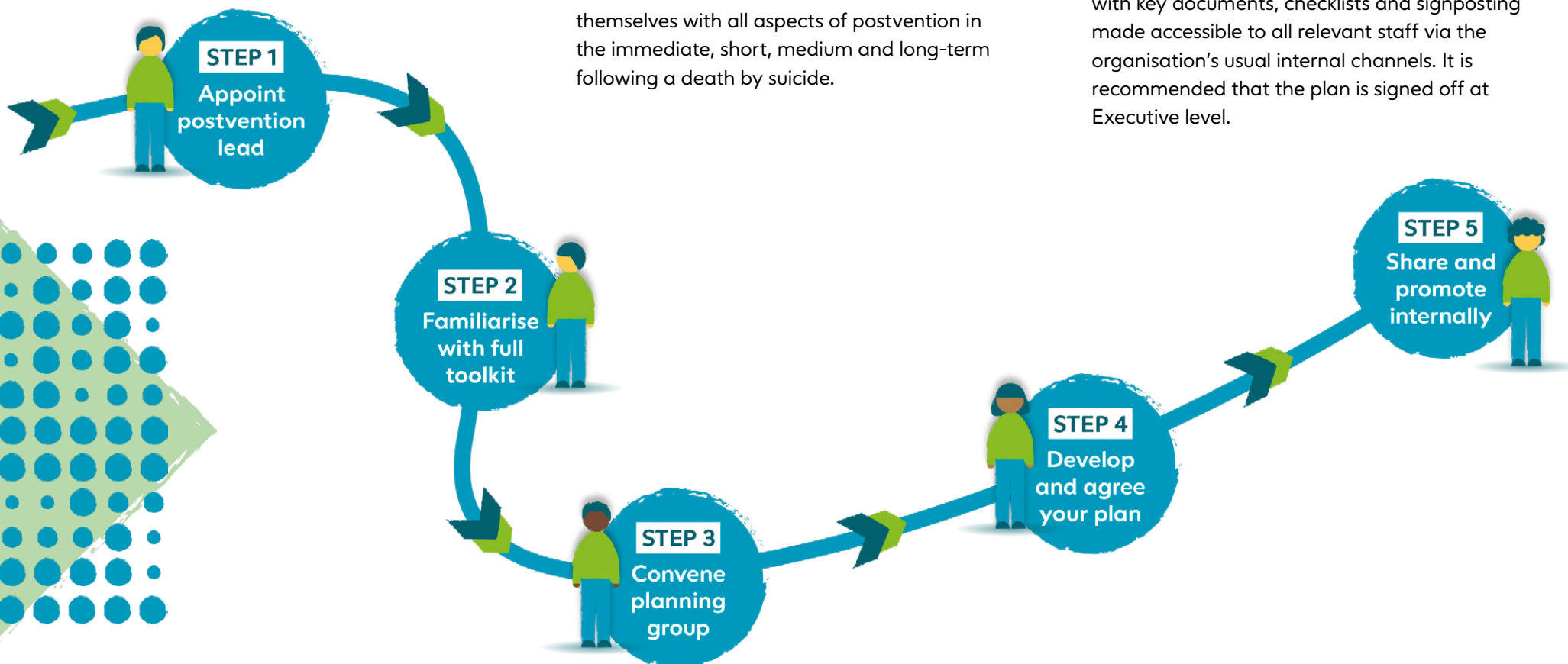
### How to use the toolkit

Each organisation will have its own structure and process for managing and supporting wellbeing. This toolkit provides an overview of how you might roll out a postvention process within your own place of work and is based on learnings shared with us by NHS colleagues.

#### Here's how to get started.

- » Appoint a senior lead to oversee the development of the postvention plan, who should report into the executive board and have decision-making responsibility.
- » Postvention lead reads the toolkit and familiarises themselves with all aspects of postvention in the immediate, short, medium and long-term following a death by suicide.

- » Postvention lead convenes a planning group to develop your organisation's specific postvention plan. We have outlined some guidelines on this in Section 2, but the details will be unique to your place of work.
- » Postvention plan is developed and agreed, with key documents, checklists and signposting made accessible to all relevant staff via the organisation's usual internal channels. It is recommended that the plan is signed off at Executive level.







## SECTION 2

# Be prepared

The suicide of a colleague or student is a shocking and distressing event. Like all potential workplace shocks, having a plan in place with all the right people briefed and prepared can mitigate the effects on your staff. Creating a workplace environment where mental health is supported and discussed openly is part of this preparation.



## 1. Open up to mental health in your NHS workplace

It has never been more important for NHS employees and students to be supported to look after their mental health and wellbeing. A range of support is already available. The NHS Health and Wellbeing Framework was reviewed and updated in 2021. This framework is an interactive document that makes the case for staff health and wellbeing, sets out clear actionable steps and provides guidance on how organisations can understand what good health and wellbeing looks like and what can be achieved.

[Visit the NHS Health and Wellbeing Framework website](#)

Staff mental health and wellbeing hubs have been set up to provide health and social care colleagues rapid access to assessment and local evidence-based mental health services and support where needed. The hub offer is confidential and free of charge for all health and social care staff.

The hubs can offer a clinical assessment and referral to local services enabling access to support where needed, such as talking therapy or counselling.

[Visit the current staff wellbeing website](#)

The 2019 Pearson Commission report into NHS Staff and Learners' Mental Wellbeing described a heightened sense of stigma and self-stigma expressed by those in training and those who care. This stigma effect heightened barriers to accessing mental health and wellbeing support and services. Understanding the barriers to help-seeking in your organisation will be necessary in postvention support planning.

“ People in the health service feel like it is a luxury to self-care. But not doing it impacts memory and concentration, so self-care avoids risks to your patient as well as yourself. ”



## SECTION 2 – Be prepared

### Talking about suicide

It is essential that every effort is made, even in the absence of an employee death, to destigmatise the discussion of suicide, or its possibility.

If it is perceived that talking about suicide and attempted suicide is taboo within the workplace, people may be unlikely to seek support if they are feeling suicidal or if a colleague dies by suicide.

Talking about suicide not only reduces the stigma, but can allow individuals to seek help, rethink their opinions and share their story with others.

“ There is an inclination from some to say ‘you shouldn’t be talking about what has happened’. So, they shut down conversations and this is not helpful. People need to talk, to share. ”

**There are some very simple things you can start to do now to create a working environment where conversation is encouraged.**

- » Use the opportunity of suicide awareness days to talk about suicide. On World Suicide Prevention Day (annually on 10 September), you could organise an awareness event and use internal communications tools and channels to open up a conversation.
- » **Samaritans delivers workplace training** on a range of topics, including managing conversations and suicide awareness.
- » Many organisations have undergone **Mental Health First Aid training** with staff from across roles
- » **Encourage staff to complete Zero Suicide Alliance training**. This 20-minute online tool is free to use and gives people a basic awareness of suicide prevention.
- » Consider fundraising for mental health and suicide prevention charities as part of employee fundraising initiatives.



### Perspective on training

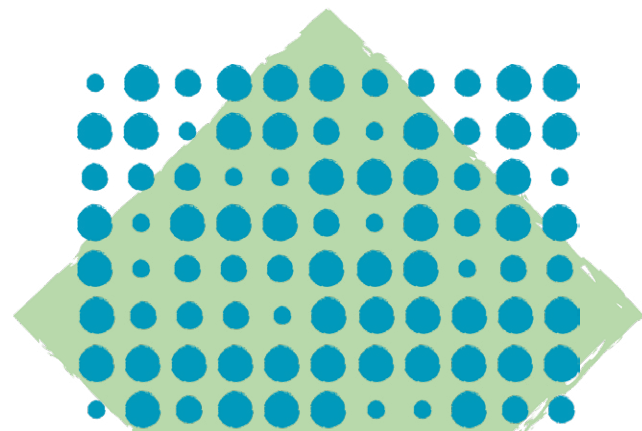
In the middle of the first wave of the COVID-19 pandemic, it became apparent to the University Hospitals of Northamptonshire NHS Group, that the risk to staff mental health was very high due to mass redeployment, staff being exposed to traumatic events that they wouldn’t normally have seen, and staff not having the right training and psychological capacity to deal with trauma.

The Trust developed a suicide risk awareness campaign aimed at all staff to empower them to start a conversation and offer support when they see someone is struggling.

The intention was to show that it’s not just for psychiatric or psychological professionals to have these conversations - anyone can have them. With support, staff have come to understand that having these simple but important conversations with colleagues can save lives.

Staff feedback from early-on in the process found that they did not feel skilled enough to have these conversations and asked for more training. There is now more specialist and practical training that takes place every few months. Anyone can book this two-hour training and it is inclusive of all roles, teams and services across the trust.

**[Find out more on the website](#)**



### 2. Form a postvention group

Postvention support does not belong in one team or directorate. Collaboration and cross-team working are key to building an effective and comprehensive response.

Identify individuals who will form a postvention group. Their role will be to create a postvention plan for your workplace, as well as to play a part in any postvention response based on their skills and responsibilities. There should also be an identified strategic lead for postvention.

**While the makeup of the group will depend on your place of work, we recommend that the following staff are represented:**

- » Health and Wellbeing Lead
- » Occupational Health Lead
- » University HEI mental health lead or tutor
- » HR Director
- » Chaplaincy
- » Family liaison
- » Psychological support
- » Employee Relations
- » Communications
- » Practicing clinician
- » Operational lead/manager
- » Equality/Inclusion lead

Involving someone with lived experience of loss by suicide is highly recommended at this planning stage. This may be someone who has been bereaved by the death of a colleague, a family member, or a close friend. They will be able to bring their perspective and their understanding of what can be a complex situation to help you to put in place sensitive and appropriate support.

Make sure that postvention group members are clearly identified, and that they understand the duties assigned to themselves and others across the workplace. There should also be appropriate training and wellbeing support in place for anyone tasked with leading or implementing postvention as and when needed.

### 3. Agree your postvention approach

By considering the points listed here, your postvention group should be able to put in place measures that will help you to carry out your responsibility as an employer, support your staff, be sympathetic to the individual who has died and be flexible enough to respond to the specific demands of the situation.

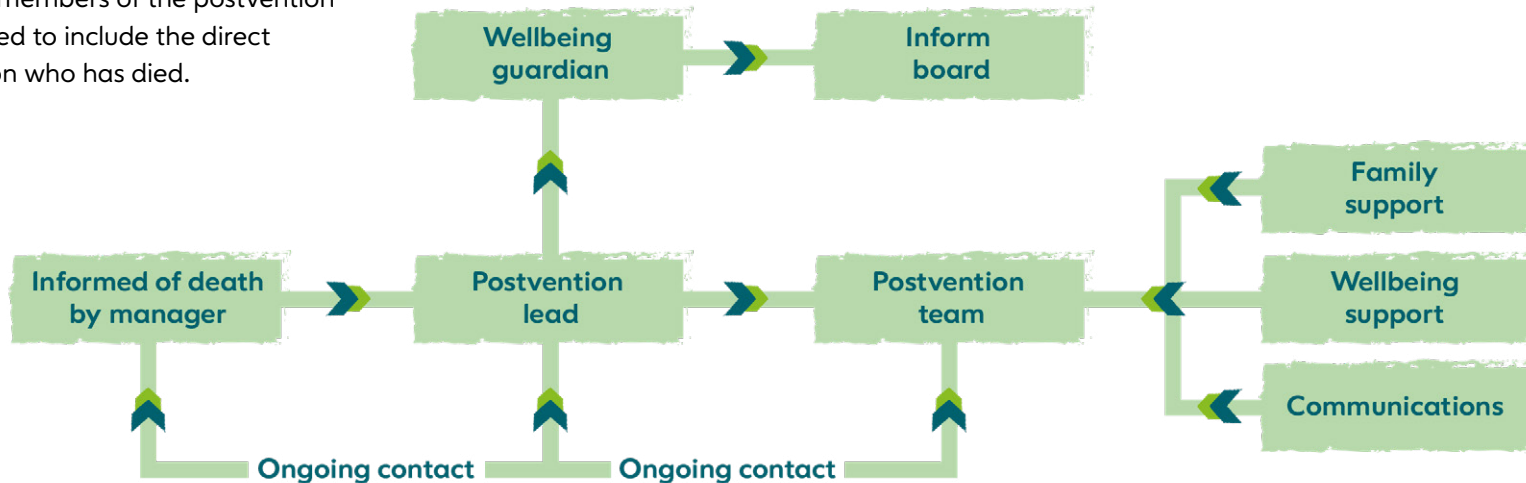
**You should consider:**

#### How you will identify the response team who will support after a suicide?

This will likely involve members of the postvention group but will also need to include the direct manager of the person who has died.

#### What is your communications cascade?

This will depend on your work structure, but an effective communication cascade will look something like this. What will work for you?

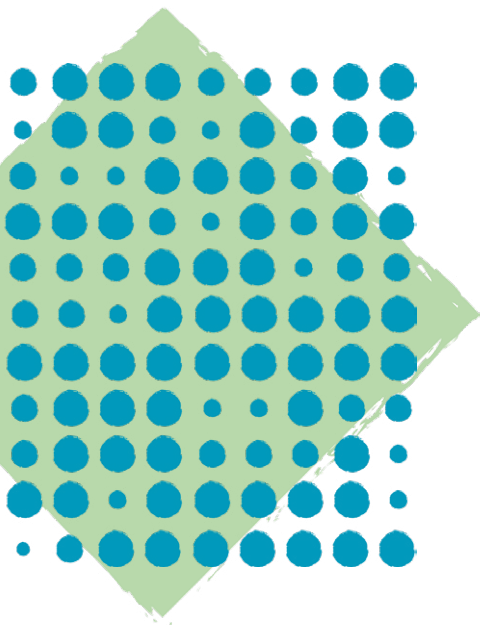


At Board level, the appointed **Wellbeing Guardian** for your organisation has a learning role to play in postvention. The NHS Staff and Learners' Mental Wellbeing Commission (February 2019) outlined this wellbeing assurance role, including involvement in postvention through examining the death by suicide of an employee. It may be that the Wellbeing Guardian in your organisation can also communicate with the Board as part of their postvention role.

## SECTION 2 – Be prepared

### Templates and forms of words for informing colleagues

People have said that having a form of words ready was helpful at such a difficult time. It is hard to know what to say and how to say it, and it is normal to feel worried about how to communicate. Here are some examples of what your own templates might look like:



#### To colleagues of the deceased:

We are all devastated by the sudden death of our colleague and friend xx xx. We are talking to his/her/their family about what has happened and will share more details with you all when we can. In the meantime, please use the support available if you are finding the news difficult. We ask too that you avoid sharing details of xx's death before we all know what has happened, and until we can all be together to support each other in person. We are working hard to make this happen as soon as possible.

#### Notice to all staff and students, from the Chief Executive:

We are saddened to share the news of the sudden death of our colleague xxx xxx. We are talking to xx's family and will update you all when we have more information. In the meantime, please contact [wellbeing support] or your manager if you would like support with how you are feeling.



## SECTION 2 – Be prepared

### What support package can you provide?

Many NHS organisations will have the resources they need in-house to effectively support staff via health and wellbeing hubs. There may be some staff who need more specialist support, perhaps from local suicide bereavement specialists. Have a range of support available, from group reflective practice to peer support, wellbeing conversations to counselling and quiet spaces. **The only certainty in postvention is that no two people will respond in the same way or have the same support needs, so flexibility and an understanding of equality and inclusion will be key.**

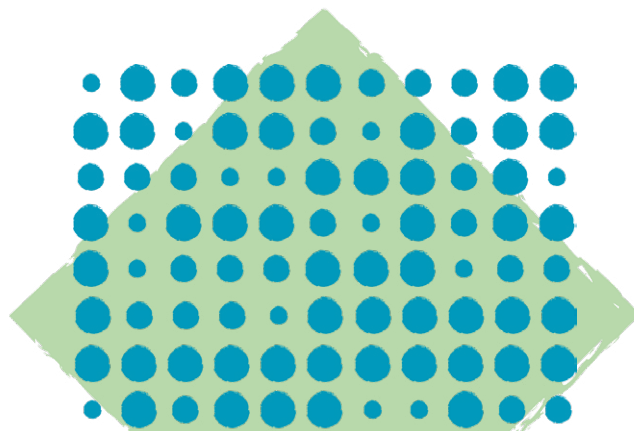
So too is the need to consider the long term impacts of suicide. There will be no set time to withdraw support, so how will you continue to monitor and support staff in the months and even years that follow?

### How will you respond to issues specific to particular staff groups?

How can you ensure that your postvention response can recognise and respond to the needs and characteristics of different staff groups and professions? At this stage, it is useful to think through staff groups and how their role and their way of working may be impacted differently from each other. For example, administrative staff may need to take on the role of communicating with a clinician's patients to change appointments. IT staff may need to go through an employee's emails. Agency staff may not automatically have the same access to in-house support as NHS employees.

Prepare specific responses based on these groups' characteristics and needs.

Be mindful too of differing help-seeking behaviours and preferences. There may be some stigma around accessing mental health support and nurses, as one example, have shown a preference for informal feedback and advice. In some cases, healthcare professionals will prefer support to come from peers, linked to their own professional identity. We have included some peer-specific help resources (such as Nurse Lifeline and Doctors in Distress) in this toolkit, but do seek out diverse ways to provide what is needed.



## SECTION 2 – Be prepared

### How will you ensure diversity and inclusion are considered?

Have you considered the ethnic, racial, cultural and spiritual, sexual orientation/identity and other diversity aspects of your employees? Have you considered all parts of your workforce, including those who do not have regular access to computers?

“ For staff who do not have easy access to computers very often, posters and noticeboards are essential tools. Wellbeing support is offered outside daytime working hours and in drop-in sessions are held in the community. ”

Culture and religion or spiritual belief can impact how someone might need to grieve or may lead to differing attitudes towards death by suicide. Advice from chaplaincy colleagues, other faith leaders and EDI leads can help to guide your planned responses. After a death by suicide, it is also beneficial to involve individuals in the response that can represent the personal, spiritual and cultural assumptions, beliefs and customs of the deceased family, the immediate team and the organisation.

### How will you support managers?

Managers will find themselves in an overwhelming position; continuing services, supporting their team, managing the administration of losing a team member, as well as holding their own grief. They will need bespoke support, which could be in the form of a postvention 'buddy system' where a peer with knowledge of postvention provides whatever support that person might need.

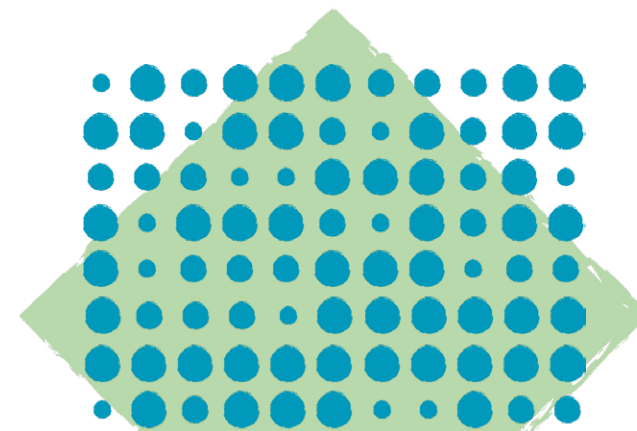
“ I felt 'in between' as the lead as to how much I could grieve and be supported, whilst supporting my own team at the same time. ”

### How will you support families?

Who will liaise with the family of the person who has died, and how might this support differ in the event of a death by suicide? An understanding of grief by suicide will be important, as will a general understanding of practical matters such as accessing financial support, coronial processes and bereavement help for adults, young people and children.

### How will you handle the practicalities of responding to the death?

Your workplace will likely have a death in service policy. After a death by suicide, even the simplest of administrative tasks will need to be carried out sensitively. These can include staff cover, updating IT systems and payroll, as well as dealing with uniforms, passes and any personal belongings.



### Be prepared: checklist

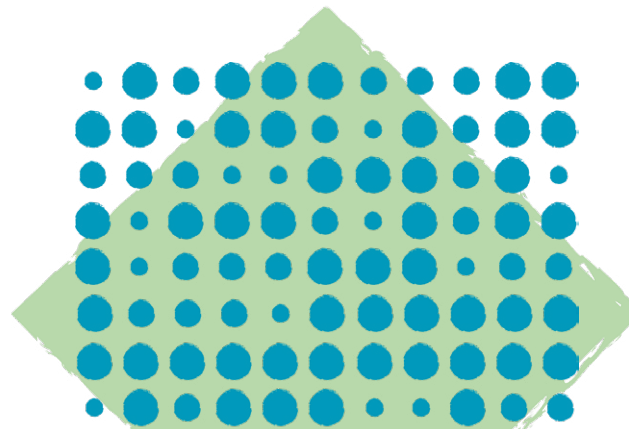
- Identify your lead and postvention group
- Understand what support already exists and what else might be needed
- Agree how a communications cascade will work after a death by suicide
- Consider the specific requirements for:
  - Different jobs and roles
  - Culture, religion and spirituality
  - Equality and inclusion
- Consider immediate and ongoing support for affected managers
- Agree a family liaison process
- Consider appropriateness of death in service policies and procedures



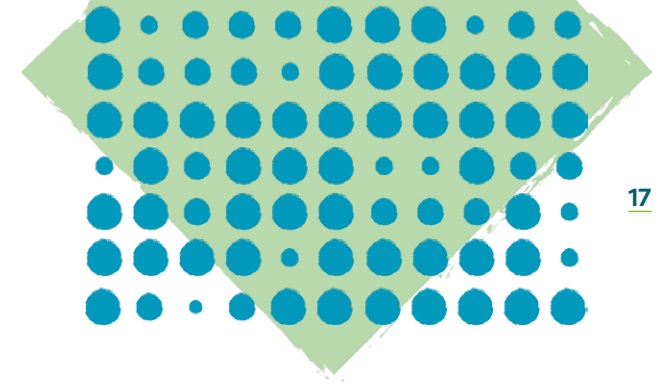
### What else can you do now to prepare?

- » Agree your plan and share this with senior management and the Board via the Wellbeing Guardian.
- » Agree your communication cascade and strategy.
- » Think about training now; there are a range of resources from basic suicide awareness training (such as Zero Suicide Alliance) to more enhanced training packages from the Samaritans and others.
- » Prepare your support documents. There is a lot of information in this toolkit and you will find it more helpful in a dynamic situation to have your own plan, checklists and templates ready to use if needed.

The following sections cover in detail the issues, based on the experiences of NHS colleagues, that may follow the suicide of an employee. You can use this detail to build your own plan, which should be structured to cover immediate, medium-term and long-term needs.







# When suicide happens

You have been informed that a colleague has died by possible suicide. There are several different scenarios that may affect how you respond immediately, but your postvention plan should be enacted, with the postvention group briefed and tasked without delay.

## What to do straight away



**ALERT** the postvention team and confirm the individuals, their roles, and the responsibilities of the response team. Identify who will provide peer support to the manager and who will be the family's liaison.

**INITIATE** your communication cascade to ensure that other key people are made aware.

**RESPOND** rapidly to gain an in-depth understanding of the person who has died and identify who may be impacted. The

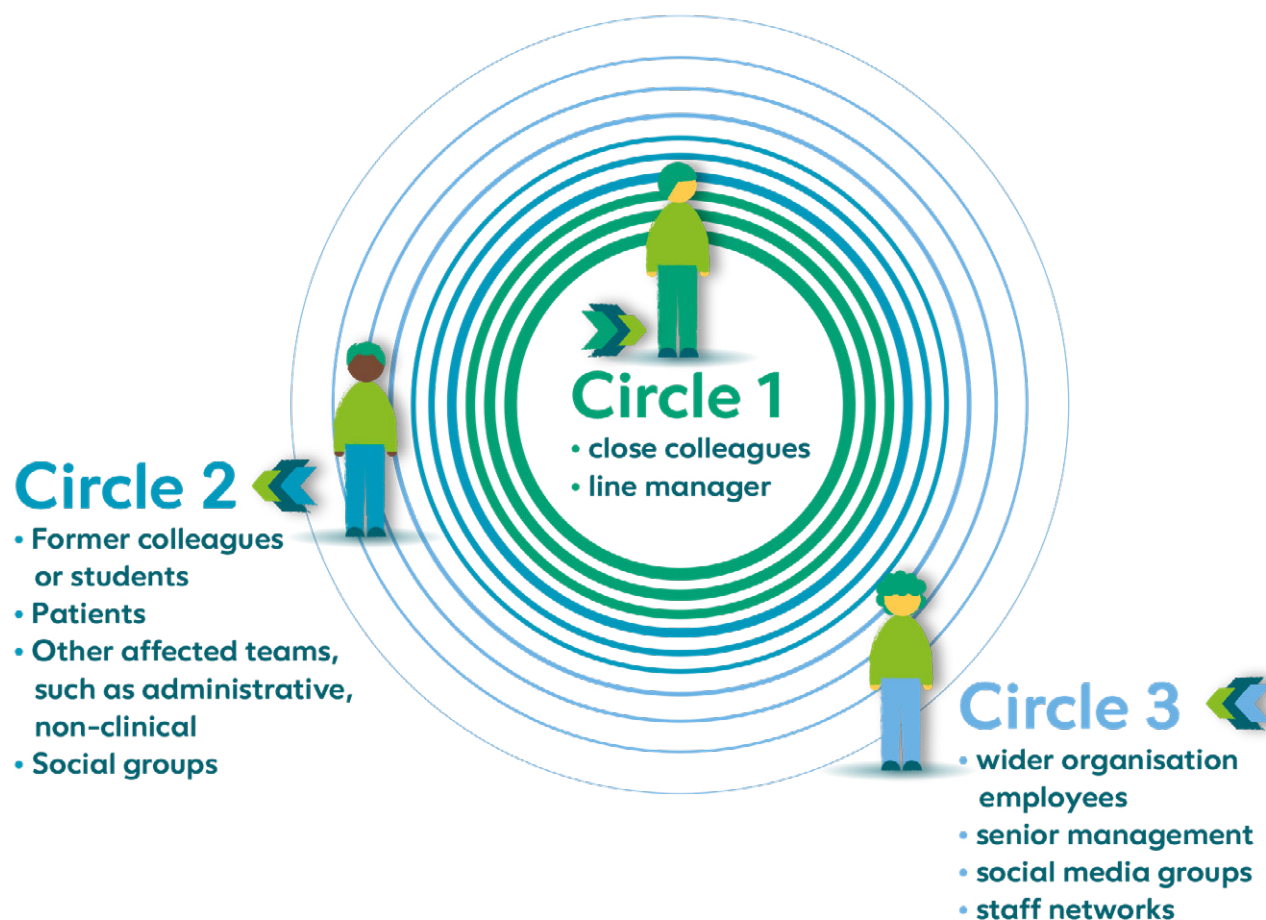
direct manager of the employee will be key in this, but also consider where the person may have worked before, if there are other teams who were in contact with the person, or if they had patients assigned to them who will need to have their care transferred.

Having a clear view of any relevant issues with management, HR or colleagues will help you prepare for talking to the family and communicating more widely.

“Grief isn't a linear thing. You could make the assumptions about the immediate team members, but it affects different people in a very different way. It has often been our problem that we make assumptions, 'it's the team and the line manager who need support'. But that provokes anger and frustration in others-where is my right to grieve?”

## SECTION 3 – When suicide happens

The Circles of Impact tool is a useful way of thinking about probable level of impact on different people in your workplace and can direct how you communicate with each group.



**LIAISE** with the family as soon as possible.

The designated person dealing with the family may need to be prepared for heightened and strong emotional responses from them, which might include anger over why the death has happened, or blame directed at the employer in some cases. Ensure that the person in touch with the family is briefed on any workplace or disciplinary issues that may have occurred.

When talking to the family, discuss how the death will be communicated to colleagues. You may need to explain that colleagues are already talking about the death as suicide, and that by talking about suicide (including how the death has impacted them, the importance of seeking support and where to get help) this can help to keep them safe.

**Help is at Hand** is a short book developed to help people bereaved by suicide to understand the emotional and practical challenges they may face. You may find it useful to have this available for family liaison.

[Download Help is at Hand here](#)

## SECTION 3 – When suicide happens

**INFORM** those likely to be most impacted first. Get people together where possible and try to ensure that everyone finds out at the same time. The manager may want to personally tell their team; you can use the form of words in **Section 2** or your own agreed templates to help them to find the right way to break the news.

Assure the manager, and all those supporting, that they don't need to have the perfect words to say. It is ok to be themselves and to show the team that they care. Allow enough time for staff to talk, to say how they feel and to listen to each other. Ensure that there is someone there who can talk about the support that is available to them. Use the time too to identify who may need some time on leave, or changes to how they work, and how they will be supported through this.

If details about the death are unclear, there may be a need to give further updates in the future. Where appropriate, simply acknowledge this with the team. Acknowledge too the importance of respecting the wishes of the deceased's family, especially in the sharing of information about the death of their colleague. Moving the conversation on to sharing memories and stories can be helpful, rather than staying with the details of how the person has died.

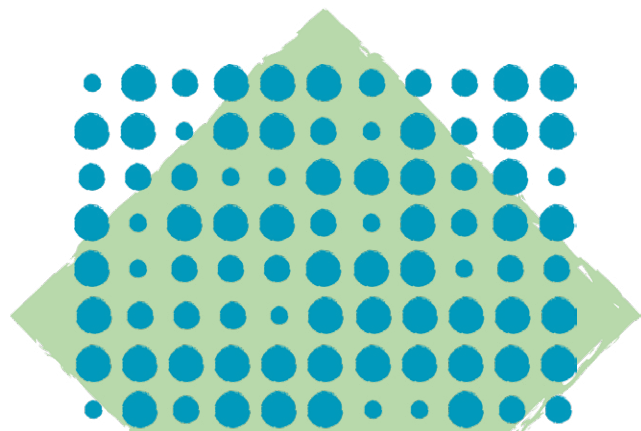
Consider those on shift patterns, on sick leave or on annual leave and take time to speak to people directly rather than by email or text message.

**[Download Finding the Words for advice on what to say after someone dies by suicide. You might find it useful to share this with those affected.](#)**

Be prepared for people to respond differently and sometimes unexpectedly. Some may want to go home, but others may want to stay at work to be with colleagues. If the person has died in your hospital, some may wish to see the person. Religious and cultural differences can impact how someone might react or how they want to show their respects to the person who has died.

“ So often in the NHS staff will talk about not being able to bring their faith into work. We need to support their spiritual wellbeing in this area. Give permission, ask people about their faith as well. ”

**SUPPORT** the team to continue their service. NHS organisations have the added challenge of ensuring that critical and essential care continues for all patients. Your planning stage needs to prepare your protocol for this, and how you and senior management will support this to happen seamlessly and with the wellbeing of the team and the manager in mind.



### What to do: the first week

#### Continue to communicate openly



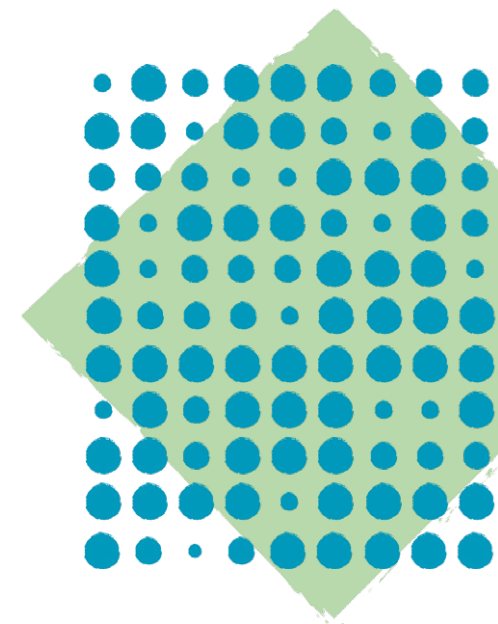
Careful co-ordination of internal and external communications will be important in the first days following the death. Do not make any official statements until the death has been formally confirmed and carefully co-ordinate your employee communication in consultation with your postvention group, the family and communications management.

If the next of kin requests that the death not be disclosed as a suicide, an employer may not be able to maintain confidentiality. If information has already spread through informal communications, senior managers are at risk of appearing disingenuous, out-of-touch and untrustworthy if there is no acknowledgement of the manner of death. Ongoing open liaison with the family to resolve this will be important, being honest that it is more beneficial to carefully manage

how a death by suicide is communicated, than to allow rumours to spread among large numbers of staff. You could discuss the use of terms like 'may have died by suicide' or 'may have taken his/her/their own life'.

Remember the importance of monitoring social media activity around the death, ensuring that your internal communications function manages any misinformation or rumour and importantly, being vigilant to vulnerability or suicidal ideation amongst colleagues.

Continue to signpost people to internal and external support for help with feelings they may be expressing via social media. You can also remind staff using social media of the need to be respectful of the family and their wish for privacy at a difficult time.



## SECTION 3 – When suicide happens



### Safe messaging and language around suicide

When communicating about suicide, it is critical to take into account the safety of those reading/receiving these messages. Using safe messaging mitigates the risk of encouraging other or future suicides.

**Samaritan's Media Guidelines for Reporting Suicide** are a really useful resource for how to communicate using safe messaging. [Here is a summary of the most relevant advice.](#)

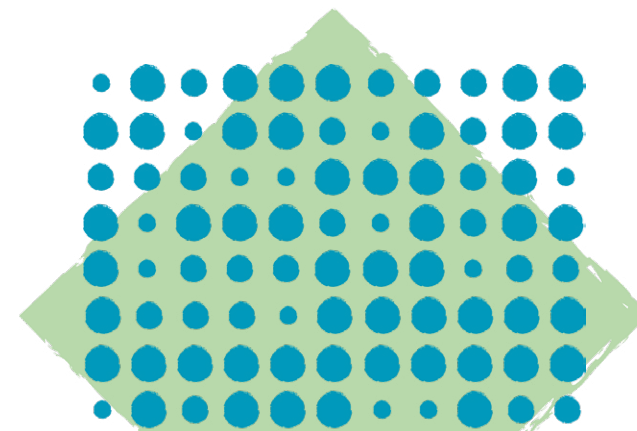
- » Refrain from reporting details of suicide methods.
- » Avoid making unsubstantiated links between separate incidents of suicide.
- » Don't give undue prominence to the news with dramatic language, extensive use of photographs and memorials of people who have previously died [treat it as you would any death in service].

- » Manage speculation about a 'single trigger' for a suicide. Suicide is complex and seldom the result of a single factor.
- » Sensitively portray the devastation left behind for families, friends and communities following a death by suicide.
- » Be wary of over-emphasising community expressions of grief (for example romanticised comments and montages of images of floral tributes), as this can inadvertently glorify suicidal behaviour to others who may be vulnerable.



### Language

- » Avoid outdated and judgmental terms like 'committed suicide,' 'successful suicide,' 'failed suicide attempt,' or 'completed suicide.'
- » Use 'died by suicide' and 'took his/her/their own life' instead.
- » Steer clear of comments, such as 'in a better place', 'found peace' and 'heaven has gained another angel.'



### Offer flexible support to everyone impacted

Some employers organise a structured session after 48/72 hours for all who wish to attend. This is best delivered by a trained individual, who has some knowledge of suicide postvention.

It is essential that there is a package of support available, according to the needs of the employee group. Consider:

- » Opportunities for one-to-one support as well as group support for those who want to talk privately.
- » The role of the Health and Wellbeing Hub.
- » Restorative clinical supervision as delivered by professional Nurse advocates.
- » Group reflective practices such as Bailint Groups or Schwartz rounds, which allow open discussion in a safe and structured space.
- » The need for support out of hours for staff on night shifts.
- » The impact on administrative staff who may be tasked with talking to patients, changing appointments or taking calls from the family – and how they need to be supported.

- » Bringing peer support, such as Mental Health Champions, into the department.
- » Providing a quiet space for this acute period, where people can find solace in a busy shift.

People may not know what they need in these early days, so instead of offering support once, make sure that the offer is ongoing and visible. Communicate in various ways, via the intranet, team meetings, noticeboards and leaflets, so that everyone can be reached.

It may take more time and resource but having a locally appropriate response, even down to the individual level, will have more positive impact on recovery than a 'one size fits all' response.

### Supporting the manager

This period is particularly difficult for managers. There may be a list of administrative tasks that need to be dealt with, including HR requirements and managing emails and diaries. It is these tasks that, while seemingly mundane, can be distressing to manage.

Managers are also trying to support their staff in their grief, while keeping their services or functions running – as well as being bereaved themselves by the loss of their colleague.

Continue to support managers via your chosen buddy/peer support process. Make sure that the relevant administrative functions are aware of the situation so that there is understanding in all communications with the manager. Try to lighten the load by supporting with some of the difficult HR duties, which are required following the death of a colleague.

““ The manager said that the worst thing for her was getting a phone call from payroll about whether to stop his pay. Horrible bureaucratic issues like having to go through his emails. Seeing the last ones he sent, that devastated her. All the while, not sharing this with anyone to keep them protected. ””

Even if they say, as many do, that they are 'fine', keep this support going for as long as it is needed.

““ I carried on, I looked like the strong one, but if someone had taken me aside and asked how I was I know I would have broken down. Looking back, I think I needed that then, instead I kept going until I was physically ill. ””

### Emotions after a suicide

“ You think about the conversations you had. How could we not notice? How can someone be that desperate and you have no concept? ”

People experience many complex emotions after a suicide. Alongside sadness and despair can be anger, blame and guilt. Amongst healthcare professionals, this guilt can be felt very strongly. How could we, with our training and skills, not see what they were going through? Why didn't we spot something?

Feeling guilt is one of the reasons that suicide bereavement is so painful, yet it is a normal and common reaction. Through liaison with psychological support, groups and individuals can be encouraged to talk about how they are feeling so that these emotions can be normalised in a safe environment.

“ Guilt is something that it is important to address as soon as possible. Guilt is what gets people stuck. ”

### Dealing with practicalities

The family liaison representative should continue to support the family with any relevant practical matters. This could include accessing financial support, information on workplace benefits after death in service and arranging a funeral.

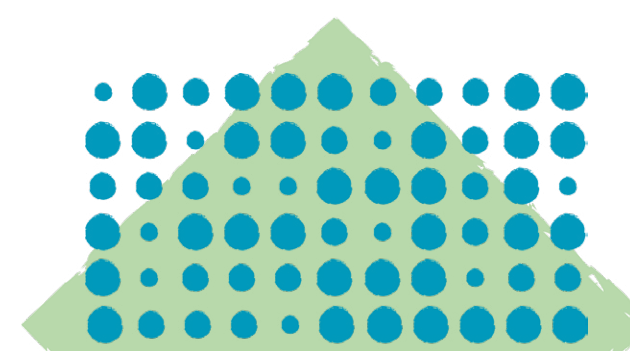
They may also need to request the return of the employee's uniform and other work-related items, which should be handled sensitively and with care. It is best to keep channels of communication open with the family as long as they need you to. You can also inform family that the service is there for them in the future too, when they may need to talk more about the person they have lost once time has moved on.

Discussions will likely start at this point about the family's wishes for a funeral or memorial service and how the organisation or team will be involved. Your chaplaincy service can help navigate these conversations.

In some cases, patients will need to be informed if their care is being transferred to another clinician. These conversations can be difficult, so think about the best member of staff to deliver this news, the vulnerability of the patient and supporting with templates and forms of words for those having the conversations.

**Managing the acute response to a suicide in the workplace is distressing and challenging for everyone involved. By communicating openly and supporting flexibly, you and your team will be giving everyone impacted the best chance to recover and move on. It is important to take care of yourself too – talk to colleagues and don't feel that this is a task for one person.**

“ As a wellbeing lead I was terrified that I would get it wrong. I am not a mental health expert and I was worried something I said would do damage. Close supervision is essential. I am really lucky that I work in a supportive team and I have access to support. ”



### When suicide happens: checklist

#### ➤ What to do straight away

- Alert the postvention team and confirm responsibilities
- Initiate communication cascade
- Gain rapid understanding of the deceased and who might be impacted
- Inform all those impacted and offer support
- Liaise with the family
- Support the team to continue service

#### ➤ What to do in the first week

- Continue to communicate openly
- Offer flexible support to everyone impacted
- Support the manager with emotional and practical support

#### ➤ What to do in the following weeks and months

- Manage the risk to others
- Understand and normalise emotions after a suicide
- Support with ongoing practicalities, including family support

- Co-operate with coroner/ other investigations
- Promote healthy grieving by being available and allowing time and space
- Arrange memorial or funeral attendance
- Continue to monitor those who may be vulnerable
- Prepare for anniversaries, birthdays or other milestones
- Ensure ongoing dialogue, communication and co-ordination with postvention support team for as long as is needed.





# The following weeks and months

Some people feel their bereavement instantly while others may react weeks, months or even years afterwards.

Because of this, there is no fixed time when things will be 'back to normal'. Experience shows that most employees will recover fairly quickly, especially when they stay connected to support, reach out to trusted others, and take care of their physical and mental health.

There are some specific issues that may arise in the weeks and months following the suicide of a colleague and preparation for these should be part of your ongoing postvention plan.

Be aware that students may have returned to their host university or have rotated to another placement. Is there safe handover and ongoing support through liaison and careful disclosure of information with the University? Have you considered employees who are in roles rotating between organisations?

## Managing the risk to other employees

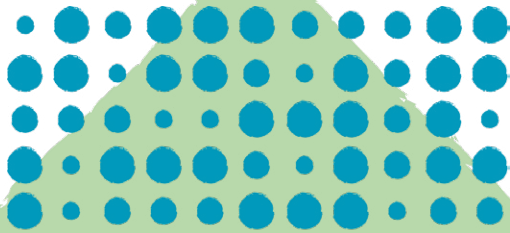
The death by suicide of a colleague may intensify suicidal thoughts and feelings in some already vulnerable individuals and may increase their risk for imitative behaviour. This is known within the suicide prevention sector as a contagion effect.

There are many reasons for this effect. Given how prevalent suicidal thoughts are, a larger workplace such as an NHS organisation might find that at the time of a suicide death other people might simultaneously experience suicidal distress and may be at risk of an attempt.

Support after a suicide should be ongoing, and staff should have repeated opportunities to access support beyond the first few days or weeks following a suicide. Collaboration and co-ordination between management, health and wellbeing and HR needs to continue beyond the initial response, especially for those employees who are struggling with their loss.

Have regular check-ins with the team, bring people together around two weeks after the death, and again a month after the death, so that colleagues know that there is no 'time limit' to their grief and the support that they can expect. Be prepared that some employees might seemingly take a step backwards in their grief.

“One of the wellbeing team was on the unit waiting for me – she introduced herself and explained why she was there and had a chat. I saw her a week later and I was still quite emotional. But that was pretty much it. The support for wellbeing should maybe have been extended beyond that week.”



## SECTION 4 – The following weeks and months

### Co-operating with the Coroner's inquest

If a death is unexplained there will be a coroner's inquest to establish where, when and how the person died. Although the inquest will be opened soon after the death, it is likely to be adjourned until after other investigations have been completed. This can take many weeks or even months.

Inquests are held in a public court setting, with evidence by witnesses. The process may prove distressing for those affected by the death, particularly for those who are called to give evidence or who are named during the proceedings.

Inquests do not seek to establish whether anyone was responsible for a person's death. However, the Coroner's conclusion could cause relatives, colleagues and friends to once again ask themselves whether anything could have been done to prevent the suicide.



There may be media enquiries around the time of the inquest, if not before. If this is the case, work closely with your communications team to respond appropriately. The Samaritans' Media Advisory Service and its Media Guidelines for Reporting Suicide can help you to deal with any media interest.

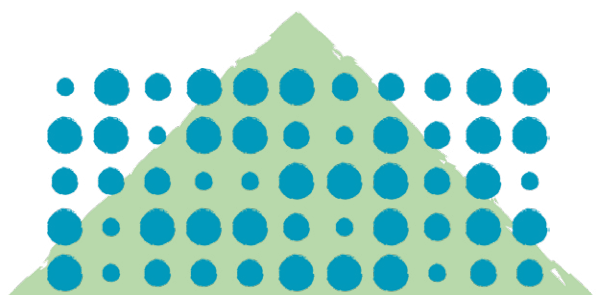
### Promote healthy grieving

Sometimes managers may feel uncertain about how best to support their team in the aftermath of suicide, may either over or underreact. The best strategy is to consider what are the common practices and policies for dealing with other forms of bereavement or trauma. Any deviation from these practices could be seen as stigmatising by staff (e.g. Why is this death being treated differently than any other?).

Line managers are not expected to be experts on grief, but it is important to know that grieving is a process that varies from person to person. People will experience different feelings from their colleagues.

Senior management and line managers can help support this natural grieving and healing process by:

- » Being aware of what types of workplace concessions might be made in the first few weeks (time off, lightened duties, funeral attendance, alternative duties).
- » Allowing time and space for those who want to continue to talk about the colleague they have lost, understanding the importance of telling stories and sharing experiences.
- » Being available, being visible and talking to employees. Remember to include remote workers in any communications.
- » Helping find the right balance between commemorating the deceased, but not memorialising the death in a dramatic or glorified fashion.
- » Being a role model for healthy grieving. It is okay – and even beneficial – for managers to acknowledge their own feelings regarding the loss of a colleague, and possibly even speak about their own coping strategies.



### Supporting healing and recovery

If the family chooses to have a private funeral, or if the funeral takes place many miles away, colleagues are often left to grieve without the start of the healing process that a funeral or memorial can provide. Under these circumstances, it might be helpful for staff to gather to honour the deceased on or off-site to let colleagues express their grief together, share memories to celebrate the life that was lived, and begin the healing and recovery process. When the death is by suicide, often the emotional responses are amplified and the remembrance service can become very instrumental in promoting healing.

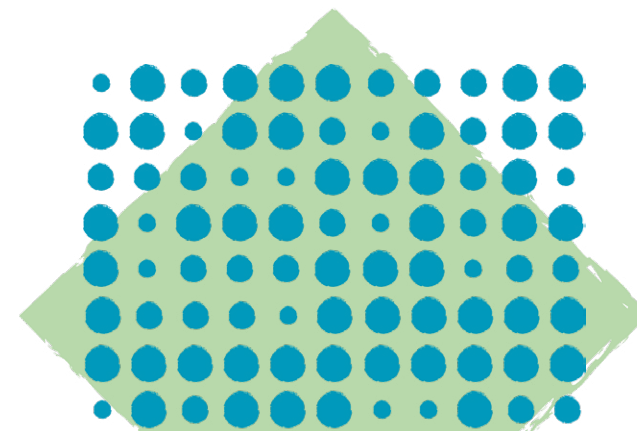
“Support from the wider Trust was brilliant. We had volunteers from all over the hospital who came and worked for us that afternoon – and the Trust paid for a minibus for staff on shift so that they could attend during their shift.”

While some employees just need practical or immediate assistance to get through a difficult time, other employees might be especially vulnerable to complications in their healing and recovery process. This could be because they are already going through stressful situations in their lives, their support system is dysfunctional or they have ongoing emotional or behavioural health vulnerabilities. They may have some experience of suicide within their family, or a previous bereavement by suicide. These individuals could benefit from specific support to help guide their recovery.

In addition, it can be helpful to provide bereavement support training to line managers who are responsible for colleagues significantly impacted by the suicide. The Support after Suicide Partnership website has more information on where to find suicide bereavement specialist services in your area and you may want to consider building links to local specialist services in your preparation phase.

[Visit the Support after Suicide Partnership website](#)

Typically, a mental health professional who is part of the postvention response group will be watchful for more affected or vulnerable employees and will then encourage them to follow through with their professional services. Ongoing co-ordination and communication between local management and wellbeing support professionals is crucial to this process.



## SECTION 4 – The following weeks and months

### Getting back to 'normal'

During the initial acute phase, it might be very difficult for some people to maintain focus and be productive. However, after the first few weeks, some people will want things to start getting 'back to normal' and will find a way to continue grieving while simultaneously taking care of their other responsibilities.

Managers will continue to have the very challenging task of balancing the need to care for and support affected employees, with the demands of health service provision. Continue to consider the needs of managers at this point. They must not be isolated or be the 'lone ranger' at this time. Rather, they need to continue to work with HR and their own line manager to clarify the policies and boundaries of flexibility regarding accommodating employee needs and any changes in workloads or staffing.

Advice and guidance on managing absence is available from NHS Employers

[NHS Employers Sickness absence toolkit](#)

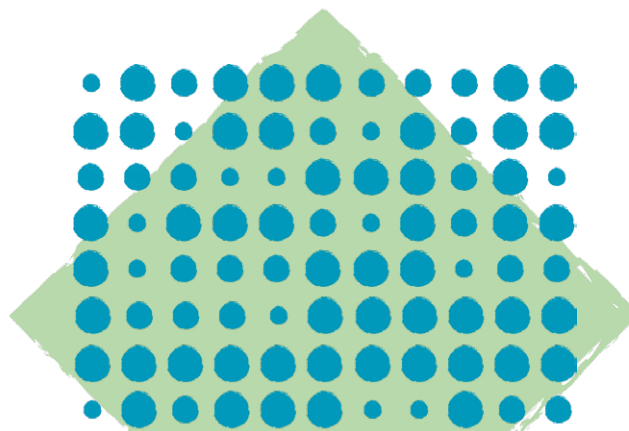
[For more tools and resources on staff wellbeing](#)

### Reinforce and build trust in leadership

Leadership in times of crisis gives an opportunity to reinforce and build trust, confidence and workplace cohesiveness. When done well, employees will be reassured that leadership is both compassionate and competent.

Feeling cared for and supported in the aftermath of a traumatic event is hugely important in the healing and recovery process. The positive outcomes of this response can contribute to an overall stronger, more engaged and effective workplace culture.

The opposite is also true: if leadership fails to respond promptly, appropriately and sensitively to a suicide, there will inevitably be at least some loss of trust and confidence. The overall impact of the traumatic event may be magnified if employees feel that senior management did not care or did not know what to do and therefore did nothing. One way to establish trust is for leaders to acknowledge how they have been personally affected by the loss.



### The empty chair: prepare for anniversaries, events and milestones



**For some colleagues, anniversaries or other milestones may bring up sad or traumatic memories. A new team member 'replacing' the colleague who has died might remind people of the 'empty chair'. Employees should be reassured that this is a normal response.**

In preparation for this, the postvention group and manager could consider working with those who are affected to discuss how to honour the loss and celebrate the life that was lived while following safe memorialisation practices e.g:

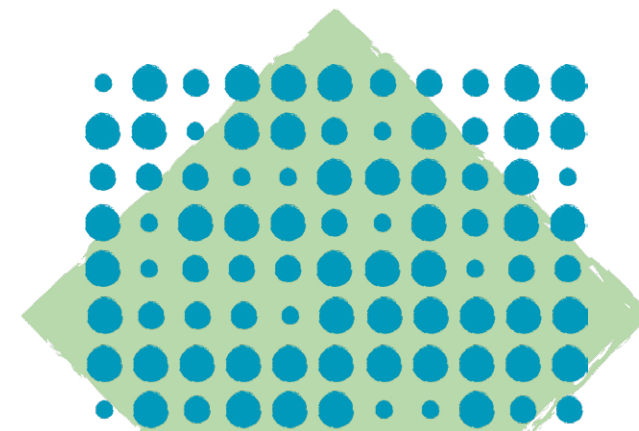
- » not glamourising or romanticising the death
- » not erecting a permanent structure
- » giving people safe space to remember but not re-live.

This may be done privately for those who wish to participate and

should only be considered for the full workforce if this would be a common practice for other forms of loss.

Some NHS organisations have offered suicide awareness training to staff, or have had staff request this, as a practical way to 'do something' after losing a colleague.

The postvention lead might also want to flag key dates such as anniversaries and birthdays, so there can be check-ins with the manager and team at these times, and further opportunities for supportive reflection offered to anyone who may want to take that time.



# Reflection and learning

Effective crisis management is the result of constant evaluation and appraisal. The same applies to suicide postvention. It is important for the postvention team and senior management, at the appropriate time, to reflect on how the employer responded following a suicide and what lessons and best practice can be learned and shared with others. This may be a process that is overseen by the organisation's Wellbeing Guardian as part of their Principle Five duty.

## Reviewing your postvention plan and response

All organisations are different and the appropriate time to reflect is also likely to be influenced by the circumstances of the suicide. The timing should also be sensitive to any external investigations that may be ongoing.

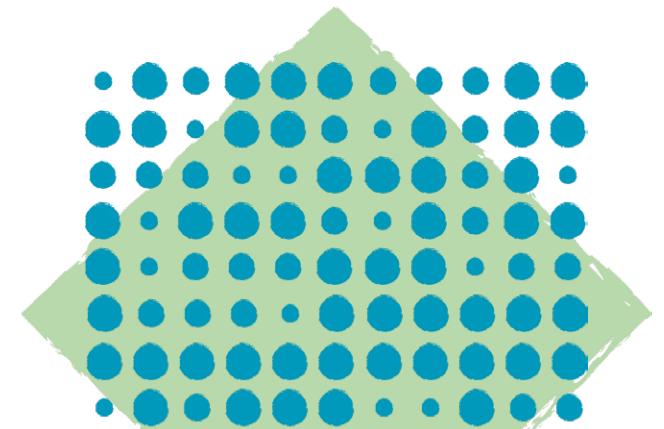
**This reflection should have two main aims:**

- 1. To consider whether the plan was appropriate and effective in supporting affected colleagues.**
- 2. To ensure that there are suitable measures in place to effectively manage colleagues' mental health to minimise the possibility of future suicides.**

It is important that this reflection takes place in an atmosphere of constructive and mutually supportive engagement, in which its purpose is to ensure that employees receive the support they need, and not to attribute blame at any level.

The views and experiences of employees must be central to this reflection. It might be appropriate to invite an external facilitator to oversee this process, particularly if people are still affected by the suicide.

Keep in mind that policy decisions/changes made in the near aftermath of a suicide at work should be considered carefully because it continues to be a sensitive time that may impact judgment.



### Postvention plan review: key questions

- » Were support resources adequate/appropriate?  
Were staff supported?
- » Was there a unified response across the service?  
Did all staff affected receive the same level of support?
- » Was the communications process effective, consistent and coherent?
- » Were external partnerships (e.g. bereavement support partners) effective in their response?
- » How quickly were activities 'normalised'? Could/should this be improved? How can the plan be strengthened?
- » Were there any system-wide issues that affected efficient implementation of the postvention plan?
- » Who is responsible for implementing any recommendations following the review?
- » How can learnings be shared across the organisation, and with other organisations and external agencies?

Learnings from this process should help inform and shape ongoing mental health and suicide prevention policy work within your service.

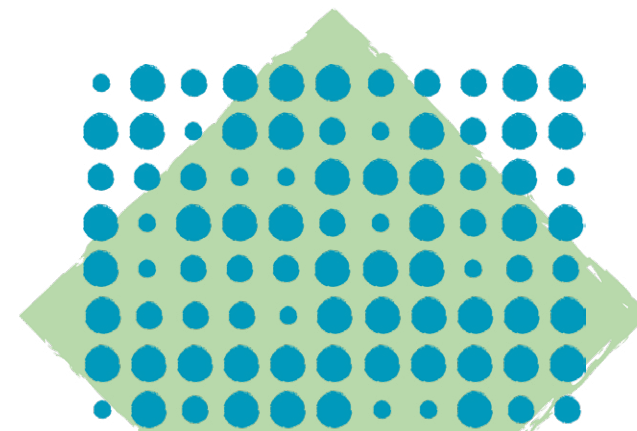
The circumstances that led up to the suicide may never be fully established, and it is likely that no single event precipitated the death. It might not be possible to determine the extent to which work contributed to the suicide. Despite these uncertainties, it is of paramount importance for the organisation to review the effectiveness of its policy on mental health at work.

Consideration must be given to how written policies are implemented, so any disconnect between aspiration and reality can be addressed as a priority.

Consider too how you can effectively and sensitively share your learnings with other NHS organisations via professional networks, so that practice across the country can become even more effective in supporting those in need.

It is undeniable that the death of a colleague by suicide has a huge impact on everyone in the workplace, regardless of seniority. Remain mindful of this while reflecting on lessons learned. Everyone will have tried to do their utmost to support each other through a difficult time, which must be recognised by all involved.

“ You are not to blame for anyone else's suicide. No matter what you feel or what anyone tells you. We can never know why.”





# Further information and resources

## Useful resources

Information on the impact of suicide and how employers can best support their staff through preventative and postventative measures - <https://www.nhsemployers.org/articles/suicide-prevention-and-postvention>

The emotional wellbeing toolkit explains the contributors to decreased emotional wellbeing and shows you how to encourage improvements - <https://www.nhsemployers.org/howareyoufeelingnhs>

Guide for managers on sickness absence - <https://www.nhsemployers.org/publications/sickness-absence-toolkit>

Tools and resources to help you make positive improvements to mental wellbeing in the workplace - <https://www.nhsemployers.org/articles/mental-health-workplace>

Supporting mental health staff following the death of a patient by suicide: a framework by Royal College of Psychiatrists. <https://www.rcpsych.ac.uk/improving-care/campaigning-for-better-mental-health-policy/college-reports/2022-college-reports/cr234?searchTerms=cr234>

A framework for postvention in Primary Care from the Society of Occupational Medicine [https://www.som.org.uk/sites/som.org.uk/files/LTF\\_SOM\\_Responding\\_to\\_the\\_death\\_by\\_suicide\\_of\\_a\\_colleague\\_in\\_Primary\\_Care.pdf](https://www.som.org.uk/sites/som.org.uk/files/LTF_SOM_Responding_to_the_death_by_suicide_of_a_colleague_in_Primary_Care.pdf)

Help is at Hand, a resource for people bereaved through suicide or other unexplained death, and for those helping them.

<https://supportaftersuicide.org.uk/resource/help-is-at-hand/>

## Helpful organisations

**Samaritans website** has a range of useful resources, training programmes, and a Media Advisory Team who can advise on concerns around media interest and involvement.

**The Support after Suicide Partnership's website** has information and resources on bereavement after suicide

**Survivors of Bereavement by Suicide (SOBS)** is a national charity providing dedicated support to adults who have been bereaved by suicide.

**Winston's Wish** is the UK's childhood bereavement charity, supporting children and their families after the death of a parent or sibling.

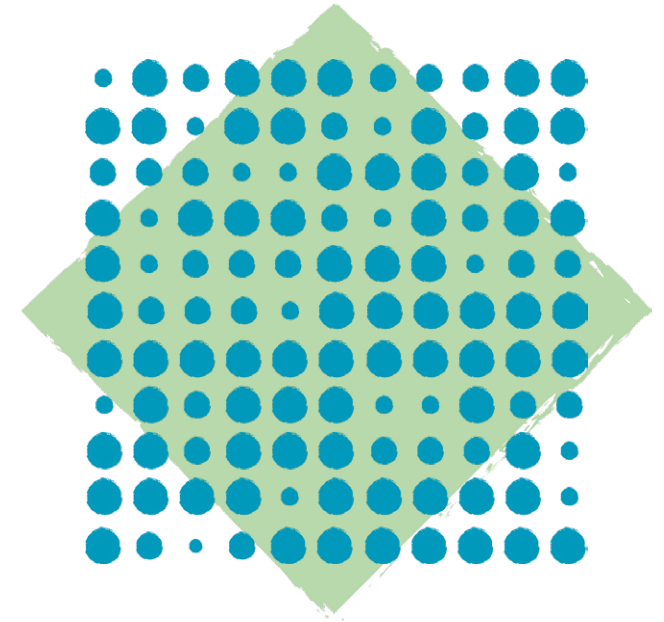
**At a Loss** can signpost you to local support groups and services, including those that specialise in support after suicide.

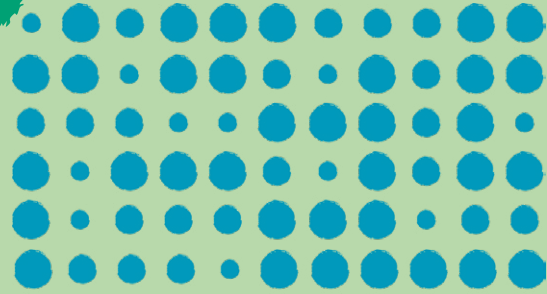


### Acknowledgements

Thank you to everyone who contributed their time to the development of this toolkit, including those who generously shared their own experience of suicide bereavement. Consent in line with Samaritans and NHS England policy was gained from all parties who have contributed. In addition, thank you to:

- » NHS Confederation
- » NHS England
- » NHS Employers
- » Laura Hyde Foundation
- » Royal College of Psychiatrists
- » Dr Ann Luce, Bournemouth University





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