

Postvention guidance

**Supporting NHS staff after the
death by suicide of a colleague**



It would have been very helpful at the time to have had guidance. Looking back now, it would be great if there was a policy... something written down, somewhere that you could refer to.

Nurse Manager¹

¹ The quotes throughout this guidance are either from NHS staff who took part in our interview study or from key NHS workers who attended our stakeholder workshop meeting.





**“We dedicate this guidance to all NHS staff
who have died by suicide and to their
families, friends and colleagues.”**



Forewords

“

Suicide is often complex and always tragic. While we must all retain a focus on prevention, we know that when a member of staff has died by suicide it has far reaching impacts. It can also leave colleagues and managers feeling unsure what to do and how best to respond. This independent study and practical guidance provides a welcome spotlight to better understand the impact on, and support needs of, NHS staff following a colleague's suicide – helping us to continue to learn and improve.

Danny Mortimer, Chief Executive, NHS Employers

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Suicide prevention has been a priority for the NHS ambulance service over recent years because the number of employees who have taken their own life is above the national average. Developed for the entire NHS, we wholeheartedly welcome this guidance. We urge colleagues to read, absorb and share it widely – so that in the devastating occurrence of a suicide within our workforce, we are all able to respond as well as we possibly can in a timely and compassionate way.

Anna Parry, Deputy Managing Director,
Association of Ambulance Chief Executives

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“

The impact of a death by suicide is devastating for all those affected. Whether at work, or in wider society, every effort should be made to prevent suicides. This guidance is a call to action for all of us. We must work together to build organisational and workplace cultures that breakdown stigma around suicide and ensure staff receive compassionate support and time to grieve as a team following such tragic events.

Christina McAnea, UNISON General Secretary

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Key messages

BACKGROUND

- A colleague's suicide can lead to difficulty in performing job tasks or even in continuing to work in a patient-facing role.
- Postvention is a specific package of support that can be offered to people who are affected by a death by suicide.
- Effective postvention can have a positive impact on recovery. It can also reduce the likelihood of developing mental health problems and suicidal feelings among those who have been impacted by the death.

The suicide rate for health workers is

24%

higher than in the general population, which is largely explained by increased rates of suicide among female nurses, female doctors and male paramedics



EVIDENCE-BASED GUIDANCE

- This guidance is the first evidence-based postvention guidance for NHS staff who are affected by a colleague's suicide.
- Developed by a team of researchers from the Universities of Surrey, Keele and Birmingham, together with clinicians and NHS staff affected by a colleague's suicide, this guidance is underpinned by a three-part robust programme of research and data analysis, comprising:
 - Systematic review of guidance and academic literature.
 - In-depth interviews with 51 NHS staff affected by a colleague's suicide.
 - A stakeholder workshop attended by 68 NHS stakeholders; stakeholders who reviewed our research findings and recommendations before contributing critique, feedback and expert knowledge.
- Findings demonstrated that:
 - Current postvention guidance is not evidence-based.
 - Existing guidance does not address key contexts that are unique to and embedded in NHS culture.
 - Support has often fallen short of staff needs, leading to additional distress and emotional labour for those workers.
 - Those who offer support are themselves unsupported, unprepared and untrained.

WHO IS THE GUIDANCE FOR?

- This guidance is intended for:
 - Everyone who works for the NHS and is affected in any way by a colleague's suicide.
- This guidance is also intended for:
 - Executive leaders and policymakers.
 - Personnel, training and development leaders.
 - Postvention teams.

KEY RECOMMENDATIONS

- A suicide-aware and mental-health-aware culture must be nurtured.
- A trained and skilled postvention team needs to be formed at each NHS trust and integrated care board (ICB) across the United Kingdom.
- Response to a colleague's suicide needs to be rapid and robust and attend to the immediate and ongoing needs of all colleagues and managers.
- Supporters and postvention team members need to be well-resourced and well-supported.

CALL TO ACTION

We call on NHS senior leaders, decision-makers and policymakers to embrace this guidance. Specifically, we ask that they ensure every NHS trust and ICB across the United Kingdom has a dedicated, trained postvention team who can respond rapidly, safely and robustly to the needs of NHS staff and managers in the event of a colleague death by suicide. Compassionate, targeted and timely support will help to protect staff members who become vulnerable to mental health challenges and suicidality following suicide by a colleague. Robust postvention not only supports and protects staff; it also protects the people they treat.

Introduction

This guidance has been developed with the input of NHS staff who have been affected by a colleague death by suicide, and staff who have provided support to those who are affected. Fifty-one NHS staff members across a wide range of job roles and levels of seniority shared their experiences and insight in one-to-one interviews with researchers from the University of Surrey. Additionally, 68 stakeholders – including policymakers, senior leaders, front-line staff, union and third-sector employees and academics – attended a workshop in which they reviewed and commented on recommendations that had been developed from the interview data. The evidence gathered from these two sources underpins this guidance. A detailed account of the methods used is reported in this guidance, and has been published in the International Journal of Qualitative Methods (Causer et al., 2024). [View here](#)

Since suicides do happen within the NHS, trusts, ICBs and staff need to be prepared to offer postvention support swiftly after a death. This evidence-based guidance will enable teams to access suggestions that have helped others, offer effective postvention when this does happen, and ensure that supporters are also well looked after.

WHAT IS POSTVENTION?

Postvention refers to the support and care offered to people who have been impacted by a suicide death. Andriessen (2009, p. 43) describes postvention as “activities developed by, with, or for suicide survivors, in order to facilitate recovery after suicide and prevent adverse outcomes including suicidal behaviour”. This definition has underpinned the development of this guidance.

WHO IS THIS GUIDANCE FOR?

This guidance is written for the NHS and for all the individuals within the NHS who are affected by a colleague’s suicide, as well as those who will be delivering postvention support. Three specific groups of people need to read and respond to this guidance:

1. **Executive leaders and policymakers:** this guidance makes recommendations about how organisational culture, behaviour and narratives can provide the foundation for good postvention. Effective cultural change requires a top-down approach.
2. **Personnel, training and development leaders:** the formation and training of a robust postvention team in each NHS trust and ICB is the starting point for delivering the recommendations in this guidance.
3. **Postvention teams:** this guidance offers evidence-based advice to postvention team members so that they are best able to meet the needs of NHS staff in the days, weeks and months after a colleague’s death by suicide.

The development of suicide-aware cultures, followed by the formation of a postvention team who are well trained and familiar with this guidance, will enable effective delivery of safe postvention support.

HOW TO USE THIS GUIDANCE

This guidance is intended to be read by NHS staff who are affected in any way by a colleague’s death by suicide and, in particular, by all three of the groups already mentioned. Open and creative discussions between these three groups should take place to identify areas for development and the resources required for robust implementation. This guidance is intended to be a resource and guide for use in training activities and the delivery of postvention support following the death by suicide of a colleague.

ABOUT THIS GUIDANCE

This guidance has been informed by the findings and recommendations generated from the [NHS Postvention Study](#). We have included evidence from all the topics that were shared with us by study participants and stakeholders. We do not claim that this guidance is exhaustive; rather, it is based on the evidence of our research and what mattered most to the people who shared their experiences with us. We have included a list of additional areas that a postvention team may wish to consider and include in their response plan elsewhere in this guidance, with links to helpful sources.

The guidance is delivered across four sections:

1. **Preparation:** aimed at policymakers and senior leaders, human resources staff and trainers.
2. **Immediate response:** aimed at postvention teams and those who are training those teams.
3. **Ongoing response:** aimed at postvention teams and those who are training those teams.
4. **Review:** an essential aspect of postvention delivery to be completed by postvention teams.

The guidance also includes a range of resources, signposts and tools to aid the delivery of supportive and holistic postvention. Where robust resources are already available, links are provided for easy access.

Context

In 2021, there were
5219
registered suicides in
England and Wales

constituting
10.5 deaths
for every 100,000 person per year
(ONS, 2021a)

The suicide rate among
health professionals is

24%

higher than the national average, which is largely explained by the elevated risk of suicide among female nurses (four times the national average), male paramedics and female doctors (ONS, 2017 & 2021b)

Each death by suicide impacts approximately 80 (Berman, 2011) to 135 (Cerel et al., 2018) people,

1 in 30

of whom may be deeply impacted and so can be considered bereaved

(McDonnell et al., 2022)

Suicide bereavement can affect physical and psychological health and, compared to other causes of sudden death, those bereaved by suicide report higher levels of rejection, shame, stigma and a need to conceal the method of death (SBUK, 2022; Spillane et al., 2018)

Bereavement by suicide can lead to complex grief, where painful emotions are so enduring and severe that people have difficulty recovering from loss and resuming their own life (Spillane et al., 2018; Pitman et al., 2014)

Suicide bereavement has also been identified as a risk factor for attempted suicide; approximately 7-9% of people bereaved by suicide subsequently attempt suicide themselves

(Pitman et al., 2016)

7-9%

Context

There is an association between

**suicide
bereavement**

&

**occupational
dropout**

(Pitman et al., 2018)

Authors of a UK-wide
survey on the impact of
suicide found that

2%

of participants reported being
bereaved by a colleague's
death by suicide

(SBUK, 2019)

Far wider networks of people
are affected by a suicide death
than originally thought, extending
beyond family members and
close friends (Berman, 2011; Cerel et al., 2018)



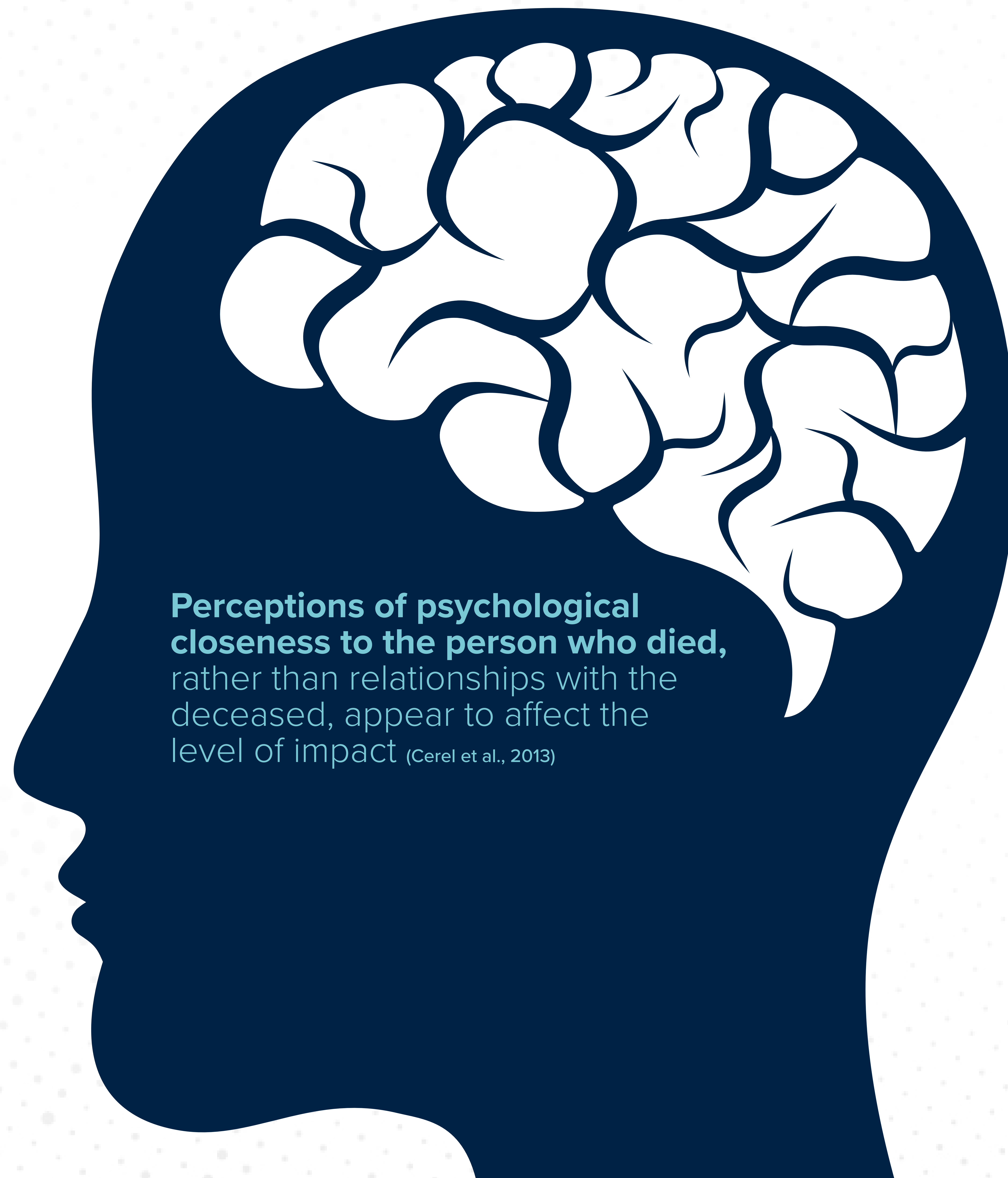
**People in wider networks around
the person who died**, including
colleagues, may experience other
impacts, such as shock and trauma
symptoms, self-scrutiny, perceptions
of judgement and blame, shame,
anger and guilt (Kinman & Torry, 2021)



**The impact of a
colleague's suicide
can also affect eating
and sleeping habits and
have workplace effects
such as presenteeism
and absenteeism**
(Samaritans, 2021)



Context



Perceptions of psychological closeness to the person who died, rather than relationships with the deceased, appear to affect the level of impact (Cerel et al., 2013)

The degree of impact can be affected by previous losses to suicide, personal experiences of suicidality and a recent experience of bereavement by any means (Causer et al., 2021)

Higher levels of impact have been observed among close family members, wider family, social and work networks, but also **among those in contact with the decedent due to the nature of their death; for instance, first responders** (Cerel et al., 2017)

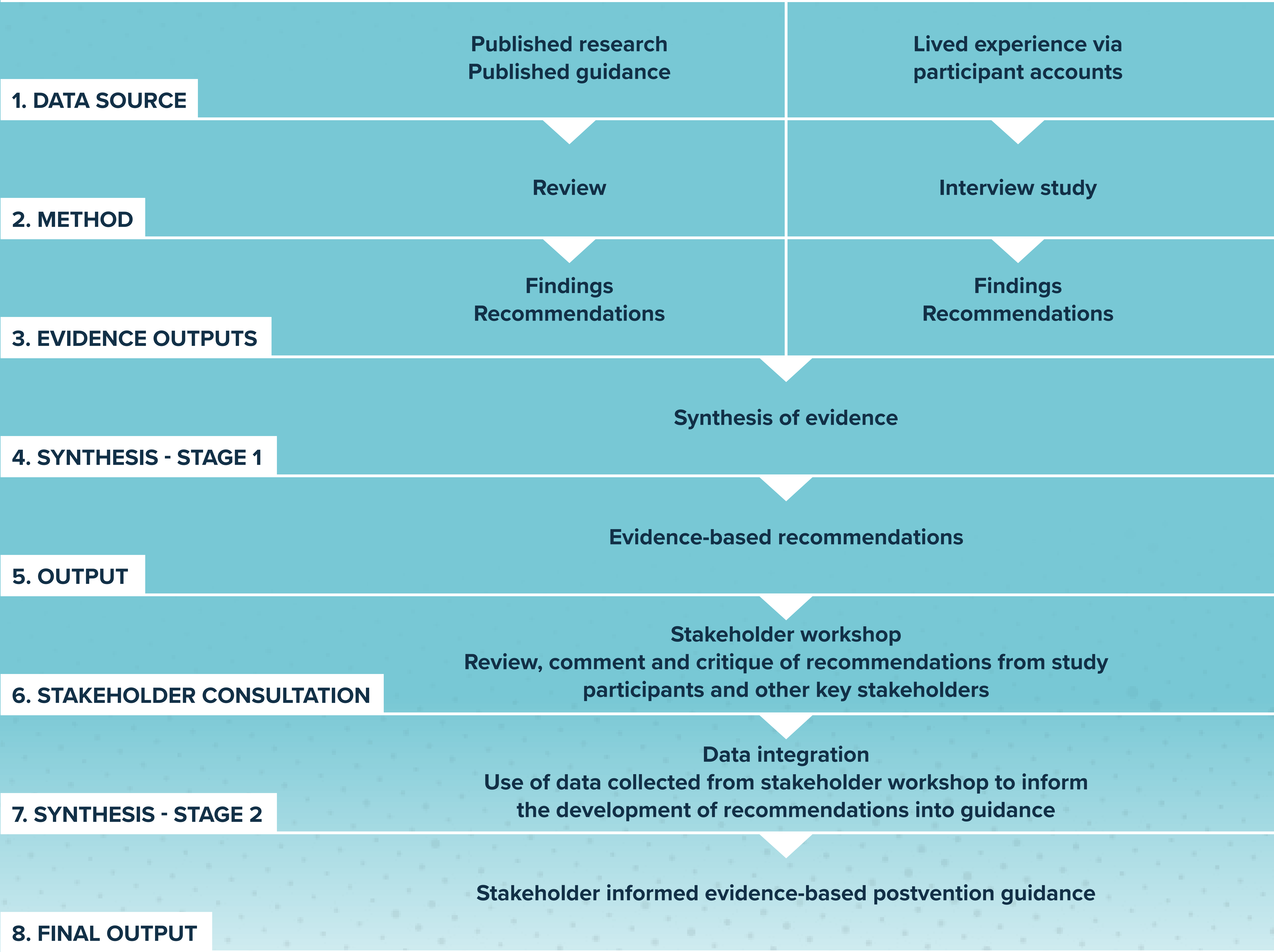


Perceptions of greater closeness and impact are related to higher incidences of depression, anxiety, post-traumatic stress disorder (PTSD) and prolonged grief (Cerel et al., 2017)

Methods

This guidance has been developed and written by a team of researchers from the Universities of Surrey, Keele and Birmingham. Over the course of two years, evidence and data have been gathered, analysed and synthesised to inform a robust set of evidence-based guidance. The flowchart summarises the stages of that process (Causer et al., 2024). [View here](#)

A method for the synthesis of evidence to inform guidance



Methods

RESEARCH AIM

Our aim was to better understand the impact on and support needs of NHS staff following a colleague's suicide.

What did we do?

Our study comprised three elements:

1. A critical integrative review

(Causer et al., 2022).

- We asked: "What is the impact on staff in workplace settings of a colleague death by suicide?".
- We also asked: "What is the current guidance for providing postvention support to staff in workplace settings following a colleague's suicide, and has that guidance been evaluated?".
- We reviewed 10 published studies and 7 sets of guidance.

2. A grounded theory interview study.

- Qualitative interviews with NHS staff members who have been affected by a colleague's suicide and NHS staff who have supported co-workers following the suicide of a colleague.
- We completed 51 interviews – 29 with staff and 22 with supporters.
- We analysed the data using grounded theory to produce findings and recommendations.

3. A stakeholder workshop in which we shared our findings and recommendations with key NHS stakeholders and invited their input.

- Some 68 stakeholders attended, including study participants, NHS frontline staff, NHS policymakers and senior leaders, union representatives, academics and third-sector representatives.
- We presented our study findings and recommendations, invited the views of three expert commentators and facilitated roundtable discussions, feedback and a question-and-answer session with all attendees.
- The data arising from this workshop were recorded, saved and analysed thematically.
- Findings were synthesised with findings from review and interview studies.

We used the findings from each of these activities to develop the guidance presented here. This is the first set of evidence-based postvention guidance specifically for NHS workers following a colleague death by suicide in the UK.

Key findings

REVIEW STUDY

- Existing guidance is not evidence-based.
- There are three distinct disconnects between staff experiences and current postvention guidance:
 - Professional identities and workplace cultures shape staff experiences following a colleague's suicide, yet these contexts are not referred to in current postvention guidance.
 - Organisational unpreparedness leads to feelings of abandonment and perceptions of silencing, both of which perpetuate existing stigma around suicide.
 - Managers face complex challenges in providing appropriate and safe support to their teams, such as feeling affected themselves by their colleague's suicide, stepping out from behind the professional mask, and lack of skill and knowledge around suicide and postvention. These challenges were not addressed in current postvention guidance.

INTERVIEW STUDY

Affected staff:

- A 'carry on' culture deprived staff of the space they needed to process and 'feel' their own feelings in response to their colleague's suicide.
- Staff need spaces and time where they can be together, talk, share and process what has happened.
- Offers of support are of varied quality and accessibility; they often fail to meet staff needs and support is sometimes completely absent.
- In response to failings and absence of support, staff take steps to 'fill in the gaps' but sometimes 'fall through the gaps'.

Supporting staff:

- Supporters are often also deeply affected by the suicide of their colleague but must put their own emotional responses on hold to tend to the needs of their team.
- Supporters were often unknowledgeable about suicide and untrained in delivering postvention support. This left them feeling unsure and inadequate and left their teams without robust and safe support.
- Many supporters were unsupported in the task of delivering postvention and were attempting support delivery from a stretched and under-resourced context.

STAKEHOLDER WORKSHOP

Most of the data collected from the workshop verified our existing findings and recommendations. However, some key points arose that added to our previous findings:

- Preparation is key: a flowchart or checklist to enable the swift delivery of support would be helpful.
- Utilising resources that are already in place would be beneficial and efficient. Stakeholders offered some concrete examples of how this could be achieved.
- Bullying cultures and cultures that stigmatise mental health are perceived to be a barrier to talking about postvention and expressing vulnerability.



SUMMARISED FINDINGS

After bringing together the findings from all three data sources, the key findings that underpin this guidance are:

- Effective postvention can only be offered from a well-resourced and adequately staffed baseline.
- The immediate response to suicide must include quick and compassionate communication about the death and an acknowledgement of its likely impacts.
- Postvention itself must be proactively offered to staff and should include an educational element.
- Staff need protected time and space for postvention and healing, which may include time off work.
- Supporters also need both practical and emotional support since delivering postvention has an emotional cost.
- Postvention must be sustained and should include staff-led memorialisation that is appropriate for the person who died.
- All postvention activities should be evaluated so that trusts, ICBs and the NHS can learn from them and continue to improve support.



Postvention guidance

Preparation

ORGANISATIONAL PREPAREDNESS

Open, supportive and accepting cultures enable effective postvention.

A culture in which mental health stigma, cultures of blame and bullying, and perceptions of invulnerability are challenged will create a solid foundation from which supporters can deliver good postvention.

- Top-down role modelling and narratives are required to promote cultural shifts away from stigma, perceptions of invulnerability and cultures of blame and bullying.
- Open conversations about mental health and suicide, in which displays of emotion and vulnerability are encouraged and destigmatised, should be included during supervision or line-management sessions between staff and managers or in team and departmental meetings.
- Utilise World Suicide Prevention Day and other significant events to promote education and conversation around suicide.
- A culture of education about the impact of bullying and blame culture should be nurtured.
- Investigation and complaint processes need to be embraced at an organisational level as learning opportunities.

Stigma [...] is often at the heart of some of the reasons why people don't take action. Because I think nobody would not want to support somebody, but often we are frozen by fear and stigma at all levels.
Stakeholder workshop attendee

Acknowledge and respond to suicide to create a suicide-aware culture.

Strategies must be planned so that deaths by suicide are not met with silence, which can lead to feelings of abandonment and perpetuate stigma. Open and clear communication strategies will combat a culture of silence.

- Communication strategies for breaking the news of the death and checking in with staff on significant dates should be pre-planned.
- A plan must be put in place for communicating with the family of the person who died.
- Use all-staff communication, such as noticeboards and staff intranet, to ensure that all workers are aware of existing wellbeing offerings, both internally and externally.
- Ensure that impacted staff know how to access leave or absence policies should they need to take time off.
- Include support for supporters in preparation and plans for postvention.

Be prepared to offer support immediately following a staff member's death by suicide.

“We never talk about suicide openly. And we never think about the ramifications on the team when it happens to us as well.”

Nurse

Preparation

A postvention team comprising trained, compassionate staff who are prepared for the swift and proactive (rather than reactive) delivery of support should ideally be in place before a staff suicide occurs:

- Set up a postvention team that ideally includes managers, chaplains, wellbeing guardians and leads, psychologists and staff members, and ensure everyone knows their responsibilities following a suicide. Other authors, including [Austin and McGuinness](#) (p. 31-32) and [Universities UK](#) (2022), have included comprehensive guidelines for how to set up a postvention team.
- Postvention teams may benefit from including someone who has personal or professional experience of being impacted by suicide.
- Prepare a list of external organisations ([UK SOBS](#) – local support groups; [Samaritans](#) – wellbeing support line for NHS staff) who might be able to give additional support if needed.
- Postvention teams should develop a response strategy in line with the checklist that appears later in this document.
- An out-of-hours plan for how staff can be supported if a suicide happens outside of the postvention team's working hours should form part of the response strategy.
- A response strategy should be in place to respond to unexpected staff absences.
- A pre-prepared list of resources to share with staff via email or flyer should be up-to-date and accessible.
- Ensure that all relevant documents are easily locatable on the staff intranet.
- There must be a plan to ensure that night shift and out-of-hours workers receive timely communication and can also receive postvention during their working hours.
- Liaise with unions and other external bodies such as CQC, GMC and HSE to treat distress due to the suicide of a colleague as a situation that is worthy of risk assessment, ensuring that there is a top-down as well as a bottom-up perspective.
- The GMC and other similar bodies need to be responsible for the mitigation of the harm of their investigation processes.
- Develop internal risk assessment protocols for staff impacted by the suicide of a colleague.

Preparation

RESOURCING POSTVENTION TEAMS

A postvention team needs to be well-resourced to be able to carry out postvention work effectively. Where possible, utilisation of existing wellbeing and postvention resources is recommended, although new protocols and skills training may be required.

- Ensure that postvention team members are trained and ready to deliver postvention should a staff death by suicide occur.
- Where possible, trusts and ICBs should adhere to the working conditions set out in workers' contracts regarding hours and annual leave, as this will contribute to a healthier working environment.
- Staff-only spaces should be protected so that there are places for workers to come together to talk. If these spaces were set up during COVID-19, trusts and ICBs should try to keep them open.

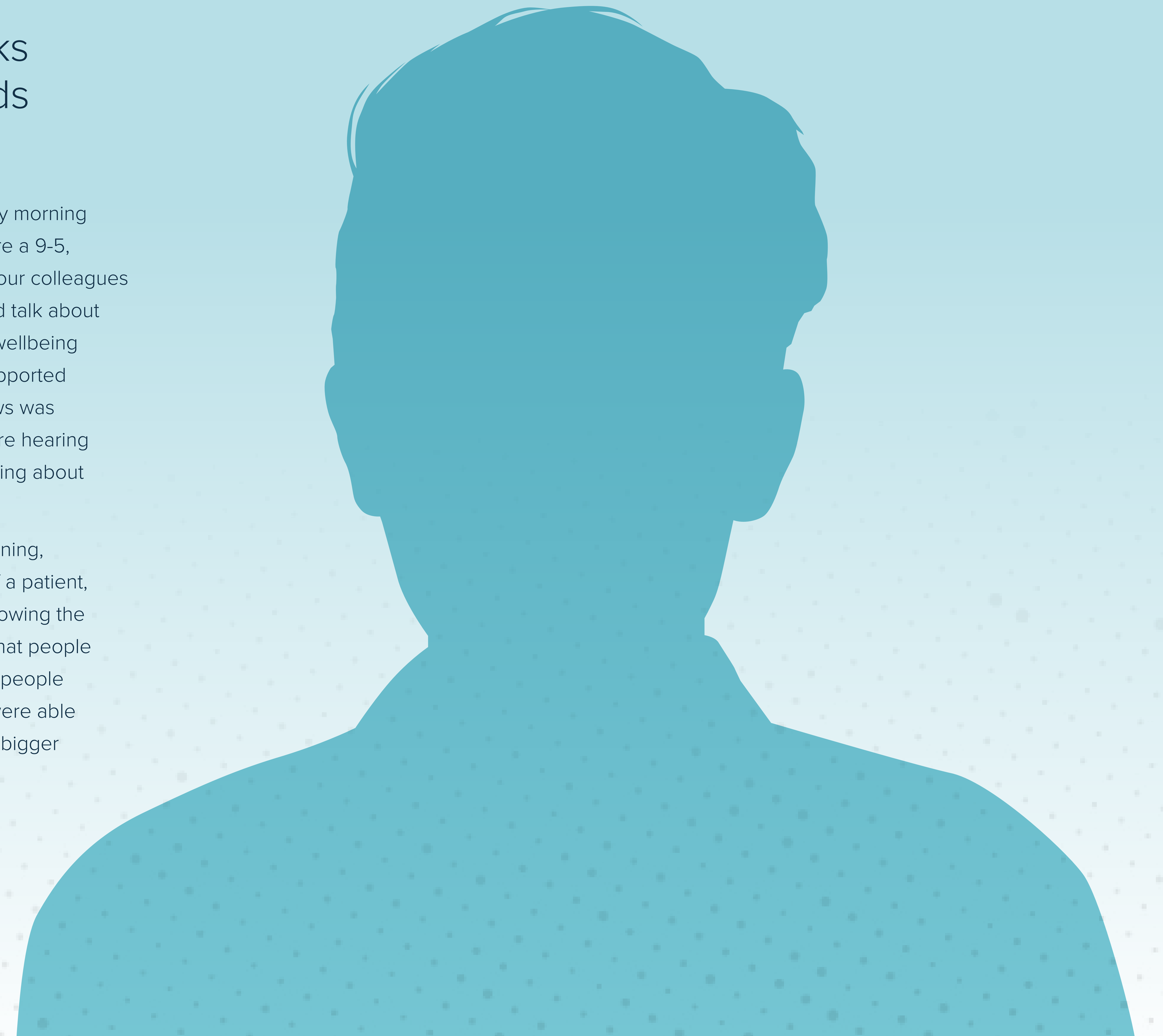
BEING PREPARED

Simon² is a wellbeing lead who works in a small team, supporting thousands of staff members in an NHS trust.

The first I heard about the suicide was when I came into work on Monday morning – although, tragically, the death had occurred on Saturday morning. We're a 9-5, Monday-to-Friday team, so no one had been here to break the news to our colleagues or ensure that they had that vital, immediate space to come together and talk about what had happened. I've been asking management for an out-of-hours wellbeing service for a while; I felt so angry and guilty that workers had gone unsupported over the weekend. And because we weren't here to ensure that the news was broken responsibly, stories spread on social media, meaning people were hearing that their colleague had died before we had a chance to tell them. Thinking about that haunts me.

Of course, we went into action as soon as we could on that Monday morning, but although we've had training in how to support staff after the death of a patient, none of us had specialist knowledge about how to look after people following the suicide of a colleague. We made sure we were visible on the wards so that people could come and talk to us and we arranged some debrief meetings that people could come along to. We did the best we could, and I'm proud that we were able to support lots of people, but we could have done more if our team was bigger and we'd been trained in postvention.

² Please note that all vignettes are fictionalised stories based on combinations of data provided by participants in our grounded theory study.



Preparation

Learning and training needs

Supporters need training in how to best deliver postvention. Specific training in how to deliver postvention should be given to postvention team members before a suicide happens so that they are prepared and feel confident to offer support.

- Training could be based on the published outputs of this study, including our film.
- It might also involve setting up discussion groups.
- Postvention training could be incorporated into other existing training, such as mental health first aid skills.
- Postvention team members should be trained in delivering news of a colleague's suicide in person, online and by email.
- A social media strategy that includes how to handle the spread of news – especially if the suicide happens outside of working hours – must be developed.
- Empathic, tailored and flexible postvention support that considers individual needs, reactions and histories will ensure that the diverse cultures and needs of NHS staff are acknowledged and met.
- Supporters need to be trained in how to deliver postvention that works for everyone.
- Postvention training can be accessed via [PABBS](#) and [In Equilibrium](#). All staff should be encouraged to complete the [Zero Suicide Alliance training](#), which is online and takes only 20 minutes.

Support should include education about suicide, its causes and its effects

Education needs to explore myths, such as the idea that talking about suicide means people are more likely to take their own lives. By raising awareness and challenging stigma, postvention can act as prevention, helping to protect and support those left behind:

- Consider warning people who wish to train and apply for careers in healthcare that the job carries risk factors for poor mental health and that there are increased rates of suicide among healthcare workers.
- Consider ways to ensure that trainees who have existing mental health concerns have their needs met.
- Consider including education about suicide, prevention and postvention in induction videos so that staff are knowledgeable about suicide before it happens.
- Postvention support should include an educational element to inform those who are affected about the possible causes of suicide and the expected effects.
- Postvention training should include education about the benefits of memorialisation.

Preparation summary

- Organisations must be prepared for the possibility of a colleague's suicide before it happens.
- Foster a compassionate, suicide-aware culture that acknowledges the mental health challenges of health care work.
- Ensure that a postvention team has been assembled and trained.
- Postvention teams need adequate resources to deliver effective postvention.

“
If you buy a packet of cigarettes,
it tells you that smoking those
cigarettes is going to give you
lung cancer. Should we be
telling student nurses, student
paramedics that because of the
job you are doing, you may be
at greater risk [of suicide]?
Stakeholder workshop attendee





Immediate response

Communication

NEWS OF THE DEATH MUST BE SHARED QUICKLY AND COMPASSIONATELY

A formal verdict of suicide may not be decided by the coroner's court until months after the death: despite this, staff will need to hear the news as soon as possible, so phrases like 'suspected suicide' may need to be used.

- The person breaking the news must be knowledgeable about suicide and how to talk about suicide.
- News of the death should be shared in a manner that is emotionally congruent with the event.
- Postvention teams should follow the checklist and out-of-hours plans, ensuring that staff are informed of the death and supported as soon as possible.
- A social media strategy that includes how to handle the spread of news must be followed to ensure that staff who inadvertently find out about their colleague's death before formal notification are identified and supported.
- News of the death must be broken to the team in a compassionate and timely manner by postvention team member/s who are trained in breaking such news. The likely impact of the suicide on staff must be acknowledged.
- Efforts should be made to identify all staff who knew the person who died and might be impacted, including temporary workers, those on leave and those who have moved onto a new team or rotation.
- The relevant manager/member of the postvention team should contact the family of the deceased. For further information on sensitive and beneficial communication with family, see the guidelines from [Samaritans](#) (2021) and [Business in the Community](#) (2017).

EDUCATION

- Affected staff should be given information during postvention sessions about mental health, suicide and the related stigma.

HEARING THE NEWS

Emma is a school nurse who works across several schools in a large city.

I was driving between schools when my phone rang; it was on hands-free, so I took the call. I knew straight away that something was wrong; it was my boss, but she sounded different, kind of urgent, stressed. She told me to pull over, so I did. And she just told me like that. I was on my own in my car, halfway between schools. I couldn't understand what she was saying at first – then it sank in, and I just felt sick. I was so shocked; I couldn't believe it. My boss seemed in a hurry to end the call and said could I tell my other colleague who I was going to meet at the next school. Of course, I said yes. But I couldn't tell her before our session, how could I do that to her? I just held it in. I felt sick all through that session. I told her afterwards, in the carpark and we just hugged and cried together. It was terrible. I honestly can't remember driving home that day. I know I went the wrong way, I ended up in a dead end. I don't know how I got home.

And the worst thing was, the next morning in the office, it was just like business as usual. Like nothing had happened. I wanted to talk about it, to get together with all my colleagues, but a lot of them were out on visits. We did it in our own time in the end, got together in a park to walk and talk and try to work out what had happened. Because no-one was saying anything at work. It was all just brushed under the carpet. Right, that's done, on with the job, kind of thing. The saddest thing is, it wasn't like she'd died, it was like she'd just evaporated. Gone, nothing. Just gone and forgotten.



Meeting the emotional needs of staff

AVAILABLE POSTVENTION MUST BE PROACTIVELY OFFERED AND WELL SIGNPOSTED SO THAT STAFF ARE AWARE OF WHAT IS AVAILABLE

Clear communications around what is available and how it can be accessed are essential. Staff may need encouragement to access or engage with support. Some staff may need more support than others, so supporters must be vigilant and ensure that tailored support is offered where needed.

- The postvention team needs to be visible and on-hand following a colleague’s death by suicide so that it is easy for staff to recognise and access these people.
- Individual and group postvention support sessions should be facilitated for impacted staff.
- Enable staff to access support during their working hours, at the times they need it.
- Use all-staff communication such as notice boards and the staff intranet to ensure that all workers are aware of the support – both internal and external – that is related to this suicide, including how to contact the postvention team.

- Share and talk through the prepared list of resources with all relevant workers. The list should be shared more widely by email to reach other affected personnel throughout the organisation.
- Offer tailored support to those who have been hit the hardest by the loss. These people might include staff who were involved in trying to resuscitate their colleague, those who discovered the body, staff who work with suicidal patients and colleagues who were close friends.
- Be mindful that staff are working in a culture of stoicism and invulnerability, which may make it hard for them to admit that they need support. This may also make it harder for them to express their thoughts and feelings.
- Repeatedly and proactively offer individual and group postvention to all impacted staff in the first few weeks after the death – and longer, as needed.
- Let staff know that if they do not feel ready to access help yet, it will still be available in the longer term.
- The needs of temporary staff, students on placement, staff on leave and those who have recently left or joined the team must be considered.
- Find creative ways to enable staff to access support during their working hours, at the times they need it.
- Individual and group postvention support sessions should be offered to impacted staff.
- Note that not all staff will want postvention support. It should not be mandatory.

The emotional, psychological and physiological reactions reported by study participants following a colleague death by suicide were:

- | | | |
|-------------|------------------------|---------------------------------|
| • Shock | • Fear | • Chest pain |
| • Sadness | • Devastation | • Panic attacks |
| • Anger | • Stress | • Fatigue/sleep problems |
| • Guilt | • Depression | • Obsessive/ intrusive thoughts |
| • Shame | • Overwhelm | • Unwelcome imagery |
| • Regret | • Disconnection | |
| • Grief | • Crisis of confidence | |
| • Disbelief | • Nausea | |
| • Hurt | | |

Meeting the emotional needs of staff

STAFF NEED PROTECTED TIME AND SPACE FOR POSTVENTION AND HEALING

Support must be empathic and give staff permission to talk, enabling the sharing of grief, emotion and vulnerability. Both time and physical space (such as booked meeting rooms) must be set aside for postvention support. Careful thought is needed to work around shift patterns and rotas to ensure that all staff can access postvention during their working hours.

- Support in the form of talking and listening must be offered to staff right away.
- Postvention teams can role model that it is safe to talk about suicide and the impact it has.
- Affected staff need protected and private spaces to come together, talk about their colleague, share memories and feelings and give and receive peer support.
- Staff may wish to attend their colleague's funeral. This should be accommodated and staff should not be expected to return to work after the funeral.
- Bank staff should be employed to ensure that impacted workers can take the time needed to process their feelings and attend the funeral.

“
We build very, very close bonds with people at work so a death of a colleague, in particular by suicide, obviously can hit really, really hard.
Stakeholder workshop attendee
”

INDIVIDUAL CONVERSATIONS WITH AFFECTED STAFF

A member of the postvention team should meet with each affected member of staff individually as soon as possible.

- The purpose of one-to-one conversations is to check in with individual staff members, assess their support needs and consider whether they need to take time off.
- An initial conversation should be held about the individual's job role and how their colleague's suicide may impact their ability to perform their duties.
- Staff may need to be facilitated to use this private space to express feelings or share information that they don't feel comfortable sharing with their co-workers, such as guilt, sadness and previous experiences of suicide loss.

“
I feel a lot of guilt that I wasn't able to save her. I don't think anybody telling me otherwise is gonna change that.
Non-clinical manager
”

Meeting the practical needs of staff

RISK MANAGEMENT OF PERSONAL AND PROFESSIONAL FACTORS IS KEY

The impact of colleague suicide on staff can be severe enough to mean they cannot work safely. This impact needs to be taken seriously and risk-assessed.

- Risks to the staff member, their colleagues and patients must all be carefully considered.
- Any worker whose job brings them into contact with suicidality and patients who may be experiencing or disclosing suicidal thoughts, ideation or behaviour must be consulted on their ability to return to their usual duties.
- Consideration must be given to the likely impact of a colleague's suicide on staff's ability to work with suicidality safely and on patient safety. Note that this may include non-clinical or non-patient facing staff, such as call handlers, project administrators and senior managers.
- Each affected staff member should be consulted to assess their ability to return to work following the death, bearing in mind that staff may feel pressure to remain at work or guilt at the thought of taking time off.
- Any staff who are considered not safe to work should be signed off sick.

WORKING WITH SUICIDAL CLIENTS

Clare is a therapist who works with a community mental health team supporting people who experience ongoing suicidality.

I couldn't believe it when I heard that she had taken her own life – I mean, it's ironic, isn't it? We're here, trying to keep people alive – that's our job; we have all the skills, we know all the tools – and she still did it. It made me so angry.

How can I go to work now, trying to keep people alive? They're just going to look at me and say, 'Well, you can't even keep your colleagues alive, so why should I listen to you?'. I felt like I suddenly had no skills; I felt incapable. I was scared to see patients in case they talked about suicide – what could I do now to support them? But I had to go out and do visits. We had to carry on. I was shaking on that first visit. I was so scared, I couldn't really hear what the patient was telling me – it wouldn't go in, I couldn't focus. All I could think was: 'What will I do if they talk about suicide?'. I don't think I really did my job very well for quite a while after her death. I didn't expect it, but it really shook my confidence. I could have done with some time off, really, or maybe just to step back from patient visits for a while.

I don't think I was safe, you know, but I did it anyway.



Meeting the practical and emotional needs of managers, team leaders and postvention team members

Postvention will be delivered by a trained postvention team in liaison with the team manager or leader.

Including a team manager’s knowledge of their team in shaping the delivery of postvention ensures that team and individual needs are more likely to be met.

- Team managers and leaders should be the first point of contact for the postvention team.
- Postvention needs to be delivered by a team of skilled and trained individuals in close liaison with a team manager or leader.
- It may be useful to liaise with wellbeing lead/guardian or bring in external wellbeing workers to ensure that managers are not overburdened.
- Managers and leaders who have a working relationship with the person who died are likely to be equally – or, in the case of line managers, more – affected by the suicide and may need additional encouragement to engage with support.

Postvention team members need an enabling environment and protected time to be able to offer effective postvention.

Supporters don’t offer postvention in a vacuum; certain elements of their working situations will make it easier or harder to offer effective postvention.

- An enabling environment includes adequate resources to be able to deliver postvention support, as outlined in this guidance.
- Postvention is best delivered from the foundation of a caring, suicide-aware culture.
- Postvention teams are stronger when they include members with seniority, experience and emotional capacity. Additionally, postvention team members should be trusted by staff.

Postvention teams need emotional support with the impact of delivering postvention and, potentially, their own grief.

Delivering postvention has an emotional cost. It may be hard for those delivering postvention to acknowledge that they also need help.

- Ensure that the postvention team has time and space to talk together, without those they are supporting, about the impact of the suicide and the postvention work.
- Encourage postvention team members to be open about their feelings and help them to obtain extra support where needed.
- Support for the supporters might come from external supervision by trained professionals or appropriate peer support. For example, chaplains and wellbeing workers who are supporting staff members should be able to access support from other chaplains and wellbeing workers at their trusts or ICBs who are not involved in the suicide.
- Support for the postvention team needs to be of high quality and follow the recommendations set out for staff support in this document.
- Regarding staff: support for the postvention team should be offered in a proactive and sustained fashion.

Immediate response summary

- There needs to be timely and clear communication about the death to all affected staff members.
- Postvention must be proactively offered immediately and should cater for staff members' emotional and practical needs.
- Additionally, it must take place during staff working hours, in a time and place specifically set aside for this purpose, and include an educative element.
- Those delivering the postvention will also have emotional and practical needs to be considered.

Jude is an NHS chaplain who supported a team of health visitors after the suicide of one of their colleagues:

I didn't know the person who died, but it was heartbreaking to hear all the stories about her. My colleagues and I supported each other as best as we could, but there's no denying that it took its toll. I ended up being signed off work for a week with stress shortly after the memorial service. Even now, when I hear her name, I feel that sadness.





Ongoing response

Meeting the emotional needs of staff

POSTVENTION SUPPORT NEEDS TO BE SUSTAINED

Postvention should be offered repeatedly and in a sustained manner, as well as right away. Good sustained postvention acts as prevention, helping to support the wellbeing of impacted staff.

- Proactive communication with affected staff members must be continued in the weeks and months after the death so that they know how and where to access ongoing support.
- Opportunities to talk about the impact of the suicide must be offered on an ongoing basis.
- Protected time and space to talk and share with other colleagues and in one-to-one sessions must continue to be available during the year following the death.
- Impacted staff who have had time off should be supported in their return to work (and may require a phased return).

STAFF-LED MEMORIALISATION SHOULD BE ACCOMMODATED AND SUPPORTED

Visible acknowledgements and memorialisation of the person who died aid staff in their processing and recovery following the suicide of a colleague.

This may include a written acknowledgement in a newsletter or all-staff email (as might be done for a staff member who died by any other means), shared craft activities to honour the person who died, creating a memorial garden, donations, plaques and condolence books for the colleagues, friends and family of the deceased. These activities need to be separate from any official funerals or memorial services led by the family, even if staff also attend these.

- Postvention team members are ideally placed to facilitate memorial activities, rather than managers, who may wish to be a part of the memorialisation.
- Speak with affected staff members to find out their wishes. They are likely to have ideas about what would accurately reflect the person who has died.
- Organise and carry out memorial activities, ensuring that as many staff as possible who wish to can attend and/or contribute.
- Facilitate the purchase and establishment of any desired permanent memorials, such as benches or trees.
- Liaise with the deceased's family to gain their blessing for staff-led memorialisation. It might be that staff wish to include the family in memorialisation plans.
- Liaise with staff who coordinate departmental or organisation-wide newsletters so that they can consult with those closest to the deceased to write a respectful acknowledgement of the deceased's contribution to the NHS via their job role.
- Emails or other communications should be sent out to acknowledge significant dates (birthdays, anniversaries) during the first year following the death.
- Check back in with staff or teams on important dates, such as anniversaries.



Ongoing response summary

MEMORIALISATION

Maria is an anaesthetist who lost a close colleague to suicide five years ago and another team member last year.

The difference between the two is unbelievable. I mean, five years ago, we were all given the day off to go to the funeral. I mean, I would have gone anyway, but they said, take the day, don't come back after, and it was what we all needed, that time to be together and remember and cry and talk. It helped. And then – I can't remember how much later – but there was a lot of talk about how do we remember, you know, honour her? Everyone had different ideas but, in the end, we planted a load of daffodil bulbs – she loved yellow – by the entrance to the unit, and every year they come up and it is a lovely moment when the flowers open; it is like she is still here.

But this time, it was awful. If you wanted to go to the funeral, you had to hope it was when you were off rota or book annual leave – I mean, that's horrible. Really mean-minded. I heard his closest colleagues wanted to put up some pictures to remember him but got told they weren't allowed. There's a policy, of course – there's a policy about everything – but about wall art and decorating and stuff, it has to be approved from above. I know they were really upset about that; I think they're still waiting to hear. But, you know, another consultant died recently – he'd had health problems – and they did a lovely obituary in the staff newsletter, with a photo, and a plaque in his department. That's great – but what about our colleague? He contributed, too, for years; he made a huge difference to people's lives, and nothing, no acknowledgement, no thanks, nothing. It leaves you feeling really empty. Deflated, I suppose. Like they just don't care.

- Staff's needs must be met over the medium and long term, as well as in the short term.
- This will include some staff-led memorialisation for the person who died.
- Acknowledge and check in with staff on significant dates pertaining to their deceased colleague.

Review

EVALUATION AND LEARNING

Learning points for staff and supporters must be identified.

Evaluating postvention and its outcomes can inform improvements to future postvention support and processes, and can also lead to better outcomes. Each element of postvention can be used as a learning opportunity for either replicating effective postvention or improving support next time.

- Feedback should be gathered from staff who were affected by the death of a colleague and those who received postvention so that preparations can be improved for any future suicides.
- Postvention team members should provide feedback on their experiences.

Evaluation of postvention is essential for improving future support.

Evaluation will help formalise this learning and will mean that education and improvements can be shared between trusts and ICBs as well as within them.

- Postvention support should be evaluated after a suicide so that it can be improved for future use.
- Evaluations can take the form of asking: ‘what happened’, ‘what went well’, ‘what could have been done differently’ and ‘what (if anything) was unhelpful?’.
- Evaluation should include the perspectives of those who received postvention, as well as those who delivered it.
- Crucially, evaluations must be conducted sensitively and with the support, knowledge and input of all those involved to avoid perpetuating further harm to impacted workers.
- Outcomes of evaluation processes should be shared with team members who received the support.

Review summary:

- All learning points from delivered postvention must be gathered and used to improve future postvention.

“
I’m really passionate that I don’t want other people to have the experience that I’ve had. I want things to be better for them. Yeah, better. I just, I want things to be better for people.
Paramedic
”



Additional topics

Additional areas that a postvention team may wish to consider and include in their response plan:

- Identifying a death as suicide before a coroner’s ruling.
- What if the deceased’s family do not want the word suicide used?
- How to respond to media enquiries.
- How to deal with the coroner’s court.
- How and when to return the deceased’s belongings to their next of kin.
- How to respond if the suicide occurs on NHS property.
- How to safeguard staff against heightened suicide risk following exposure to suicide.

Resources and checklists

PREPARATION CHECKLIST

ORGANISATIONAL PREPAREDNESS

- Develop and action a plan to implement a suicide-safer culture across the organisation and within teams
- Promote open and stigma-free conversation about suicide and mental illness
- Organisation-wide education programme around impact of bullying and blame culture; harm of mental health stigma; harm of invulnerability among health workers
- Develop strategies for efficient and compassionate communication after a colleague suicide
- Develop a full postvention strategy that includes support for supporters
- Set up a postvention team
- Develop risk-assessment protocols for impacted staff
- Develop an evaluation process for any postvention that is delivered

TRAINING

- Deliver postvention training to the postvention team
- Deliver suicide awareness training to all NHS staff

Resources and checklists

RESPONSE AND REVIEW CHECKLIST					
IMMEDIATE RESPONSE					
Task	NEWS OF A DEATH BY SUICIDE	Task	PROVISION OF SUPPORT	Task	SUPPORT FOR MANAGERS/ TEAM LEADERS/POSTVENTION TEAM
Action point	Notification of a death received by postvention team	Action point	Inform the team of the timetable for support	Action point	Facilitate individual meetings with team leaders or managers
	Postvention team liaise to agree a strategy and appoint lead person		Encourage engagement with support		Educate team manager about potential impacts and staff needs
	Postvention lead to liaise with manager of the deceased		Provide staff with list of additional support sources		Support team manager to ensure staff are released from duties for the day of their colleague's funeral
	Share news of the colleague's death by suicide with team members and other close colleagues		Facilitate a group support meeting with affected staff		Support team manager to liaise with the deceased's next of kin to arrange the return of any personal belongings
	Identify and communicate with staff who are absent, on leave or who have recently left the team		Identify any staff who may be susceptible to trauma (i.e. staff who have been present at the site of their colleague's suicide)		Support senior team members with appropriate wording in response to any media enquiries
	Make contact with the family of the deceased		Facilitate onward referral for therapeutic support if needed		Postvention team to regularly communicate and check in with each other
			Remain visible and accessible		
			Facilitate individual meetings with all affected staff		
			Undertake mental health or risk-assessment processes where necessary to ensure staff and patient safety		

Resources and checklists

RESPONSE AND REVIEW CHECKLIST			
ONGOING RESPONSE		REVIEW	
Task	PROVISION OF SUPPORT	Task	LEARNING AND EVALUATION
Action point	Continue to check in with the team and manager over the coming weeks and months	Action point	Instigate the evaluation process
	Support any staff who are required to give evidence to the coroner’s court		Include staff experiences in evaluation
			Collate learning points and disseminate upwards
			Disseminate evaluation outcomes with the staff who received postvention support
Task	MEMORIALISATION AND REMEMBRANCE		
Action point	Be aware of any significant anniversaries and check in at these points		
	Facilitate conversations about remembrance and memorialisation		

Resources

NHS POSTVENTION STUDY OUTPUTS

Research:

Causser, Hilary, Johanna Spiers, Nikolaos Efstathiou, Stephanie Aston, Carolyn A. Chew-Graham, Anya Gopfert, Kathryn Grayling, Jill Maben, Maria van Hove, and Ruth Riley. (2022). The Impact of Colleague Suicide and the Current State of Postvention Guidance for Affected Co-Workers: A Critical Integrative Review International Journal of Environmental Research and Public Health 19, no. 18: 11565.

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DOI: [10.1080/07481187.2023.2297056](https://doi.org/10.1080/07481187.2023.2297056)

Causser, H., Spiers, J., Chew-Graham, C. A., Efstathiou, N., Gopfert, A., Grayling, K., Maben, J., van Hove, M., & Riley, R. (2024). Filling in the gaps: A grounded theory of the experiences and needs of healthcare staff following a colleague death by suicide in the UK. Death Studies. <https://doi.org/10.1080/07481187.2024.2337202>

Film:

<http://tinyurl.com/4tnjyy65>

SUICIDE AWARENESS

Free online 20-minute suicide awareness course, suitable for all NHS staff:

[20-minute suicide awareness training \(zerosuicidealliance.com\)](https://www.zerosuicidealliance.com/20-minute-suicide-awareness-training)

Suicide awareness information:

[Suicide - Mental Health UK \(mentalhealth-uk.org\)](https://www.mentalhealth-uk.org/)

SAFETY PLANNING

Advice on how to support someone else or yourself in a suicidal crisis;

downloadable training for creating a safety plan: [Staying Safe](https://www.staying-safe.org/)

SUPPORT AFTER A SUICIDE

Survivors of Bereavement by Suicide (SOBS) UK – local support groups:

[Find a support group – Survivors of Bereavement by Suicide \(uksobs.org\)](https://www.uksobs.org/)

Help is at Hand booklet:

supportaftersuicide.org.uk/resource/help-is-at-hand

Support After Suicide Partnership:

[Support After Suicide](https://supportaftersuicide.org.uk/)

Cruse Bereavement Support:

[Coping when someone dies by suicide \(cruse.org.uk\)](https://www.cruse.org.uk/)

Samaritans confidential support line for NHS staff

7.00am – 11.00pm, seven days a week: Tel: 116 123

Laura Hyde Foundation – mental health awareness and support specifically for medical and emergency services personnel: laurahydefoundation.org/contact-us

You may also wish to contact the [Samaritans](https://www.samaritans.org/) free on 116 123 for emotional support.

Alternatively, you can contact your GP.

Nurses:

RCN on 0345 772 6100. You can call between 8.30 am and 8.30 pm, seven days a week, 365 days a year.

Paramedics:

[Ambulance Staff Charity](https://www.ambulancestaffcharity.org/) on 0300 373 0898 24/7, 365 days a year.

Doctors:

[NHS Practitioner Health](https://www.nhs.uk/practitioner-health/) on 0300 0303 300. This is a free, confidential service for doctors working in England and living with a mental health, addiction or physical health problem affecting their work. They also have a 24/7 crisis text service: text PHP to 85258.

24-hour [BMA Counselling service](https://www.bma.org.uk/counselling-service/) on 0330 123 1245. This line is open 24 hours a day, seven days a week.

[rcpsych.ac.uk/members/workforce-wellbeing-hub/psychiatrists-support-service](https://www.rcpsych.ac.uk/members/workforce-wellbeing-hub/psychiatrists-support-service)

[doctors-in-distress.org.uk](https://www.doctors-in-distress.org.uk/)

[doctorshelp.org.uk/charity/the-cameron-fund](https://www.doctorshelp.org.uk/charity/the-cameron-fund)

HOW TO TALK ABOUT SUICIDE

Finding the Words (downloadable pdf):

[Finding The Words – Support After Suicide](https://www.mentalhealth-uk.org/publications/finding-the-words)

How to talk about suicide in the workplace (free recorded webinar):

[Webinars - Mental Health UK \(mentalhealth-uk.org\)](https://www.mentalhealth-uk.org/publications/webinars-mental-health-uk)

Downloadable conversation guide:

[Suicide - Mental Health UK \(mentalhealth-uk.org\)](https://www.mentalhealth-uk.org/publications/suicide-mental-health-uk)

Language matters: how should we talk about suicide?:

[Language matters: how should we talk about suicide? \(nationalelfservice.net\)](https://www.nationalelfservice.net/language-matters-how-should-we-talk-about-suicide/)

Wording for internal communications:

[Samaritans_AACE-postvention-toolkit-June-2021.pdf](https://www.samaritans.org/aces-postvention-toolkit-june-2021.pdf) (p.20)

FORMING A POSTVENTION TEAM

NHS Confederation toolkit:

[NHS employee suicide: a postvention toolkit to help manage the impact and provide support \(nhsconfed.org\)](https://www.nhs.uk/confederation/toolkit/nhs-employee-suicide-a-postvention-toolkit-to-help-manage-the-impact-and-provide-support)

Forming a postvention team (downloadable pdf from Universities UK.

While written with the HE sector in mind, this brief guidance contains a helpful outline of roles and competencies):

[postvention-guidance-forming-a-postvention-team.pdf \(universitiesuk.ac.uk\)](https://www.universitiesuk.ac.uk/postvention-guidance-forming-a-postvention-team.pdf)

Responding to suicide in the workplace (Austin and McGuinness, p.31-32):

[Responding-to-Suicide-A-Guide-for-Employers.pdf \(hospicefoundation.ie\)](https://www.hospicefoundation.ie/publications/responding-to-suicide-a-guide-for-employers.pdf)

POSTVENTION TRAINING

Evidence-based postvention training:

[PABBS | Postvention Support Training | Suicide Bereavement \(suicidebereavementuk.com\)](https://www.pabbs.org.uk/postvention-support-training/suicide-bereavement)

Survivors of Bereavement by Suicide (For professionals):

[For professionals – Survivors of Bereavement by Suicide \(uksobs.org\)](https://www.uksobs.org/)

In Equilibrium Postvention Training:

[Suicide Postvention Planning in the Workplace - MHA training \(in-equilibrium.co.uk\)](https://www.in-equilibrium.co.uk/suicide-postvention-planning-in-the-workplace-mha-training)

Our team

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**Others can learn from
[what happened] and,
hopefully, it will be an
easier process for others.
That's kind of a nice thing.**

NHS Administrator

Postvention guidance

Supporting NHS staff after the death by suicide of a colleague



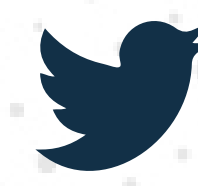
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