

Postvention guidance

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

EXECUTIVE SUMMARY

Forewords

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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

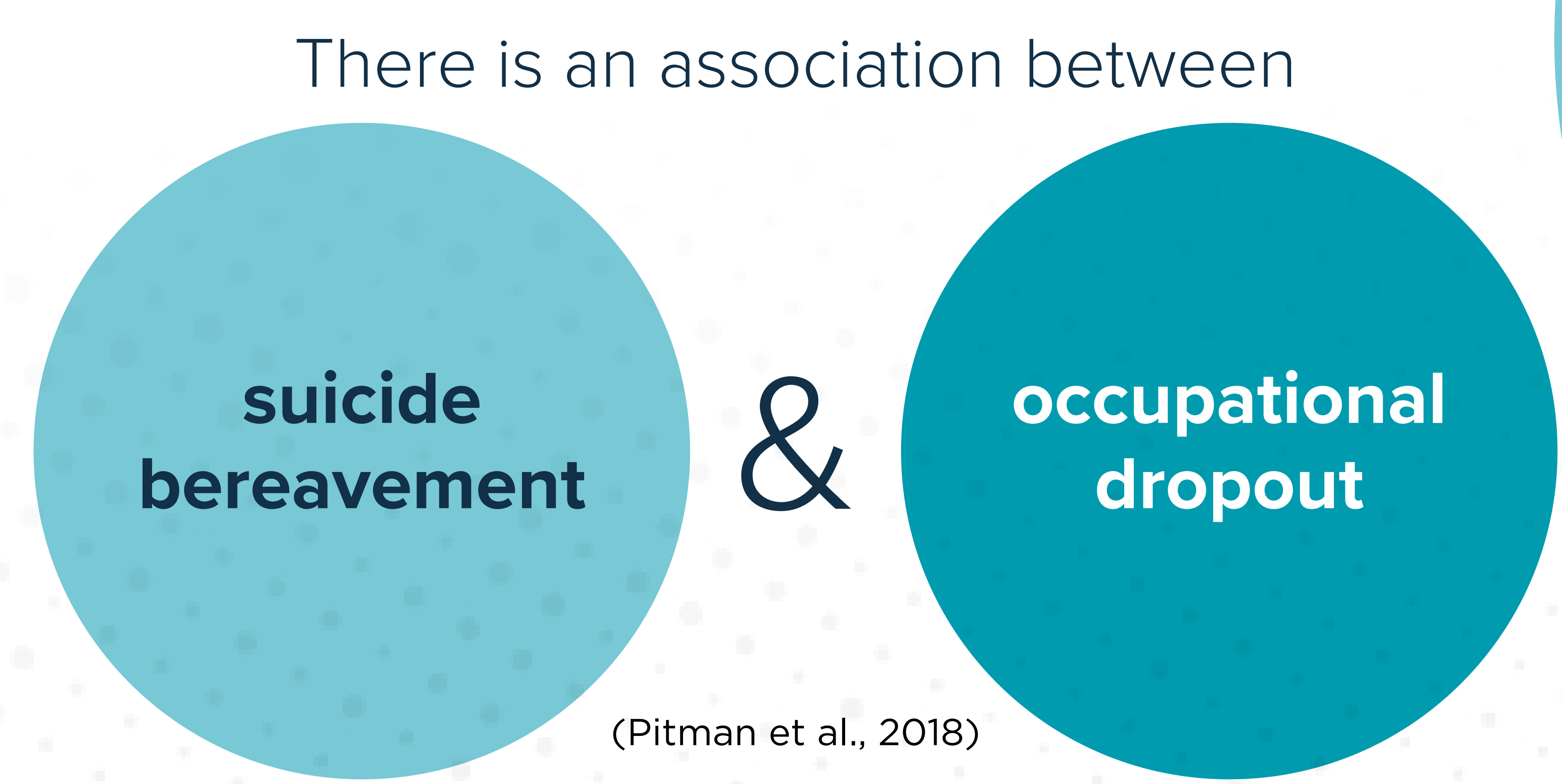
- A suicide-aware and mental-health-aware culture must be nurtured.
- A trained and skilled postvention team needs to be formed at each NHS trust and integrated care board (ICB) across the United Kingdom.
- Response to a colleague's suicide needs to be rapid and robust and attend to the immediate and 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.

The full version of this guidance is available [here](#)

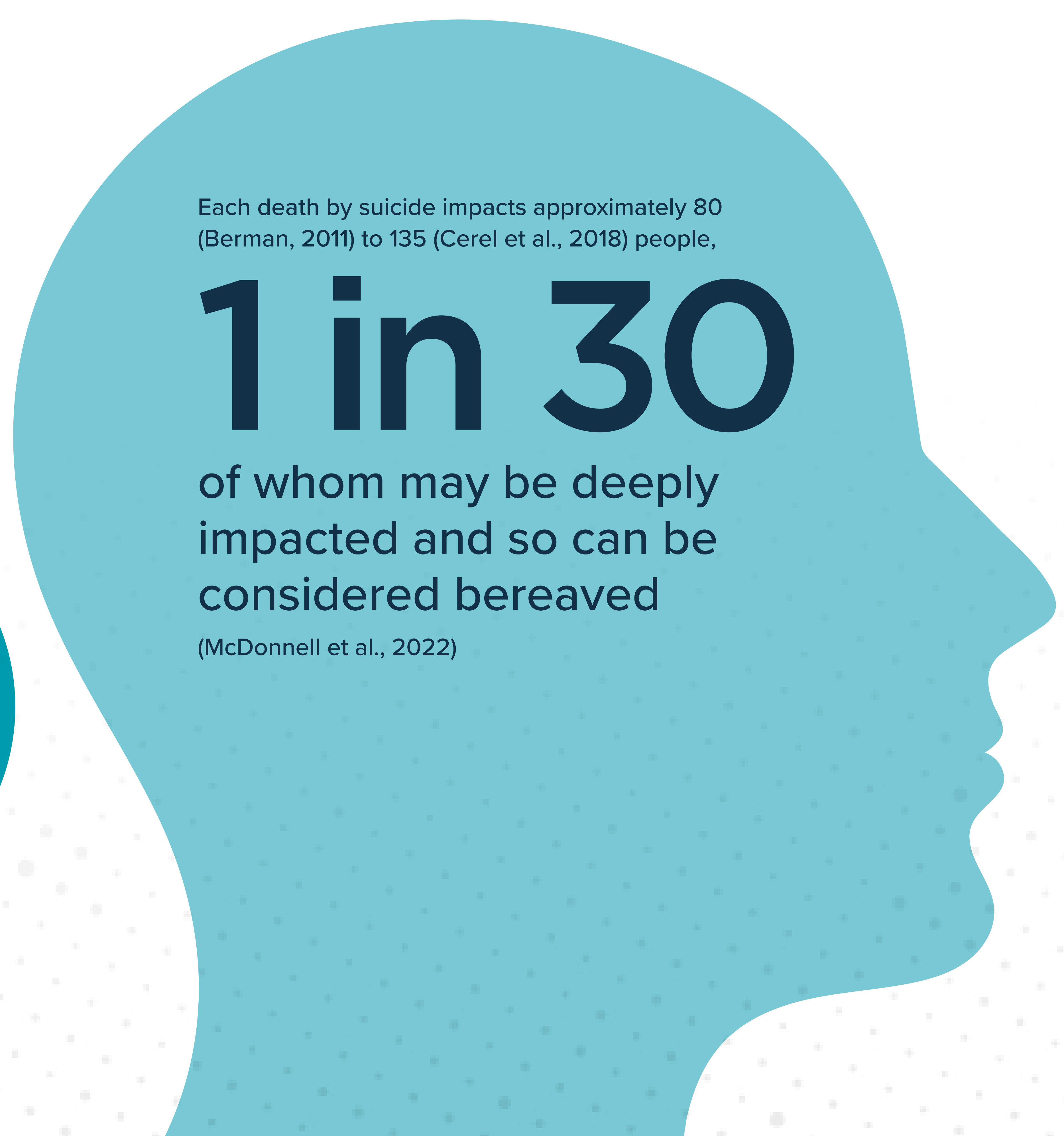
Context



The suicide rate among health professionals is

24%

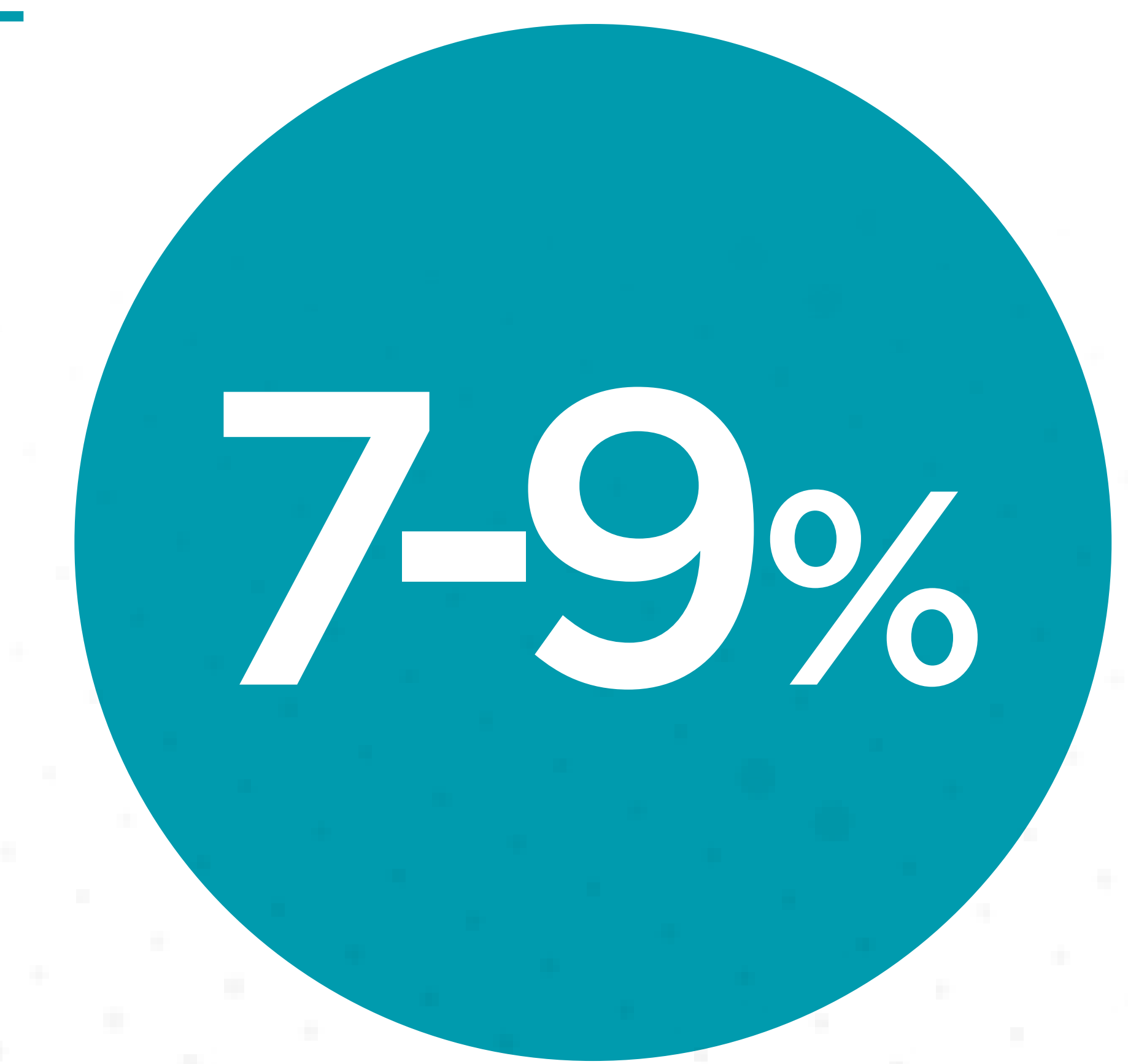
higher than the national average, which is largely explained by the elevated risk of suicide among female nurses (four times the national average), male paramedics and female doctors (ONS, 2017 & 2021b)



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)



Introduction

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.

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.



Summary

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.

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.

ON-GOING RESPONSE SUMMARY

- 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 SUMMARY

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

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		

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

Postvention guidance

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EXECUTIVE SUMMARY

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The full version of
this guidance is
available [here](#)