The Royal Australian & New Zealand College of Psychiatrists

Your Health in Mind

Health Services

Supporting team members after the suicide of a patient

Health professionals may experience the suicide of a patient[1] during the course of their work. This information may assist health services support members of their team in managing this tragic event.

The experience of having a patient who dies by suicide can have a considerable emotional and professional impact on the health professionals who were involved in the care of the patient.

Team members may be under-prepared for this highly traumatic event, particularly if it occurs in their training, early in their career, or as a new member of the team. They may feel shock, distress, anxiety, sadness, guilt, shame, self-doubt, and anger. It is important that all team members are actively supported in the workplace, both emotionally and practically.

Fostering a culture that empowers team members to be part of a healing, learning and improvement process may protect them against blame and inappropriate guilt. It can also improve the welfare of team members and the delivery of patient care in the future.

Following the notification of a patient suicide

- Ensure that affected team members are sensitively informed.
- Encourage affected team members to access the support options available through the workplace, such as wellbeing and support programs, peer support programs, the Employee Assistance Program and counselling through Medical indemnity insurers. More information and support is also available from the RANZCP Member Wellbeing Support Hub, the confidential RANZCP Member Welfare Support line (NZ: 0800 220 728 or AUS: 1800 941 002) or via email on support@ranzcp.org, as well as the local Doctors' Health Advisory Service.
- Implement incident review processes. Some considerations for support of team member could involve:
  - Encouraging and supporting for team members to participate in the incident review process.
  - Advising team members to ask for written questions from police rather than responding to verbal requests.
  - Preparing a report for the coroner. This duty would usually be undertaken by an appropriate senior team member.
- Arrange a debrief/formal postvention for team members who are affected by the suicide. It is suggested that this be led by a member of the team who is independent and able to provide an ongoing process for affected team members to discuss the suicide in an open, supportive, respectful, compassionate and no-blame environment.
- Commence the service's postvention processes. This may include notifying the suicide prevention manager, victim support, or a postvention notification group. It is good practice to contact the family/whānau early with expressions of condolences and offers of support, subject to any cultural protocols. Consider a team approach to providing support to bereaved family/whānau. The Australian Open Disclosure Framework can provide guidance on this.

[1]A person with a lived experience of mental illness who is presently accessing mental health care, whether voluntarily or involuntarily. This term is used in the context of a person's relationship with doctors and medical institutions. The term patient is used through this resource for clarity and consistency although it is recognised that individuals may prefer alternative terms, for example person, consumer, client or service user.

Other considerations

- Consider implementing a Restorative Just Culture Framework that engages team members in a supportive healing, learning and improvement process, and facilitates a culture of open disclosure to support patients, families/whānau and carers. Restorative Just Culture replaces backward-looking accountability with a forward-looking accountability that focuses on the hurts, needs and obligations of all who are affected by the event.
- Check in periodically on the welfare of affected team members particularly for those early in their career. Encourage team members to seek professional mental health support if needed. The RANZCP provides a 'Find a psychiatrist' service to locate psychiatrists who have experience in treating other clinicians. Where those in training are involved, the Director of Training should also be involved in supporting them. This might involve liaising with other services if the team member undergoing training moves onto a new area.
- Ensure that the affected family/whānau and community is provided with further outreach support. This could include answering questions about the suicide (observing the privacy of the patient), assessing the needs of bereaved family/whānau members, providing support and advice to families/whānau ensuring access to crisis services and clinical assessment, if needed. Community outreach may be undertaken in partnership with a range of other stakeholders.
- Provide a workplace mentoring program.
- Provide opportunities, time and space for peer-support, both formal and informal. Trained peer-responder programs provide a valuable source of support.
- Provide wellbeing programs for all team members.

Resources and further reading

- RANZCP Position statement: Suicide prevention – the role of psychiatry
- For those in psychiatry training: Coping with a patient suicide
- For supervisors: Supporting those in psychiatry training after the suicide of a patient
- If a patient dies by suicide: A Resource for Psychiatrists
- After suicide: a resource for GPs
- Postvention Australia Guidelines
- SANE Suicide Prevention and Recovery Guide: A resource for mental health professionals
- Why a Restorative Just Culture should be implemented alongside a Zero Suicide Framework
- Sad news sorry business – Guidelines for caring for Aboriginal and Torres Strait Islander people through death and dying
- Guideline commentary on care and support of Māori and their whānau around the time of death
- Health Quality & Safety Commission of New Zealand: Suicide post-vention
- Mental Health Foundation of New Zealand - Suicide Bereavement resources
- Ka-Ao-Ka-Ao Postvention for Māori
- Supporting Pacific Communities Bereaved by Suicide

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