

For those in Psychiatry Training

Coping with a patient suicide

During the course of their psychiatry training, some will experience the suicide of a patient. While this experience will be different for each person, it can have a considerable emotional and professional effect.

You might experience shock, sadness and distress. These emotions can be accompanied by guilt, shame, anger or self-doubt about professional judgment and skills, fear of legal consequences and concerns about family/whānau and community reactions.

It can also trigger changes in professional practices such as adopting an overly cautious approach. This information may assist in dealing with this tragic event.

Following the notification of a patient suicide

- ▶ Talk to your supervisor (or another supportive consultant, the training coordinator or Director of Training). Key issues to discuss include:
 - ▶ Your emotional reaction, and what supports you feel you need right now, or could benefit from in the near future.
 - ▶ Any immediate workplace supports you feel you need, such as taking leave, or any concerns you have about managing clinical work.
 - ▶ How to manage contact with the patient's family/whānau. It is important to take into account the cultural differences that may impact the patient's sense of family, which may extend to a wider cultural community such as a whānau, or First Nations family groups. For the purposes of this document, 'family' refers to the community that is culturally relevant to the individual patient. Consider contacting the family/whānau early with expressions of condolences and offers of support. Your supervisor can help you to do this. The [Australian Open Disclosure Framework](#) can also provide guidance.
- ▶ Participation in your service's internal incident/adverse event review process. When well supported, this can provide opportunities for healing, learning and improvement. You can ask your supervisor to provide support during this process.
- ▶ How the Coroner's process operates, and your role in this.
- ▶ What to do if contacted by the media.
- ▶ What to do if contacted by the police.
- ▶ Stay in touch with, and seek social support from your own family/whānau, friends, mentors, peers or other colleagues if appropriate. Your workplace may offer wellbeing and support programs, welfare officers, or an Employee Assistance Program, all of which might be helpful. Medical indemnity insurers often also offer counselling services for you to consider accessing.
- ▶ Seek support from mental health professionals if you experience significant or prolonged impacts.
- ▶ While it is important to reflect on the care of the patient and your practice, be mindful that suicide is complex. Do not assume that you have done something wrong.

¹A 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.

Documentation

Information requests for Coroner's or other medico-legal processes may not arise for years afterwards. By that time, you may have forgotten many details of your interactions with the patient.

Within a short period, it is useful to create a document detailing any relevant interactions with the patient. This should be based on your review of the notes and your independent recollection. Discuss creating this document with your supervisor or an independent consultant and send it to your professional indemnity insurer. This step has the advantage of time-stamping the document, so it will be apparent later exactly when it was written. Documents like this are not usually filed with the patient's medical record. Do not alter historical notes.

Many people find writing up such a document psychologically useful, because it puts a line under what you can do for the time being.

Other considerations

- ▶ Consider whether or not it would be appropriate for you to attend the funeral, tangi, or sorry business. Discuss this first with your supervisor.
- ▶ Consider participating in a team debrief or postvention session, if provided by your service. If this has not been offered, you can ask your supervisor about how it could be arranged.
- ▶ Consider attending a team prayer, karakia, blessing, or smoking ceremony if one is organised.
- ▶ Discuss the situation with your peers. This could be via your local health network or workplace group supervision, a Balint group, or peer review.
- ▶ Access a mentor who has experience in suicide postvention from your local health network/ workplace, or consider the RANZCP mentoring program for broader mentoring support.
- ▶ Continue to use the relationship with your supervisor as required to reflect on the emotional impact the suicide has had on you and your clinical practice.
- ▶ Access other supports for health professionals, such as 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, and your local [Doctors' Health Advisory Service](#).
- ▶ You may be involved in further outreach to the bereaved family/whānau. This should be undertaken as part of a team or with the support of your supervisor. This could include answering questions about the suicide (observing the privacy of the patient as well as any cultural protocols), assessing the needs of bereaved family/whānau members, and providing support and advice to families/whānau.

Resources and further reading

- ▶ [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](#)
- ▶ [RANZCP Position statement: Suicide prevention – the role of psychiatry](#)

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This information is intended to provide general guidance to practitioners, and should not be relied on as a substitute for proper assessment with respect to the merits of each case and the needs of the patient. The RANZCP endeavours to ensure that information is accurate and current at the time of preparation, but takes no responsibility for matters arising from changed circumstances, information or material that may have become subsequently available.