



Suicide Postvention Toolkit

(created February 2021)

Contents

Aims 1

Introduction..... 2

What is postvention? 2

Creating a response plan 2

Immediately after a suspected suicide 3

Breaking the news..... 4

Handling the media 4

Grieving..... 4

Suggestions on how to support service users after a client dies 5

Suggestions on how to support staff after a client dies..... 6

Coroner’s inquest..... 7

Legacy phase..... 8

Reflection..... 8

Support Services 9

Appendix 1: How to respond when a client has died by suspected suicide 10

Aims

- To provide a list of possible actions after a suspected suicide at your service
- To provide a checklist of what tasks need to be completed immediately and soon after a client dies after a suspected suicide
- To provide examples of effective communication after a suspected suicide
- To explain grief – there is no right or wrong way to grieve
- To suggest ways that you can support staff and clients after a suspected suicide
- Provide details of national and local support services that could be useful to refer individuals



Introduction

Suicide is an issue that cannot be ignored. Statistics illustrate there were 5,691 suicides in England and Wales in 2019, and during the same year the rate for female suicides under 25 increased by 93.8% since 2012¹. Therefore, it is important you have procedures in place as it is increasingly likely your organisation will be affected by suicide.

If a client discloses that they are thinking about suicide, the HHCP's [Working with Suicidal Clients Toolkit](#) provides staff with an opportunity to support them. As individuals may not disclose suicidal intentions, it is useful to be aware of the suicide risk factors listed in this toolkit (page 3).

An organisation's senior leadership team plays a critical role in deciding how the workplace will respond to suicide. Therefore, this toolkit aims to provide guidance around an appropriate response in the event of client death by suspected suicide.

This guidance has been developed using existing HHCP toolkits alongside several specialist toolkits. Thanks are given to the following:

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

Samaritans: Help when we needed it most

<https://media.samaritans.org/documents/samaritans-help-when-we-needed-it-most.pdf>

Business in the Community: Crisis management in the event of a suicide:

<https://www.bitc.org.uk/toolkit/suicide-prevention-toolkit/>

What is postvention?

'Postvention' are the actions taken to provide support to anyone that needs it, after an individual dies by suicide. An effective plan can ensure timely and appropriate care, and that support is provided to those that require it. Effective support can help people to grieve and recover, which is a critical element in preventing further suicides. Effective support can help individuals to recover more quickly, as well as managing the impact on the organisation, for instance regarding the level of sick leave taken by staff.

Creating a response plan

Suicide presents the unique risk of potentially being the trigger for another suicide, therefore creating a response plan is extremely useful.

It should:

1. Provide a written protocol, developed in advance

¹ <https://www.samaritans.org/about-samaritans/research-policy/suicide-facts-and-figures/>



2. Involve training of staff around suicide and postvention
3. Include procedures for notifying staff, service users, management and any supporting services.
4. Include guidelines on effective communication and how to handle the media if required
5. Identify appropriate postvention services
6. Include procedures for recognising service users and staff who are at risk after a suspected suicide and identifying where people can be referred for support
7. Include an evaluation of the effectiveness of any postvention

Immediately after a suspected suicide

The following section provides a list of actions that should be considered immediately after a suspected suicide.

- You will need to establish the facts before acting. Contact the police as soon as possible to confirm the death and to find out whether the death is being treated as a suicide. It is important to note the cause of death may not be established for weeks or months until determined by a coroner following an inquest. For this reason, referring to the death as a suspected suicide is recommended until cause of death is determined.
- Notify management.
- Breaking the news to staff and service users can be difficult. You will need to inform staff first and give them time to take in the news, and then inform service users.
- Identify staff or any close friends of the individual who has died by suspected suicide. Anyone close to the deceased individual should be informed in person and in private. Younger individuals are more at risk of imitational suicide.
- All staff in the service must understand that informing clients should be sensitive and within the boundaries of confidentiality.
- Consider informing services users in a small group as soon as is possible to prevent rumours being spread. Consider writing a letter to inform any service users that you were unable to inform in person (if they were not close to the deceased).
- Provide an area for those that are in shock, perhaps a room where service users can go if they are upset
- Communicate what support you will be putting in place for staff and service users (see sections below for suggestions)
- Provide a list of organisations that staff and service users can contact for support and offer support in referring them for any desired support (see Support services, page 9 in this document)
- Consider whether you need a media response (see section below for suggestions). The Samaritan's provides guidance [here](#) for the media around the reporting youth suicides

Appendix 1 (page 10) provides a flow chart of how to respond when a client has died by suspected suicide. This chart details how to respond immediately after a suspected suicide as well as tasks that need to be completed as soon as possible.



Breaking the news

Breaking the news is crucial step which needs to be completed sensitively and appropriately, in a supportive and empathic way. Communication is essential to enable the postvention activities to be effective and manage anxiety.

Any information provided after a suspected suicide should reinforce the following

- facts (not rumours)
- an exploration of normal and wide-ranging responses to suicide (see page 5 in this document)
- an understanding that, with support, people can cope
- an understanding that fleeting thoughts of suicide are not unusual
- an awareness of suicidal warning signs and resources available to help
- an understanding of funeral expectations

When discussing any suspected suicide that has occurred, it is advised the information provided:

- is factually correct but does not provide detail of the cause of death or method used
- does not romanticise, glorify, or vilify the death
- does not include details of any suicide note
- does not include speculation over the motive for the suicide

Handling the media

If you have a PR team available inform them of the suspected suicide so they can produce a media response. If you do not have a PR team, the following will provide guidance.

- Avoid giving details of the suicide method or any suicide note or giving simple 'explanations' of the suicide.

Phrases to use	Phrases to avoid
A suicide	A successful suicide attempt
Death by suicide	An unsuccessful/ failed suicide attempt
Take one's own life	Commit suicide
A suicide attempt	Suicide victim
A completed suicide	Just a cry for help
Person at risk of suicide	Suicide-prone person
Help prevent suicide	

Grieving

Grief is a term which describes a constellation of emotions, which may, or may not, occur in some form after a death or other significant loss. How that constellation is shaped and



manifests is unique to each individual and to each situation, and will change for each person over time. ***There is no right or wrong way to grieve and there is no time frame for this experience.*** Below are some of the ways in which grief can manifest, but this is by no means an exhaustive list. Any change in feeling or behaviour after a significant loss may, or may not, be a result of grief.

Experiencing the loss of a client is a very particular sort of loss. Staff might feel they 'shouldn't' feel grief for someone with whom they had a professional relationship. Additionally, when experiencing the loss of a client by suspected suicide, staff may also feel guilt or blame themselves, asking 'what if?' 'what could I have done differently?' questions. Each staff member will have had a different relationship with the deceased and different personal histories of loss. Experiencing the loss of a friend via suspected suicide is also a particular sort of loss, therefore paying particular attention to service users close to the individual who has died by suspected suicide is important.

Support will need to be provided however grief might manifest. Some people ***express their grief through feelings***; they may cry, feel angry, upset, agitated (and so on). Some individuals may well wish to access therapeutic services, may want to attend reflective practice sessions, and can engage in an emotionally focused conversation about the loss. There are others who will ***express their grief in a practical way***. This is a different way of expressing, rather than a denial of, grief. These individuals may wish to engage in practical tasks such as attending the funeral, clearing the room, engaging in a relevant fundraising event. Being involved in any or all the tasks listed can provide fruitful ways for someone to express their grief.

Grief is not a linear process. Most of us move in a cyclical fashion between coping and not coping, between engaging with the future and positivity and being grief focused. This is our instinctive way of coping with that which would otherwise overwhelm us.

Here are ***some of the feelings*** individuals may experience: fear, anger, pain, shame, guilt, and relief. Conversely, they may feel no particular set of emotions. **Whatever the individual feels is OK.**

Suggestions on how to support service users after a client dies

Below are some suggestions of ways your service could support service users after a client dies by suspected suicide.

Arrange a residents' meeting

- Inform residents or clients who knew the deceased
- Create a safe and comfortable space for clients to express their feelings about the death of their fellow housemate as soon as possible
- As a team decide how much/little you can share about the details of the death (particularly important if there is a police investigation)
- Be sensitive of the psychological impact of losing a housemate may have on have on residents



Offer support

- Ask them how they want the team to support them through the grieving process
- Reassure them they can come and talk to staff at any time
- Ask them how they want to be involved in organising the funeral (if appropriate)
- Reassure them there are support services available to them (counselling)
- Be available if they need support

Encourage sharing

- Encourage clients to talk about how they feel, to share memories about the person and discuss how they want to remember him/her
- Encourage clients to lead in the meeting
- Listen without judgement
- Be emphatic
- Be patient
- Acknowledge their sadness about losing a housemate/friend

Key-work sessions

- Offer support in key work sessions - ask how they are feeling about the recent death of their housemate/ friend
- They may say "I am ok", but let them know they can always talk to staff if needed later
- Do not provide advice, just listen attentively and signpost for extra support if needed

Risk assess

- Any concerns or changes in a client's behaviour/ mental health/ intake of substance use should be recorded and monitored
- Risk assessment and support plans to be reviewed if needed
- External agencies to be informed accordingly

Suggestions on how to support staff after a client dies

The death of a client can create an intensified fear among staff about risk to other clients and, as a result, an intensified fear of being (or being found) at fault.

Staff members may require additional reassurance and supervision to cope with their own feelings and to avoid falling into risk-averse practise. It is also important to remember that those managing the team will also have their own feelings and reactions and need their own place to express their grief and concerns to be able to support the team.

After a client death, each staff member will have different support needs; a one size fits all solution is not suggested. Immediate support for staff after a client dies could include the following:

- **Reviewing support systems in place** within your service, potentially as a team. An activity sheet can be downloaded [here](#)



- **Sensitively communicating the news** of a death to staff team
- **Ensuring there are procedures in place** to inform off duty staff that a client has passed away. If calling staff that are not on shift to inform them, and you get their answerphone, leave a message asking them to call you back
- **Granting time off** for staff member(s) working closely with a client that dies
- Staff have indicated that one of the most beneficial forms of support after a client death came from their peers. Managers could facilitate this by **allocating time for staff to support each other**
- **Supporting staff / clients to attend the funeral** for deceased and arrange transport for them to get there and back. If it is a family funeral, check whether staff/ clients can attend. If the local council is organising the funeral you may need to contact them to find out the date, time and where the funeral is being held
- Offering **formal and informal opportunities for staff to debrief** e.g. one-to-one chat with their manager, sharing personal stories and memories of client at team meetings
- Circulating your organisations' **Employee Assistance Programme** number
- **Checking in with staff** around the death in daily handovers to ensure staff feel supported
- **Arranging a reflective practice session.** If your service doesn't have access to a regular reflective practice session, consider who you could get in to support your staff team to process the death together
- **Consider what long-term support you can put in place for staff**
- If the police are involved in the client death, **clarify what staff members can divulge** to any of the client's family members
- **Explain to staff that a coroner will be involved** when the cause of death is unknown; sudden, violent or unnatural. An investigation could take several months to determine the cause of death, which may will delay the funeral
- Provide a copy of the Support Services (page 9 in this document) so staff can access additional support if needed

Coroner's inquest

A coroner is likely to be involved in a death when the cause of death is unknown; sudden, violent or unnatural. If further investigations are needed the coroner may decide a post-mortem examination is required to help determine the cause of death. If the post-mortem determines the cause of death, the investigation may be closed. If the investigation needs to continue a coroner's inquest will be completed. This can take many weeks and you will not know the cause of death until it is completed. You can read further about coroners and inquests in the [HHCP Coroners and Inquest information sheet](#).



Legacy phase

Postvention does not end after the initial crisis has passed. Due to the complicated nature of suicide, some staff and service users might struggle for many months after the experience. The anniversary of the death, the deceased's birthday or an 'empty chair' all may remind people.

- **Recognising the loss** of each resident when they die. For example, placing a photograph of the resident, plaque, or flowers in an appropriate place
- When you meet your staff for supervision **encourage them to reflect on how they are feeling**
- **Continuing to check in with staff** at reflective practice and team meetings until required
- **Prioritising the St Martins in the Fields Annual Service** of remembrance on the rota. This is usually scheduled in November
- **Provide training** around managing grief and loss. Consider including information in staff induction around death highlighting that an emotional response to a client death is normal and expected.
- Provide Mental Health First Aid training for staff
- **Ensuring staff and services are given feedback** when coroners complete their reports on the deceased.

Reflection

It may never be possible to establish the circumstances that led up to the suicide, nonetheless it is important to review the effectiveness of your organisations' response to a recent suicide, as well as reflect on measures to minimise the possibility of suicides at your service.

Questions to consider:

- Were support resources adequate/ appropriate?
- Were staff supported? Can extra support be provided in future?
- Was the communications process effective?
- Were external partners effective in their response?
- What practical issues need to be addressed? E.g., Any more methods to help improve the mental health of service users? Train staff to understand and manage the risks of suicide.
- Have concerns about access to the means of suicide been fully addressed?
- Who is responsible for implementing any recommendations following the review?
- How can learnings be shared across the organisation and with other organisations?



Support services

Organisation	Information	Contact details
British Association for Counselling and Psychotherapy	Through the BACP you can find information about counsellors in your area	Website: https://www.bacp.co.uk/search/Therapists
Counselling service for clients - Great Chapel Street	Counselling service for clients. Times available can be found at: http://www.greatchapelst.org.uk/opening-times/	Great Chapel Street, 13 Great Chapel Street W1F 8FL Telephone: 020 7437 9360
Counselling services: IAPT	The CNWL Talking Therapies Service Westminster is part of IAPT (Improving access to psychological therapies). Please note that it does not cover areas Paddington/North Westminster	People can self-refer at http://www.westminsteriapt.org.uk/ , or be referred by their GP. Alternatively you can refer via telephone: 0303 330 0000
Counselling services: Community Living Well	This service is for people registered with a GP in the Queen's Park and Paddington areas of Westminster.	It is possible to self-refer at: https://gateway.mayden.co.uk/referral-v2/d65351bb-6848-4b60-82c3-c2a73683d5fa
Cruse Bereavement Care	Cruse supports people after the death of someone close via a Helpline and local services	Telephone: 0844 4779400 (Monday and Friday 9.30am-5pm, Tuesday, Wednesday, Thursday 9.30am-8pm). Email: helpline@cruse.org.uk
Survivors of Bereavement by suicide (SOBS)	National helpline and local support groups for those affected by suicide	Telephone: 0300 111 5065, 9am to 9pm Monday to Friday. Email: sobs.support@hotmail.com
Westminster Coroner's Office	65 Horseferry Rd, Westminster, London SW1P 2ED	Telephone: 020 7641 1212
Samaritans	Provides emotional support to anyone who is struggling to cope and needs someone to listen. Support groups: https://www.facingthefuturegroups.org/	Helpline: 116 123, Every day 24 hours. SMS: 07725 909090



Appendix 1: How to respond when a client has died by suspected suicide

A

- Keep calm and focused
- Call 999 and follow the operator’s instructions
- Risk assess the area (sharps, weapons etc.)
- On arrival, inform the Police if there is a suicide note
- The 999 switchboard will always contact the police if the person is known or suspected to be dead
- Ask clients/visitors to clear the area

Record the following times:

B

1. When the body was discovered

2. When the ambulance was called

3. When the ambulance arrived

C

- Inform the manager, or if out of hours the on-call manager
- Lock the room/ area where the body is located
- Do not allow anyone to enter the room/ area
- If the deceased individual’s flat/ room is shared with another client/s, the client/s must be relocated

D

Provide this information to the police and ambulance service:

- Client’s name
- Date of birth
- Current medication
- Brief medical history
- Contact details of next of kin
- Details of last contact with the client- who, where, circumstances
- Who found the body and what time
- Contact name and phone number of your service

a. The police will contact the next of kin

b. The doctor may refer the death to the coroner if the death was sudden or unexplained



Next steps to be done as soon as possible:

A

- Inform staff and clients (if appropriate)
- Complete an incident report
- Ensure CCTV is saved
- Report accident/incident to your organisational H&S team
- Inform Service Head and commissioners (follow their reporting requirements)

- Contact PR team for media response
- Inform Care Quality Commission (if registered)
- Inform DWP
- Book client out on rent account system (if needed)
- Inform housing benefit
- Contact the council to arrange the funeral

B

Inform any other individuals/organisations involved with the client's care and support:

- Social services
- CMHT
- GP
- Hospital/psychologist/psychiatrist
- Key worker
- Outreach worker
- Occupational therapist

- Care coordinator
- Housing support
- Substance use worker
- District nurse
- Joint homelessness team
- Groundswell
- Any others as appropriate

C

Arrange a case review - The aim is to bring together all the different support services involved in client's care to:

- Discuss what happened (clarify cause of death)
- Explore service provision in place before a client's death
- Discuss good practice and any areas for improvement/learning
- Download the case conference template at:
<http://www.westminsterhhcp.org/Case%20conference%20took%20kit.pdf>

Useful note:

A person should not register the death unless they intend to take responsibility for the funeral. In the absence of next of kin, the council will arrange the funeral. For individuals that pass away in hospital the bereavement service (or PALS) will make a referral to the council for the funeral.

