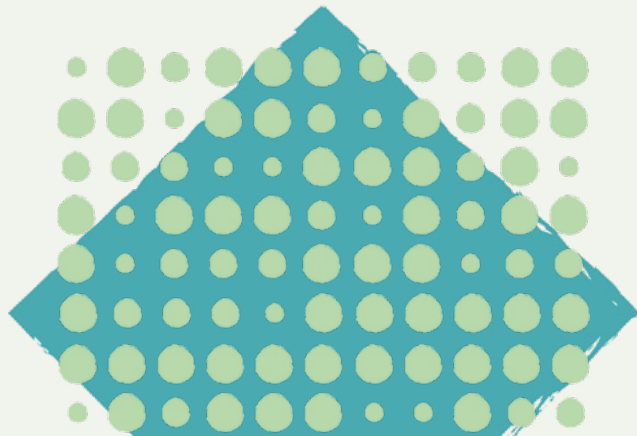




SAMARITANS

Ambulance service employee suicide:

a postvention toolkit to help manage
the impact and provide support.



Working in partnership with



**ASSOCIATION OF
AMBULANCE
CHIEF EXECUTIVES**



CONTENTS

SECTION 1

Introduction

Who should read this toolkit?	
Foreword by Will Hancock	
Foreword by Julie Bentley	
What is postvention?	
Grief after suicide	

SECTION 2

Be prepared

Open up to mental health in your service	
Form a postvention group	
Agree your postvention approach	
Develop a bespoke plan	
Checklist for planning	

SECTION 3

Communicating after a suicide

Preparing a communications plan	
Who to communicate with and when	
Responsibility for different audiences and information cascade	
Confidentiality and respecting the family's wishes	
Handling social media	
Managing media interest	

Sample media holding statement	16
Safe messaging and language around suicide	17
Checklist for communications planning	18

SECTION 4

When suicide happens

What to do: straight away	19
Contact the family and offer support	19
Communicate	20
Get the team together	21
Supporting colleagues attending the scene	21
Support for staff attending or receiving a call about the death of a colleague by suicide	22
What to do: the first 48 hours	23
What do people want and need right now?	24
Continue to communicate openly	24
Dealing with practicalities	24

What to do: The first weeks	25
Supporting management	25
Co-operating with the Coroner's inquest	26
Checklist for when a suicide happens	27

SECTION 5

Grieving/post-traumatic phase	28
Supporting the healing and recovery process	28

Support after suicide – finding the right provision	29
Answering the unanswerable questions	29
Arranging alternative duties for staff	30
Support and promote healthy grieving	30
Getting back to 'normal'	31
Reinforce and build trust in leadership	32
Memorials and related events	32

SECTION 6

Legacy phase

Prepare for reactions to anniversaries, events and milestones	33
---	----

SECTION 7

Reflection time

Reviewing your postvention plan	34
---------------------------------	----

SECTION 8

Further information and resources

Suicide bereavement support	36
Ambulance service specific support	37
References	38
Acknowledgements	39

SECTION 1

Introduction

Who should read this toolkit?

This toolkit is designed to help ambulance services, particularly leaders in Human Resources and frontline managers, to develop and implement a process to manage the impact of an employee suicide or attempted suicide on colleagues. This is known as postvention. It may also be used to support those in the workforce who lose a family member or close friend to suicide.

It's important to say from the outset that even with meticulous planning, the response will be challenging for everyone involved. Sharing responsibility for using this toolkit by more than one person is recommended. If you are affected, share your concerns with colleagues and managers and ask for support too.

“Suicide in the workplace is relatively uncommon but when it happens it is not only a tragic loss of life but also has a profound and lasting impact on colleagues and the organisation.”

(Public Health England, 2017).

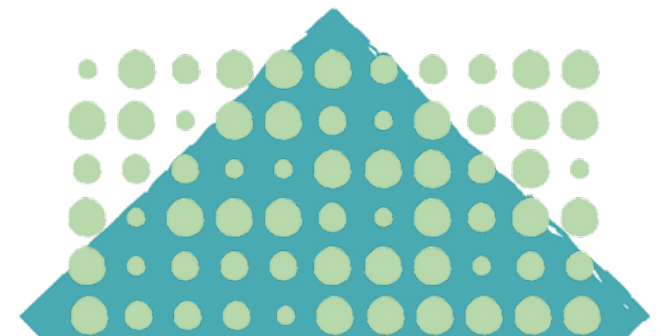
The terms 'suicide' and 'died by suicide' are used in this toolkit, but please note that a conclusion of suicide can only be formally determined following a coroner's inquest. This usually takes several months to complete. The death may be talked about as suicide by colleagues, the media and others, and it is important that postvention support for colleagues happens straight away, in any cases where it is a probable suicide.

The conclusion following an inquest might not be one which you or employees expected so it is best to be conscious that this is a period of uncertainty. It might be helpful for your communications at this time to reference a sudden

unexplained death, 'possible suicide', or 'may have died by suicide', to enable necessary conversations to happen in advance of any coroner's ruling.

Avoid using outdated and judgmental terms like 'committed suicide', 'successful suicide' and phrases such as 'in a better place' or 'found peace'.

This toolkit provides guidance for when there is strong evidence that suicide is the cause of death, and when the community – colleagues, relatives and friends – are responding to what they believe is a suicide and so experiencing the corresponding impact and emotions.



SECTION 1 – Introduction



Will Hancock

Employee and patient mental health lead for the Association of Ambulance Chief Executives and Chief Executive of South Central Ambulance Service

Supporting our staff to look after their mental health and wellbeing is of vital importance and a key focus for all UK NHS ambulance service chief executives. Nationally, over recent years, we have been working with each other, mental health and wellbeing experts within and outside ambulance services and our staff to improve the mental health and wellbeing offer. Encouraging more open and honest conversation about mental health is central to that as well as focusing on preventing suicides within the ambulance service workforce.

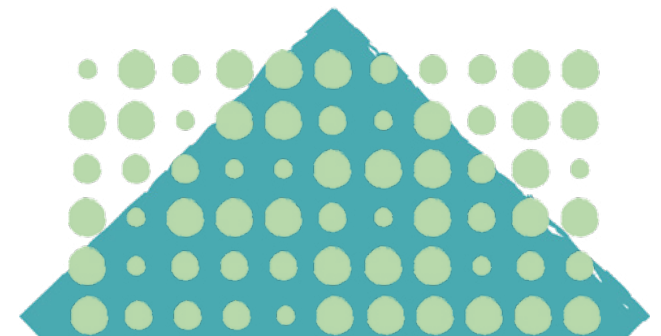
We know how emotionally and mentally demanding working in an ambulance service can be and are

acutely aware of the extent to which that has been heightened during the Covid-19 pandemic – and will remain so for a long time to come. We know that this is the case for people working in frontline roles but also for those working in control/contact centres and support functions.

People working in the ambulance service have taken their own lives and I know from personal experience the devastating impact that this can have on all of those who knew them. We are seeking to learn from these tragic events in an attempt to prevent suicide and better support people when they are in need.

When a suicide does sadly occur though, we want to make sure that as organisations and managers, we do our absolute best to support our colleagues afterwards. The purpose of this toolkit is to help us with that. It is intended to compliment all the mental health and wellbeing supports already available at service and sector levels.

We are extremely grateful to Samaritans for leading on the production of bespoke suicide postvention guidance for our sector and to NHS England and NHS Improvement for supporting this financially. I would also like to thank everyone from other partner organisations who has contributed.



SECTION 1 – Introduction



Julie Bentley

CEO of Samaritans

Suicide is complex. There is never a single reason why a person feels they have no option but to take their own life and its impact stretches way beyond immediate family, friends, colleagues and acquaintances. In a community like an ambulance service, the trauma can have significant consequences at every level, from productivity and performance to wellbeing and relationships outside work, affecting those that did not directly know the person who died, as well as those who did.

Anyone affected by suicide can become at risk themselves, and it is impossible to predict who will react most and over what timescale. Everyone deals with it differently. Which is why it is vital that everyone can access appropriate support whenever they need it.

We understand that many of you across ambulance services will be all too used to experiencing very challenging situations in your professional lives every day and often have to support members of the public in extreme distress. With such a strong focus on helping others, it's very important to remember that there may also be times when you need to reach out for support personally. We want to play our part in ensuring the right resources are available if that happens.

Each time we go into workplaces we hear the same thing: "We wish we had known more. Suicide and suicidal feelings need to be discussed more, and more openly, so that people know they will be taken seriously and that they can reach out for support. And, if the worst happens, we need to be more prepared."

And that's the key, and why this toolkit is such a valuable resource. If a colleague, friend or family member takes their own life, the worst has already happened. You can have the knowledge and skills to minimise the harm and help everyone to deal with its devastating consequences as best they can. Suicide is not like other deaths and nor is the grieving process. The questions, the sense of powerlessness and often the sense of guilt that many people experience can be overwhelming and remain with them for years, unless they receive the right support.

Samaritans is proud to have worked in partnership with the Association of Ambulance Chief Executives (AACE) and all those who have contributed to this resource. Our shared hope is that its contents will help you to take appropriate steps to prepare in the event of an employee taking their own life, or if you are already dealing with the aftermath of a suicide.

SECTION 1 – Introduction

What is postvention?

Postvention refers to the actions taken to provide support after someone dies by suicide. Effective support can help people to grieve and recover and is a critical element in preventing further suicides from happening.

There is no single right way to respond to suicide, but effective postvention plans can ensure that timely and appropriate care and support is provided. In addition, there is no single or right way to grieve, so open dialogue with colleagues is essential to put in place the most appropriate support for each employee. This can help individuals recover quicker, manage the impact on the organisation and can reduce the risk of further deaths by suicide.

An employee dying by suicide is not the only death that can have a significant impact on the workplace, the death by suicide of family or a friend of an employee can also have a profound impact.

A service's leadership plays a critical role in setting the tone for how the rest of the staff will respond to a suicide. Building a culture of openness around suicide, as well as general mental health and wellbeing, is one way that support after a suicide can be most effective. Talking about what has happened will not increase the risk of imitational suicides within a workforce; handled well it can be critical to coming to terms with the death and moving forward.

Grief after suicide

Bereavement after suicide is often called 'grief with the volume turned up'. Alongside sadness and loss can be feelings of anger, shame and guilt. Some people react by feeling numb. All of these responses are normal. Many find that bereavement by suicide can lead to complex feelings, affecting different people in different ways. Some feel it would be easier to explain the death in a different way. Others may not know what to say.

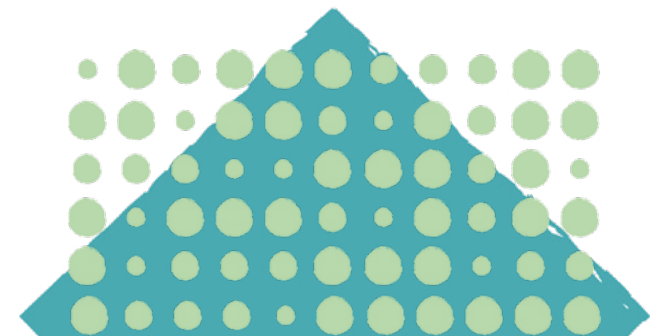
to read more on emotions following a suicide from the Support after Suicide Partnership.

This complex grief can complicate how to respond to those bereaved by suicide. There won't be just one way to respond, or a set pattern to the grief of those affected by the loss. This makes it essential to see each affected employee as someone with their own specific support needs which may change over time.

This toolkit can give you a framework and some examples of how to support your staff after a suicide. But your own, or local management's, knowledge of the team, their relationships and their needs will be essential to delivering effective postvention.

“ You have to do the best you can under the circumstances. Don't be too hard on yourself. Get the collective wisdom of everybody rather than think you have to deal with it all on your own as that won't work. ”

Deputy Director of Human Resources and Organisational Development



SECTION 2

Be prepared

The suicide of a colleague is a shocking and distressing event. Like all potential workplace shocks, having a plan in place with all the right people briefed and prepared can mitigate the effects on your staff. Creating a workplace environment where mental health is supported and discussed openly is part of this preparation.

Open up to mental health in your service

Supporting the mental wellbeing of those working in the ambulance service is of paramount importance. AACE has published guidance for ambulance services on how to develop an employee mental health strategy. Human resources teams are working with wellbeing leads and mental health professionals to put in place packages of bespoke support both to prevent mental health problems from occurring and to support staff when they do.

Past research showed that a high proportion of ambulance service employees experienced stress, anxiety and low mood while working in the service.¹ There has been a culture of 'getting on with the job', with those working in the ambulance service less likely to seek support for their mental health.^{2,3}

A huge amount of collaborative effort has created real culture change in recent years, with more and more staff across services opening up and seeking support for their mental health and wellbeing.

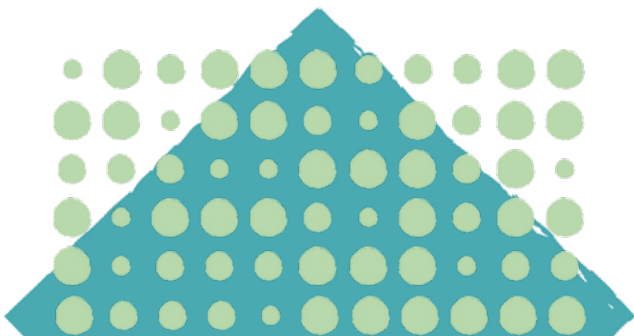
“ We are in a better place around people talking. Our wellbeing services are under significant demand. Years ago, people might have said it was a bad back instead of saying they have a mental health problem, but now people are much more open. We have a much younger workforce too who speak differently about mental health. We need to make sure people do not feel that it will impact their job if they speak up. ”

People Director

for employee mental health strategy guidance from AACE

“ Since we started our wellbeing service in December 2015, we have had over 5,500 referrals for mental, physical and social issues. Just saying that number makes people feel that they are not alone. It creates an understanding that these things do happen. ”

Head of Wellbeing



SECTION 2 – Be prepared

Talking about suicide

It is essential that every effort is made, even in the absence of an employee incident, to destigmatise the discussion of suicide. If it is perceived that attending suicides is part of the job, but taboo to talk about at work, people may be unlikely to seek support if they are feeling suicidal or if a colleague dies by suicide.

Talking about suicide not only reduces the stigma, but can allow individuals to seek help, rethink their opinions and share their story with others.

“ From an operational perspective, as frontline staff we are sometimes a little bit hesitant about talking about suicide. It's so engrained in the job, it happens to someone else, it's an incident you go out to, it's someone you've never met before. You do what you need to do and go on to the next job. As operational staff we are still a little bit detached, so if colleagues talk about it on station you can see that barrier comes up. ”

Operational paramedic

There are some very simple things you can start to do now to create a working environment where mental health and suicide is not taboo and where conversation is encouraged.

- Use the opportunity of suicide awareness days to talk about suicide. On World Suicide Prevention Day (annually on 10 September), you could organise an awareness event and use internal communications tools and channels to open up a conversation.
- Samaritans delivers workplace training on a range of topics, including managing conversations.

to find out more about Samaritans training

- Encourage staff to complete Zero Suicide Alliance training. This 20-minute online tool is free to use and gives people a basic awareness of suicide prevention.

to take the Zero Suicide Alliance training

- Consider fundraising for mental health and suicide prevention charities as part of employee fundraising initiatives.

Form a postvention group

Postvention support does not belong in one team or directorate. Collaboration and cross-team working is key to building an effective and comprehensive response.

Identify individuals in your service who will act as a postvention group. These individuals, likely to include representatives or leads from Human Resources, Operations, Occupational Health/Health and Wellbeing, and Communications will be responsible for postvention planning BEFORE a suicide occurs. In the event of a suicide, they will also have a role in implementing the plan and in supporting those in direct contact with affected colleagues.

Make sure that postvention group members are clearly identified, and that they understand the duties assigned to them and others across the service.

“ In the past, people have been frightened to even mention the word 'suicide', with the fear that it will cause people to feel that way. In other words, if we talk about it, people will do it. But by us not talking, it allows people to feel unable to speak up when they need help. ”

Head of Wellbeing

SECTION 2 – Be prepared

Agree your postvention approach

There are no set rules on how to develop a postvention framework and approach – but by considering the points listed here, your postvention group should be able to put in place measures that will help you to carry out your responsibility as an employer, support your staff, be sympathetic to the individual who has died and be flexible enough to respond to the specific demands of the situation.

“It isn’t always easy, but we do have the ability to bring people together in whatever way we can and to put the right support mechanisms in place. We need to open channels of conversation and communication. The logistics are massive when it comes to a 24-hour emergency service but we can do it. We’ve just got to be creative.”

Head of Wellbeing

You should consider:



- What procedures, support and resources you have already and where there are gaps.
- How you will quickly organise and mobilise resources. Pay particular attention to operational needs and how to cover short and longer-term staff absences from frontline duties.
- Timely and empathetic communications, balancing the need for open and transparent communications with all staff with compassion for those bereaved, the wishes of the family and patient confidentiality.
- Encouraging people to take care of themselves, both immediately (as soon as it becomes apparent there is a suspected suicide) and long-term (anniversaries and key milestones).
- Being free of bias, considering the ethnic, racial, cultural and spiritual, sexual orientation/identity and other diversity aspects of your employees.
- Addressing the complex mental health issues for individuals and groups that may arise after an employee suicide. Remember that these may not transpire in the immediate aftermath but may occur (or recur) many months after the death.
- Listening. Employees will react in different ways. Some might be able to return to work very quickly, while others may need more time to adjust to the loss. Colleagues may need to vent anger, guilt or sadness and you will need to consider how you will provide appropriate support.
- Being flexible. Be prepared to allow for some accommodation in your usual workplace behaviour. Some employees may express their reactions verbally, while others might express their reactions behaviourally, through excessive absenteeism or presenteeism.
- Helping families with practical matters, supporting them to access financial support and bereavement help.
- Planning for practicalities within the service such as staff cover, updating IT systems and payroll, as well as dealing with uniforms, passes and any personal belongings.
- Being aware of the line manager’s unique role. They may be impacted by the tragic loss and in need of support themselves, but they may also be the target of anger or blame by other employees.
- Understanding that a substantial amount of time and resources is likely to be needed in the aftermath of an employee suicide.

SECTION 2 – Be prepared

Develop a bespoke plan

While it is essential to prepare a plan for postvention, there will always be unique factors to each incident that may require a more bespoke response.

“ We have a checklist of what we do, steps to follow. But that doesn't fit every circumstance, and we can't forget the people behind what has happened. It is good to have prompts and considerations, but we can't deal with all situations identically. It is important every time to pick the right people for that situation. ”

People Director

Convene the group and develop an overall plan for your service. It can help to include someone, at this stage, who has had personal experience. Lived experience is a valuable asset in understanding bereavement after suicide.

Agree the cascade of information and briefings that will be in place for your service. This will be based on how you normally operate and must ensure that there is a prompt and proactive sharing of information to senior people on call, the Chief Executive and members of the postvention group following the incident.

Together, **use table-top exercises** to prepare and practice for effective communication and co-ordination between those with responsibility for managing the response to suicide. Suicide could be incorporated into an existing series of exercises around critical incidents.

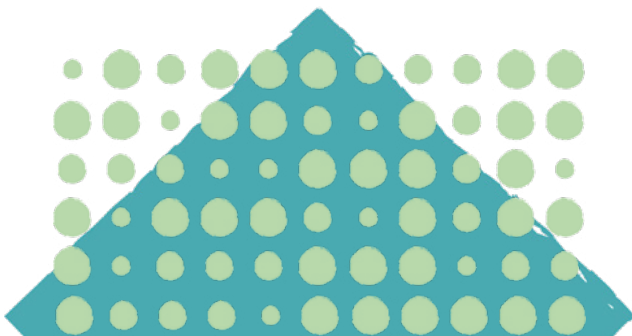
Consider a range of scenarios, timings and circumstances for example, what happens when an incident occurs outside office hours, whilst a member of the postvention group is on leave or if the person dies while on shift at work. Ensure that you include a response to incidents specific to ambulance service staff, such as support for those attending the scene of a colleague's death by suicide or taking the initial call in the control room.

“ Out of hours everything is more complicated. We only really have a couple of operation commanders on duty, two in each area. If they are on their own out of hours or over a weekend, it's an awful lot for them to be able to facilitate. Something like a 24-hour hotline with a representative from HR or the Staying Well service operating in an on-call capacity in the same way that we do, would be great. I would expect to be contacted if I was on call and it would be nice to have that back up from the people who are bit more specialised in providing that support straight away. ”

County Commander

Develop draft statements and notices and test them with key people. What to say and how to say it brings up challenges at **all** levels of an organisation. Preparing draft statements or forms of words in advance helps you communicate with confidence when an incident happens. See the next section on communications for more information. This toolkit provides some examples of draft statements and announcements which may help.

to go straight to some draft notices



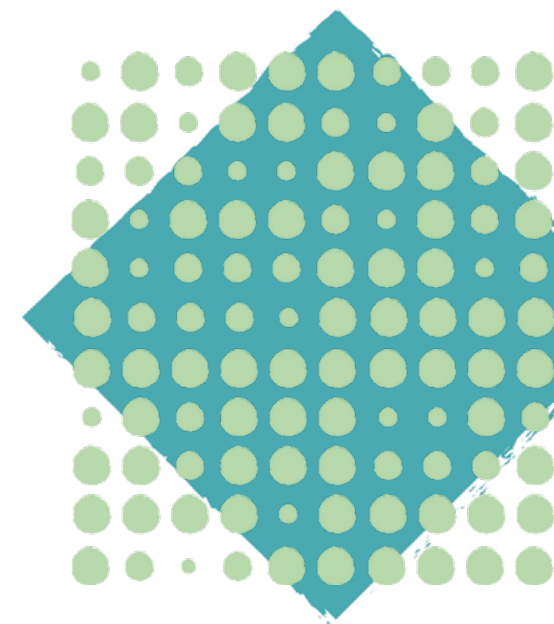
SECTION 2 – Be prepared

Checklist for planning

- Identify the members of your postvention group, ensure a range of relevant roles from across the service.
- Assign duties and roles, and ensure the group is known to management.
- Consider involving someone with lived experience of bereavement by suicide.
- Develop your postvention approach based on your organisational values and priorities.
- Outline and agree the communication and information cascade plan.
- Use table-top exercises to plan for a range of scenarios and circumstances that may arise.
- Consider out of hours incidents, family liaison difficulties and supporting crews attending the scene.
- Develop draft statements and notices and test them with **key people** (see next section on communications for more).

““ When we have a suicide, it brings back all the feelings of other incidents and I get a lot of calls from different staff groups saying it has brought up a lot of things for them. ””

Deputy Director of Human Resources



SECTION 3

Communicating after a suicide

Effective, open and direct communication is crucial when responding to the suicide of an employee. It is also one of the things that ambulance services report struggling with the most. The emergency response nature of the job, teams working different shifts and crews out on the road make timely communications challenging, at best.



Today's immediate communication culture and the speed at which information spreads via social media means the postvention group needs to be ready to communicate quickly, appropriately and sensitively to everyone across the service.

Even before any official announcement, there may already be a great deal of inaccurate information circulating which can be particularly harmful.

““ When staff are distressed after big events, they often cite communication as a reason. They feel in some ways that they've heard more about it through the news than from the organisation. There may be lots of reasons for that; security and public health, but as a service we need to make a decision to trust our staff and share that information more readily, because they are going to find out. They are very inquisitive, tenacious people. Openness is critical. ””

Lead Paramedic

Preparing a communications plan

““ This is one of the scenarios that I most worry about happening at the organisation. It's so difficult to deal with and get it right for everybody that's involved. ””

Assistant Director of Communications

There is no perfect blueprint for how to communicate in the event of a suicide, nor is it any one person or team's responsibility, but thinking ahead about what a communications plan needs to cover will not only enable postvention activities to be effective, but will go a long way to manage anxiety among the workforce.

How you communicate will be dependent on the circumstances of the death. We recommend that you use this guidance as a **starting point** in your communications planning, which must be specific to your own service's needs and challenges.

Here are some things to think about in advance. If you are responding to a suicide now, go straight to *what to do immediately*.

to go to what to do immediately

““ A communications plan is critical. The green grapevine is really strong. Lots of people are in relationships in the service so if one person finds out you can guarantee ten people will find out. People feel very disrespected if they are left to deal with feelings on their own because they are not allowed to talk about it. It's really hard. ””

Lead Paramedic

SECTION 3 – Communicating after a suicide

Who to communicate with and when

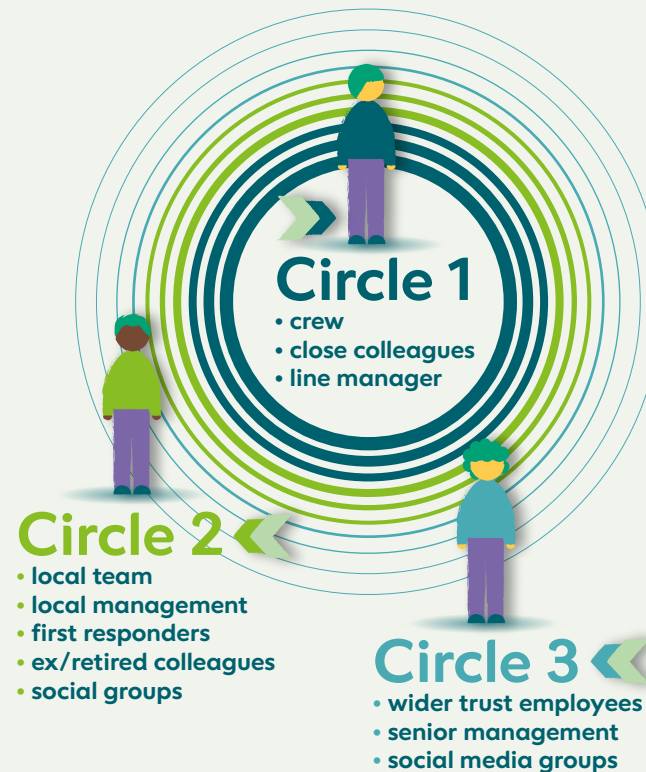
You may find it helpful to **map who the priority audiences are likely to be in the event of an employee suicide**. This may be the family/partner of the colleague who has died and the team in which they worked, moving outwards from there. It may not be as simple as proximity to the individual who has died, but that can be your starting point.

When considering your communications, draw your circles of impact (work teammates, close work friends, direct reports), considering their demographics (younger/older members of staff, faith/religious beliefs, how long they have been in the service) and any other relevant factors that may affect how they may respond.

Communicating with these key groups swiftly and in order of impact can prevent problems further down the line.

Circles of impact example

This is a guide to how people may be affected by a colleague suicide, but suicide bereavement can be complex and someone who may have seemed unrelated to the person who has died might react strongly. Your approach should be as individual as possible when you identify those who may be vulnerable.



Responsibility for different audiences and information cascade

Assign clear responsibility within the postvention group for communicating with each audience, according to what is most appropriate in your area/service. There will be a fine balance between the need for seniority and experience and the person most skilled to handle these difficult and sensitive conversations. Be flexible, you may need to swap roles if the lead person identified is themselves close to the colleague who has died and is also deeply affected by the death.

Communication with the family is likely to be in the days following a suicide, when discussions are likely to be about sharing the news, the possibility of a service funeral and practical matters. Some services have found it helpful to have a family liaison role specific to one individual. It is important that this person is trained and feels comfortable with what may be a difficult conversation. Some knowledge of complex bereavement by suicide, as well as an understanding of how to talk about suicide is essential. Being prepared for how a family might react is also important, there may be a great deal of anger and blame around the death.

SECTION 3 – Communicating after a suicide

““ We need to give good thought to this role [of family liaison] because it's a difficult one. Our Chaplain had some negativity and frustration shown towards him by the family when he was the link. It was totally unexpected. We've learnt a lot from that experience. You can't predict how people are going to respond and how it changes very quickly. ””

Deputy Director of Human Resources

Confidentiality and respecting the family's wishes

Be prepared to respond to confidentiality issues if the family asks for the circumstances of death (or the death itself) not to be shared. How will you tread the difficult line between balancing the family's wishes with the need for transparency with staff? Remember too that there may already be media interest, should the death have been in a public place.

Being able to inform colleagues swiftly and accurately is critical in enabling the appropriate support to begin for them, but a family's wishes must be respected.

There will, however, be circumstances unique to the ambulance sector where the news is already known and being shared. The nature of the work means that it is likely the suicide was attended by someone working within the service or that the family or house mates will have shared this information with those responding at the scene.

Explaining this to the next of kin – how open and honest communication can prevent misinformation from spreading – and enabling them and colleagues to get the right support quickly is sensible but great care should be taken not to pressurise or rush the family into a response. Let them know that you will honour their wishes whatever they decide but explain that unofficial communications between colleagues is outside of your control. Agree the details that they are comfortable with sharing, such as age, family/ children and a personal memory about the person.

““ The first suicide I was involved in was a few years ago now and we have learnt a lot about communications since then. We did keep it confidential but the young man who found his colleague felt he couldn't talk to anyone, he had to keep it to himself and that affected him quite adversely. It still has reverberations today, years down the line. ””

HR Business Partner

Use an open and honest approach with employees. There are challenges to how much you might be able to disclose at this point. Your team may be expecting information about their colleague that you cannot give them because of family's wishes or confidentiality issues.

There is a balance to be struck between seeming to 'hide' something from your staff and providing information that is not the service's to give. It is understandable that this may feel overwhelming for managers.

A draft form of words is provided for you to use in these situations, to adapt and amend as you need.

to go to the form of words

The tone of voice for communication with affected staff is important. **Be human, show your own emotion and be honest** about the circumstances around what can and can't be said. Managers can be open about how they feel, even if they cannot share any other information.

Ultimately, communication should balance your staff's desire for information with the next of kin's wishes around privacy. The communications/media team and the legal affairs department should inform the postvention group about safety and privacy concerns.

SECTION 3 – Communicating after a suicide

““ They are always waiting to hear what the service has got to say about it, so if you can get something out initially that gives people the reassurance that this person was one of our people, that we are really upset that this is happened and that we are doing what we can to support the family at this time and will let you know when we can share more information. ””

County Commander



Handling social media

Following a sudden death, social media may become a focal point for colleagues and friends to pay their respects and to share memories. This can be a positive outlet, creating a community that encourages people to be open about their feelings, but it can also be the way in which people first learn the news, which can be very distressing.



““ A black ribbon is used on social media to signal the suicide of a colleague in the service – it’s powerful but creates a sense of anxiety too. In the green family you are deeply impacted by the suicide of someone you don’t know because you feel a deep connection with them. ””

Head of Wellbeing

Social media can also become a vehicle for people to express their anger, or to apportion blame for the death of a colleague. If possible, speak to anyone within the workforce who may be using social media in this way to remind them of the need to respect the family’s wishes and privacy at a very difficult time.

Posted comments can sometimes contain unsafe messages and sometimes include expressions of suicidal ideation by friends or family of the deceased. Exposure to suicide through social media can increase the risk of contagion.⁴

It is important for ambulance services to be fully aware of what is being discussed on social media after a suicide, and to consider how their own internal and external communications can reflect anxieties being expressed by those affected by the death of their colleague. Ensure that your agreed statement is shared on your own closed social media channels, such as your staff Facebook page.

Consider a role for a member of staff (perhaps on the postvention group) that involves monitoring and informing HR leads of social media posts around the death of a colleague. It is almost impossible to control what will be shared, but by rapidly responding to misinformation when talking to staff, or being vigilant to expressions of suicidal ideation, some management of the consequences of social media activity is possible.

Expressions of suicidal intention should be taken seriously and addressed with urgency.

Samaritans can offer more information on social media management.

for Samaritans guidance and advisory service

Use internal resources, including your intranet and noticeboards, to signpost support services such as Samaritans.

SECTION 3 – Communicating after a suicide

Managing media interest

There may be media interest in the death by suicide of a member of the ambulance service, so ensuring that communications colleagues responsible for the press office function are fully briefed from the outset is key. Ideally, you will also have senior representation for external communications on the postvention group.

In terms of preparation, agree who the media spokesperson will be and have a template holding statement agreed in advance that you can use as a starting point if needed. Some suggested wording is provided, based on examples from ambulance services who have issued them.

Sample media holding statement



It is with great sadness that we share the news that XX ambulance service has lost a very dear colleague. [Name and title] or [the paramedic/manager/member of support staff], whose family has asked not to be named, died [this morning/ yesterday, + insert date].

Our colleague, a much-loved member of the team, was [insert details the family has agreed/you deem suitable to share – eg, married with children and had worked for the service for a considerable number of years].

On behalf of everyone here at [XX ambulance service], including our patients and the communities we serve, we would like to offer our sincere condolences to our colleague's family and friends at this difficult time.

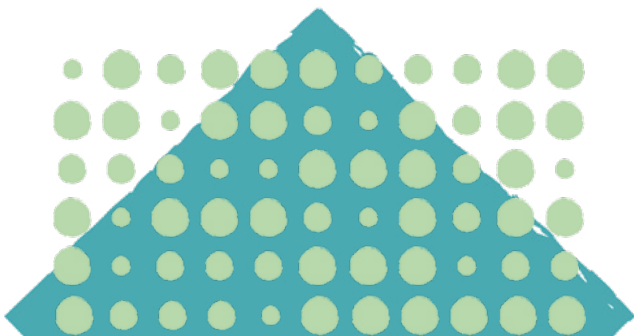
This will deeply affect many people within the service and we are supporting the family and our staff. We would ask that the press respect the privacy of the family. We will not be making any further announcements at this time.

The statement should be treated as reactive and only used if deemed appropriate by the leadership team. Ideally, this should be cleared by the family/next of kin.

Remind all staff not to speak to the media or discuss the death at/on public forums as per your standard crisis communications procedures. If the death is already being reported in the media as suicide, Samaritans' media advisory team and media guidelines are there to help you to deal with media interest.

**for Samaritans guidance
on working with the media or**

**email:
mediaadvice@samaritans.org**



SECTION 3 – Communicating after a suicide

Safe messaging and language around suicide

When communicating about suicide, it is critical to take into account the safety of those reading/receiving these messages. Using safe messaging mitigates the risk of encouraging other or future suicides.⁵

to access Samaritans guidelines on working with the media.

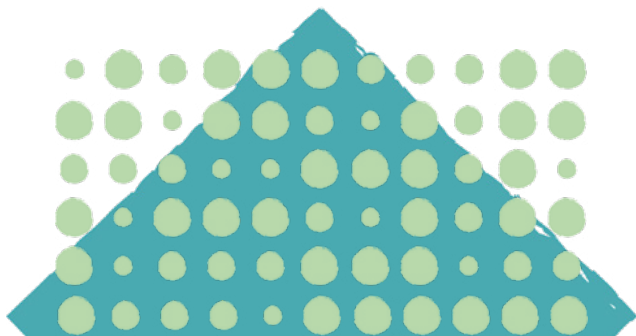
Here is a summary of the most relevant advice

- Refrain from reporting details of suicide methods.
- Avoid making unsubstantiated links between separate incidents of suicide.
- Don't give undue prominence to the news with dramatic language, extensive use of photographs and memorials of people who have previously died [treat it as you would any death in service].
- Manage speculation about a 'single trigger' for a suicide. Suicide is complex and seldom the result of a single factor.
- Sensitively portray the devastation left behind for families, friends and communities following a death by suicide.
- Be wary of over-emphasising community expressions of grief (for example romanticised comments and montages of images of floral tributes), as this can inadvertently glorify suicidal behaviour to others who may be vulnerable.

Language

- Avoid outdated and judgmental terms like 'committed suicide,' 'successful suicide,' 'failed suicide attempt,' or 'completed suicide.'
- Use 'died by suicide' and 'took his/her/their own life' instead.
- Steer clear of comments, such as 'in a better place', 'found peace' and 'heaven has gained another angel.'

Managers in particular can worry about saying the wrong thing whilst feeling the need to remain composed and in control. The postvention group can support them to prepare and plan what is to be said. Reassure them that there is no shame in expressing emotion; rather it conveys compassion and provides a platform for colleagues to experience their own process of grieving. Help them structure and boundary any session with employees and ensure enough time is allocated for it.



SECTION 3 – Communicating after a suicide

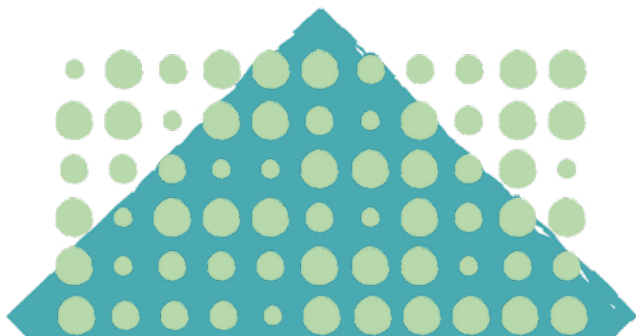
Any statement about death by suicide should only offer confirmation of a suicide in specific circumstances:

1. If the family approves and wishes to share this information.
2. If the postvention group decide that it would be disingenuous to leave out this information (particularly if it was very public or if factual information about the suicide is already known in the community).
3. Where a coroner has confirmed a conclusion of suicide. Although suicide may appear obvious, it is only a coroner who can state for certain that this was the case. This decision might sometimes take months or years.

In many cases, the term '**sudden or unexplained death**' is sufficient to address the shock that a death by suicide can bring, and the need to provide postvention support.

Checklist for communications planning

- Prepare as much as you can in advance, mapping potential audiences based on closeness to the person who has died.
- Assign clear responsibility within the postvention group for communicating with each audience.
- Agree your approach to family liaison, based on roles already established in the service and the skillset of those in the postvention group and wider management.
- Consider training in suicide bereavement for family liaison roles.
- Draft announcements and communications for staff groups, based on your mapping. Prepare statements for a range of scenarios, based on likely family responses around confidentiality.
- Utilise the range of resources available to ensure communications leads are aware of language, terminology and sensitivities around communicating about suicide.



SECTION 4

When suicide happens

You have been informed that a colleague has died by suicide. There are a number of different scenarios that may affect how you respond immediately, but your postvention plan should be enacted, with the postvention group briefed without delay.



What to do straight away

Convene your postvention group

Using your agreed cascade of information, bring together the relevant people to respond rapidly to the situation. Try to build up a picture of the incident, as well as the person who has died. Having a clear view of any relevant issues with management, HR or colleagues will help you prepare for talking to the family and communicating more widely.

Map out who will likely be affected by the news. You might like to do this using a model such as that used for communications planning, where you can immediately see who may need more targeted support. Remember that grief is complex and someone who seems far removed from the person who has died may respond in an unexpectedly strong way. Be flexible.

Contact the family and offer support

The Family Liaison Officer, or individual most suited to liaise with the next of kin should contact the next of kin of the deceased at the earliest opportunity, once they have been informed of the death. It may be helpful to speak to the person who broke the news, if possible, so that you can be aware of any issues or circumstances that might affect how you approach the conversation.

When speaking with the family, dignity and professionalism are essential, but this does not mean you need to restrain yourself from expressing appropriate emotions.

The person liaising with the family may need to be prepared for heightened and strong emotional responses from the family, which might include anger over why the death has happened, or blame

directed at the service. Ensure that the person in touch with the family is briefed on any workplace or disciplinary issues that may have occurred.

When talking to the family, it is important to discuss how the death will be communicated to colleagues. It is essential to respect families' wishes but possible to explain that colleagues are already talking about the death as suicide, and that by talking to colleagues about suicide, including how the death has impacted them, the importance of seeking support and where to get help, can help to keep colleagues safe.

It is worth explaining to the family that the press may cover the story and report the death as suicide, offering them support to deal with any media approaches.

SECTION 4 – When suicide happens

“Until we have permission from the family to share that information, we can't share anything. There is upset caused to staff by us not recognising the death but we can't, because as an organisation we have policies in place. So it's about the communication between management and leadership about why we can't do that – and communicating at station level in a respectful way.”

Wellbeing lead

Communicate

It is likely that news will spread quickly through social media and word of mouth. There is little that the organisation can do to fully stop this from happening – ambulance service employees are a close-knit community. However, you will need to communicate openly, honestly and quickly to dispel rumours and discourage the sharing of details. The aim of your communications will be to strike the balance between being open and transparent/not appearing to brush things under the carpet, while at the same time communicating sensitively, given the risks, and respecting the family's request for discretion.

Using the process and guidance developed in the preparation phase, begin to map and action your communication response as soon as the family of the deceased has been contacted and consulted.

to go back to the communications preparation advice

Here are some sample words you may wish to use at this point.

To colleagues of the deceased:

We are all saddened by the sudden death of our colleague xx xx. We are talking to his/her/their family about what has happened and will

share more details with you all when we can. In the meantime, please do get support for yourself if you are finding the news difficult [insert details of support]. We ask too that you avoid sharing details of xx's death before we all know what has happened, and until we can all be together to support each other in person. We are working hard to make this happen as soon as possible.

Notice to all staff, from the Chief Executive:

We are saddened to share the news of the sudden death of our colleague xxx xxx. We are talking to xx's family and will update you all when we have more information. In the meantime, please contact [wellbeing support] or your manager if you would like support for how you are feeling.

You may also wish to signpost staff to external support, such as Samaritans, if they need to talk immediately.

Remember the importance of monitoring social media activity around the death, ensuring that your internal communications manages any misinformation or rumour and importantly, being vigilant to vulnerability or suicidal ideation amongst colleagues. Continue to signpost people to internal and external support for help with feelings they may be expressing via social media.



Help is at Hand is a short book developed to help people bereaved by suicide to understand the emotional and practical challenges they may face. You may find it useful to have some of these available for family visits.

You can download the resource

SECTION 4 – When suicide happens

Get the team together

Aim to bring those most impacted together at the station as soon as you possibly can. This may mean that other teams from nearby are brought in to cover, leading to logistical and operational issues, but it really is essential for the wellbeing of the team to have an opportunity to be with each other.

You don't need to have the perfect words to say. Be yourself and show the team that you care. Allow enough time for staff to talk, to say how they feel and to listen to each other. Ensure that there is someone there who can talk about the support that is available to them. Use the time too to identify who may need some time on leave, or on alternative duties and how they will be supported through this.

If details about the death are unclear, there may be a need to give further updates in the future. Where appropriate, simply acknowledge this with the team. Acknowledge too the importance of respecting the wishes of the deceased's family, especially in the sharing of information about the death of their colleague. Moving the conversation on to sharing memories and stories can be helpful, rather than staying with the details of how the person has died.

““ Encouraging that storytelling environment is really important. Ambulance staff at their heart are storytellers, they like to spin a yarn. Those crews sat together on the station sharing stories is a really important part of their wellbeing. ””

Lead Paramedic

Supporting colleagues attending the scene

The death of a colleague by suicide is devastating for all involved but the ambulance staff that attend the scene could have additional needs in relation to their efforts to help their colleague. There may have been a resuscitation attempt, for example. This places an increased burden on the clinicians present.

Feelings of guilt, about not doing enough, or not doing things right from a clinical perspective can be harmful longer term if not explored or addressed sufficiently. Providing a safe and confidential space for clinicians to talk through what happened and to reflect upon their decisions and actions could be appropriate and even necessary in some circumstances.

““ Going to the death of my colleague was a shock to the whole of me, like nothing else I've ever experienced. The paramedic bit of my brain kicked in and we got on with the resuscitation. Performing the practicalities of the first few minutes kept me task focussed. But that soon faded and other bits of me crept in, it was a surreal, it was emotional and it was really hard to keep a grip on what was happening and manage the resuscitation properly. Afterwards, we returned to station as we were stood down. Our managers were supportive and we were offered cups of tea and given space and time to talk. But there was a sense that nobody wanted to relive what had just happened or to discuss the moments and the decisions that had just occurred. ””

Head of Professional Standards

SECTION 4 – When suicide happens

Support for staff attending or receiving a call about the death of a colleague by suicide

Craig Hayden is an Advanced Practitioner and Suicide Prevention Lead for North West Ambulance Service (NWAS). Here he shares the service's planned approach to incidents where staff are first on the scene, or first to be called about, the death of a colleague by suspected suicide.

In the event of a colleague calling an emergency number, or attending the scene of a colleague, there are several steps we can take as a service to ensure that the situation is handled supportively and sensitively.

If receiving a call from a colleague, and it relates to suicidal ideation or mental ill health, we ask staff to inform an EOC Supervisor/ Duty Manager once the call has ended. If an ambulance is needed and dispatched, the EOC Duty Manager is informed once the crew have arrived and handed over at hospital. The case can be then closed or locked due to the sensitivity of the information.

If attending the scene of a colleague's death by suspected suicide, Dispatch must be informed as soon as possible. They can then inform an Advanced Practitioner or Senior Paramedic

Team leader to ensure this information is relayed to relevant parties and support mechanisms actioned. The service is considering the role of a Family Liaison/ Support Officer who will be available to provide family support and we will make sure that the operating procedure for involving Family Liaison is available on our intranet, the Green Room, and accessible to all staff.

If necessary, management will inform local colleagues due in on shift to ensure they are aware and prepared, via a telephone call. This will also mean colleagues are given a consistent message regarding the bereavement. Management will also inform their designated HR Business Partner who will be required to record the death and to action necessary mental and emotional support for local teams and any other colleagues affected.

NWAS have a Trauma Risk Management process available for those staff affected. Referrals can be made to Occupational Health for mental and emotional support, with the individual's consent. Our Chaplain Volunteer can also be contacted for support, to listen or to be around for support.

A manager's story

“ I wasn't on duty on the day the call came in. The manager on call was miles away, so asked me to attend. I walked in as the crew were doing CPR and that was it, I was the senior manager dealing with it. Not in uniform, no radio, no work phone I dealt with the house, stood the crew down, carried on doing what I could on scene and then moved to the station.

It was already on social media, but the senior manager said it wasn't our place to tell colleagues, as the family may not know yet, so then you're chastised by staff for not letting people know. Should you be ringing the people who are coming on duty and people who are off duty? It all got very messy. And all that was on me. It was a lonely place that day.

It would have been helpful for someone managing me say: 'OK, he's on his own, first thing we need to do is send a manager to support him so he doesn't go under and, at some point, take him out of the system.

SECTION 4 – When suicide happens

You've done your bit, have a breather.' We had pathways and protocols for everything else, but not for this.

When I go to a major incident, I have a tactical advisor who gives me information about what I should be doing. That would be so helpful here. Managers will manage it but sometimes you need that bit of support to make sure you are doing the right things. How we manage in those first 24 hours is the big make or break. If you get that wrong it takes you months to come back from that. Those first 24 hours are critical.

We need to make sure when it does happen, we don't leave anybody feeling like I felt that day, like I'd missed things, hadn't done it right, should have stayed longer, should have done this, done that. That's the bit that eats you up. ””



What to do: the first 48 hours

A paramedic's view

”” What was really helpful following the suicide of my colleague is that our County Commander, who is absolutely amazing, stood down the whole team and sat them in a room for as long as they needed. 'Just go and have a cry, talk about it. I'm going to buy some cake and you tell me what you need.'

The immediate aftermath involved bringing the whole team together and bringing resources in from elsewhere to make sure 999 demand was still covered. It involved really telling those staff how important they were, how management understood how deeply affected we all were and also, that is just stage one.

Stories were told and everyone had a chance to say what they needed to say, while respecting that some people didn't want to be part of that group at that time. Some people wanted to go home and some people didn't want to leave. A couple of weeks later the County Commander brought everyone together again.

You cannot underestimate the impact of a staff suicide in any organisation. It's really important to allow people to express themselves but having that clear guidance and a clear structure that everybody understands is really important. ””

SECTION 4 – When suicide happens

Be flexible and listen – what do people want and need right now?

Leadership, local management and wellbeing leads need to take this time to really listen to colleagues. Team relationships and culture might dictate who needs help and when. It may be that the team wants to continue working through those first days of grief, but that they need time off and more support after the memorial or funeral service.

It may take more time and resource but having a locally appropriate response, even down to the individual level, will have more positive impact on recovery than a 'one size fits all' response.

“ We all manage situations differently dependent on the circumstances. Staff are stood down and returned to the station or contacted if they are off duty. Office based staff are gathered together. Crews will get one-to-one time, we will put counselling in place. We normally try to notify the closest person first. The control room supports us to get people back on time and to be sensitive to how that happens. ”

Education Manager, 999

Continue to communicate openly

Careful co-ordination of internal and external communications will be important in the first days following the death. Do not make any official statements until the death has been formally confirmed and carefully co-ordinate your employee communication in consultation with your postvention group, the family and communications management.

If the next of kin continues to request that the death not be disclosed as a suicide, an employer may not be able to maintain confidentiality. If information has already spread through informal communications, senior managers are at risk of appearing disingenuous, out-of-touch and untrustworthy if there is no acknowledgement of the manner of death. Ongoing open liaison with the family to resolve this will be important, being honest that it is more beneficial to carefully manage how a death by suicide is communicated, than to allow rumours to spread among large numbers of staff. You could discuss the use of terms like 'may have died by suicide' or 'may have taken his/her/their own life'.

for draft media statements

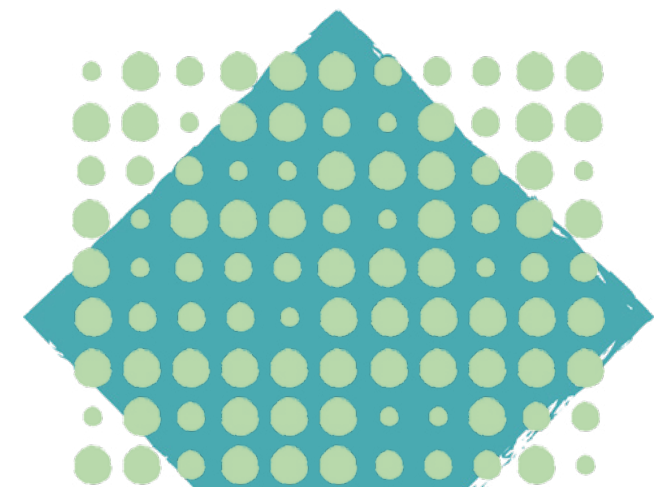
to go to Samaritans

media guidelines

Dealing with practicalities

The family liaison representative should continue to support the family with any relevant practical matters. This could include accessing financial support, information on workplace benefits after death in service and arranging a funeral.

They may also need to request the return of the employees' uniform and other work-related items, which should be handled sensitively and with care. It is best to keep channels of communication open with the family as long as they need you to. You can also inform family that the service is there for them in the future too, when they may need to talk more about the person they have lost once time has moved on.



SECTION 4 – When suicide happens



What to do: The first weeks

Managing the risk to other employees

The death by suicide of a colleague may intensify suicidal thoughts and feelings in some already vulnerable individuals and may increase their risk for imitative behaviour. This is known within the suicide prevention sector as a contagion effect.⁶

There are many reasons for this effect. Given how prevalent suicidal thoughts are, a larger workplace such as an ambulance service might find that at the time of a suicide death other people might simultaneously experience suicidal distress and may be at risk of an attempt.

It is incredibly important that support after a suicide is ongoing, and that staff have repeated opportunities to access support beyond the

first few days or weeks following a suicide. Collaboration and co-ordination between local management, wellbeing support and HR needs to continue beyond the initial response, especially for those employees who are struggling with their loss.

Have regular check-ins with the team, bring people together again around two weeks after the death, and again a month after the death, so that colleagues know that there is no 'time limit' to their grief and the support that they can expect. Be prepared that some employees might seemingly take a step backwards in their grief.

“ I left work that day with too many unanswered questions and a range of conflicting emotions, many of which with hindsight, were an unnecessary burden on me. What I needed at the time was a more experienced clinician who I trusted 100%, that I could talk through the resuscitation with. Someone who I didn't need to worry about upsetting and who understood the level of detail that I needed to go to. Only once I had explored my actions fully and resolved the uncertainties, the 'what ifs', could I move on and start to grieve for my colleague in a way that wasn't detrimental to me. ”

Head of Professional Standards

Supporting management

“ After the event, I was the point of contact for 12 hours for the family. I had been on duty since 7am, and at 10pm that night I went to the staff member's station to brief the management team on the incident. I had to flip throughout that day from clinician to senior leader, to point of contact for the family, to running a hot debrief. ”

Senior Clinical Lead, Advanced Paramedic

Team managers are at the heart of the response to a staff member's suicide. They will be responsible for seamless operations so that the day-to-day work of a busy station continues. They will be liaising with their teams to make sure that emotional support is being offered in a timely and appropriate way. Yet they may also be deeply affected by the sudden death of a colleague but feel unable to express that grief.

Supporting managers through postvention is essential. This may be through very regular check-ins with HR to ensure that the manager is not being overwhelmed by their responsibilities. It may also be via a support system, where a manager from a different team is available to support on logistical or operational duties such as arranging cover for those on leave – or just being available to listen.

SECTION 4 – When suicide happens

“‘Are you OK?’ might be a genuine question. But as a leader, you have to be ready for the answer and watch the response.”

Senior Clinical Lead, Advanced Paramedic

It may be in the weeks after an incident that a manager will feel the effect of their loss, or it may even be months down the line.

A manager's perspective

“When my colleague took his life, it was very much left to me as the local manager to sort it out. I had to have the contact with his wife, which was really difficult. To talk to her about returning his uniform, returning his pass. You don't want to have to be saying these things. It certainly isn't something I'm trained for. You can feel like it's all on your shoulders.

We make ourselves available, but we are impacted by it as well. If it happens in our area, we potentially can be more linked to the person that died than many of our staff group. There's a lack of understanding in that regard; the impact it might have on us personally, having known that person socially and having worked with them for many years. The local management team may be struggling just as much, if not more so than the staff they are trying to support.

A buddy backup system, another person on hand who can support you if you need it would be really helpful. A set process, whichever county you are in, so that you just know there is someone there who can help you, if you are directly impacted by the suicide of a colleague, a friend. Otherwise, we just tend to get on with it.”

Co-operating with the Coroner's inquest

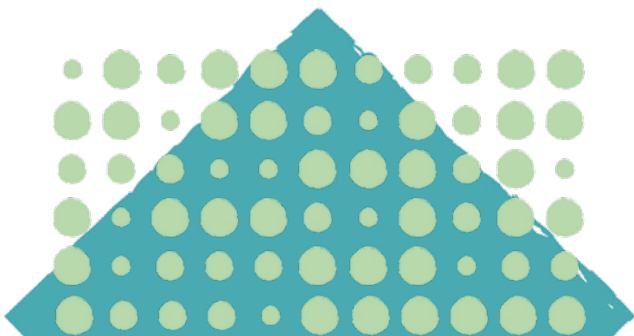
If a death is unexplained there will be a coroner's inquest to establish where, when and how the person died. Although the inquest will be opened soon after the death, it is likely to be adjourned until after other investigations have been completed. This can take many weeks (the average time estimated for an inquest is 18 weeks).

Inquests are held in a public court setting, with evidence by witnesses. So, the process may prove distressing for those affected by the death, particularly for those who are called to give evidence or who are named during the proceedings.

Inquests do not seek to establish whether anyone was responsible for a person's death. However, the Coroner's conclusion could cause relatives, colleagues and friends to once again ask themselves whether anything could have been done to prevent the suicide.

You can find out more about the coronial process here and you should involve your legal team in any response or preparation for response to an inquest process.

**for Ministry of Justice
information on the coronial process**



SECTION 4 – When suicide happens

Checklist for when a suicide happens

Straight away

- Convene the postvention group and agree roles; build a picture and identify those likely to be affected.
- Contact the family to offer support and discuss and agree how to communicate with staff.
- Communicate to colleagues based on mapping of those most likely to be affected.
- Monitor social media and respond rapidly to risk.
- Prepare and agree your reactive media statement.
- Get close colleagues together, providing cover for any colleagues who need to come off shift.

First 48 hours

- Establish what support is needed and put provision in place.
- Continue open communication with family and with staff, manage the balance between both.
- Offer practical support to family and reassure that the ambulance service is there for them now and in the future.

First weeks

- Manage the risk to employees with ongoing support and regular check-ins.
- Support line managers operationally and emotionally.
- Co-operate with any investigations, such as coroner's inquest process.

SECTION 5

Grieving/post-traumatic phase

There is no one way to experience grief. Some people feel their bereavement instantly while others may feel pain months or even years afterwards. There are a range of emotions involved in bereavement after suicide, from guilt and questioning to anger and fear.

Because of this, it is unlikely that there will be just one way to provide support for those affected by the suicide of a colleague. It is important that postvention plans are as bespoke as possible to the individual needs of those being supported.

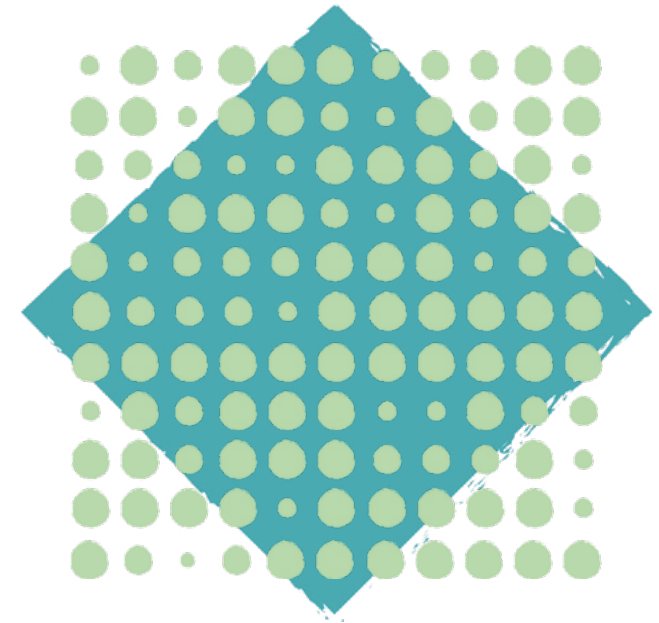
Supporting the healing and recovery process

Experience shows that the majority of employees will recover from the suicide death fairly quickly, especially when they stay connected to support systems, reach out to trusted others, take care of their physical health with good nutrition, proper rest, moderate exercise, and hydration, and mentally coach themselves to be patient and compassionate with themselves while they recover and heal.

Having the opportunity to speak to a counsellor, individually or in a group session, can also help

some employees. Immediate support systems are likely to include friends and family. Informal support systems with colleagues, crewmates and teams are incredibly important to ambulance staff.

While some employees need practical assistance to get through a difficult time, other employees might be especially vulnerable to complications in their healing and recovery process. This could be because they are already going through stressful situations in their lives, their support



system is dysfunctional, they have ongoing emotional or behavioural health vulnerabilities, or they have some experience of suicide within their family, or a previous bereavement by suicide. These individuals could benefit from specific support to help guide their recovery.

In addition, it can be helpful to provide bereavement support training to line managers who are responsible for colleagues significantly impacted by the suicide.

SECTION 5 – Grieving/post-traumatic phase

Support after suicide – finding the right provision

Some ambulance services have developed relationships with specialist suicide bereavement support partners in their region, such as AMPARO in the North West, or Pete's Dragons in the South West. Because grief after a suicide can be complex, these services offer a range of methods, including group counselling and one to one bereavement support, developed with this in mind.

The Support after Suicide Partnership website has more information on where to find services in your area and you may want to consider building links to local specialist services in your preparation phase.

The Support after Suicide Partnership

AMPARO

Pete's Dragons

Answering the unanswerable questions

Another important consideration in a death by suicide is the ever-present but unanswerable "Why did this happen?", "Why didn't they tell me how they were feeling?" and "What could I have done differently?" questions that can linger on in some minds. Line managers and bereavement support counsellors are unlikely to be able to answer these questions satisfactorily, nor should they try. Some suicidal people are able to hide their feelings and often describe not wanting to burden people they know with their feelings.

It is best to acknowledge that these are normal questions and encourage the person to talk it through with supportive family/friends or a mental health professional.

Typically, a mental health professional who is part of the postvention response group will be watchful for more affected or vulnerable employees and will then encourage them to follow through with their professional services. Ongoing co-ordination and communication between local management and wellbeing support professionals is crucial to this process.

In the recovery phase you should consider:

There is no 'one-size-fits-all' approach, and every response needs to be tailored to the specifics of each work group/team situation and culture, as well as to each individual affected.

Create a culture that allows employees to disclose their needs and seek services confidentially – and where mental health is discussed without stigma.

When considering your response make sure that you think about:

- circles of impact (work teammates, close work friends, direct reports);
- demographics of impacted employees (eg, younger and/or new employees versus senior employees; differences in faith /spiritual practices);
- workplace schedules, demands, and proximity to other critical incidents.

SECTION 5 – Grieving/post-traumatic phase

Arranging alternative duties for staff

Angela Rayner, Wellbeing lead at South East Coast Ambulance Service, describes the use of alternative duties to support staff.

“Managers develop role briefs for temporary needs, which are then matched with staff members who need to work somewhere different for a short period of time. We can then support that individual, maybe their confidence has been affected or they need the challenge of learning new skills. Plus, a resource need is covered for the manager. It feels like a win-win situation for everyone.

Sometimes, the worst thing you can do if someone has been subjected to a trauma is to send them home. You might think you are doing them a favour, but that individual might actually need to be kept occupied and in work in that individual's situation. Getting back to work quickly can have a huge impact on psychological wellbeing

and confidence, people learn new things and benefit from it rather than being at home.

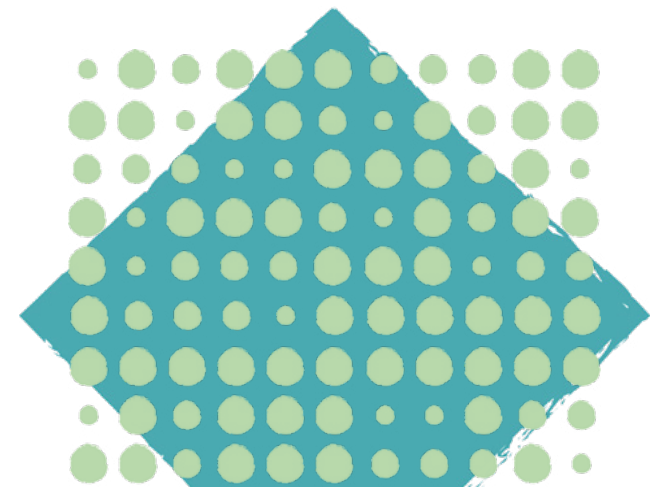
We have one person currently working full time on this, getting all the vacancies in and matching with people coming in, reviewing after a period of time. People can only stay in one alternative duty role for a maximum of three months. If they need more time, we find another role.

We had quite a lot of resistance to this initially; it is a resource-heavy task and needs ongoing review. But we know through evaluation with managers that people are benefitting. We're improving this all the time and it's getting more and more effective.”

Support and promote healthy grieving

Sometimes line managers may feel uncertain about how best to support their team in the aftermath of suicide, and either over or underreact. The best strategy is to consider what are the common practices and policies for dealing with other forms of bereavement or trauma. Any deviation from these practices could be seen as stigmatising by staff (eg, "Why is this death being treated differently than any other?").

Line managers are not expected to be experts on grief, but it is important to know that grieving is a process that varies from person to person. People will experience different feelings from their colleagues.



SECTION 5 – Grieving/post-traumatic phase

Senior management and line managers can help support this natural grieving and healing process by:

- Being aware of what types of workplace concessions might be made in the first few days and weeks (time off, lightened duties, funeral attendance, alternative duties).
- Allowing time and space for those who want to continue to talk about the colleague they have lost, understanding the importance of telling stories and sharing experiences.
- Being available, being visible and talking to employees. Remember to include your remote workers in any communications.
- Helping find the right balance between commemorating the deceased, but not memorialising the death in a dramatic or glorified fashion.
- Being a role model for healthy grieving. It is OK – and even beneficial – for managers to acknowledge their own feelings regarding the loss of a colleague, and possibly even speak about their own coping strategies.

Getting back to 'normal'

During the initial acute phase, it might be very difficult for some people to maintain focus and be productive. However, after the first few weeks, some people will want things to start getting 'back to normal' and will find a way to continue grieving while simultaneously taking care of their other responsibilities.

This process may be different if the deceased was an immediate family member, as moving through the initial acute phase may be more painful and complicated and may require some lifestyle changes as well.

If the family chooses to have a private funeral rather than a service funeral, or if the funeral takes place many miles away, colleagues are often left to grieve without the start of the healing process that a funeral or memorial can provide. Under these circumstances, it might be helpful for staff to gather to honour the deceased on or off-site to let colleagues express their grief together, share memories to celebrate the life that was lived, and begin the healing and recovery process. When the death is by suicide, often the emotional responses are amplified and the remembrance service can become very instrumental in promoting healing.

Managers will continue to have the very challenging task of balancing the need to care for and support affected employees, with the demands of emergency service provision. Continue to consider the needs of line managers at this point. They must not be isolated or be the 'lone ranger' at this time. Rather, they need to continue to work with HR and their own supervisor to clarify the policies and boundaries of flexibility regarding accommodating employee needs and any changes in workloads or staffing.

“ There was a huge turnout at the funeral from all staff. I assessed colleagues and could see that the ripple effect kept on growing. The biggest thing they struggled with was that life went back to normal after a couple of weeks, back to business as usual. I spoke to managers and they were saying that they weren't talking about it any more so as not to upset the staff. Many wanted to keep things going, keep things stable, but some colleagues felt it was making it worse by not talking about it. ”

Wellbeing practitioner team leader

SECTION 5 – Grieving/post-traumatic phase

Reinforce and build trust in leadership

Leadership in times of crisis gives an opportunity to reinforce and build trust, confidence and workplace cohesiveness. When done well, employees will be reassured that leadership is both compassionate and competent.

Feeling cared for and supported in the immediate aftermath of a traumatic event is hugely important in the healing and recovery process. The positive outcomes of this response can contribute to an overall stronger, more engaged and effective workplace culture.

The opposite is also true: if leadership fails to respond promptly, appropriately and sensitively to a suicide, there will inevitably be at least some loss of trust and confidence. The overall impact of the traumatic event may be magnified if employees feel that management did not care or did not know what to do and therefore did nothing.

One way to establish trust is for leaders to acknowledge how they have been personally affected by the loss. It is also important that all staff are aware of the existence of your postvention plan even before it needs to be used. This helps to reassure that leadership are fully committed to supporting staff should it be needed.

Memorials and related events

Decisions around workplace memorials are likely to depend on your service and the circumstances of the death by suicide. There may be a service funeral, but depending on the family's wishes, this may not be possible. In that case, there might be support among employees for a separate memorial service.

Any memorial should balance the need to honour the deceased (and to take action of some kind) and the risks of others imitating or modelling the suicidal behaviour.

Ideally, and if possible, the lead is taken by employees and/or their representatives. Managers should offer support and be prepared to take part if there is enthusiasm among colleagues, while remaining mindful of any feelings of hostility or blame towards the senior leadership.

Input from the family of the deceased continues to be of great importance after a suicide. The family might have specific cultural or religious concerns or constraints about memorial events. It is important to keep memorial events, if they take place, as low-key as possible while also maintaining sensitivity for the wishes of close friends and family. Bear in mind potential media coverage or photographs, if the death has or is likely to attract media attention.

In general, death by suicide should be marked in the same way as other deaths in service. However, there may be more need to provide a positive outlet for the need to 'do something' in order to make meaning of the loss. Emphasise other means to honour the deceased, including fundraising or community service activities, which can. Employees can also be encouraged to collect for the deceased's family.

Postvention representatives in attendance at the memorial service should be vigilant towards employees in distress. When the service does not hold a memorial, be aware of the potential impact of funeral events held by the deceased's family.

“ There are a number of things people do locally on station. They might have a small garden, some have garden benches in memory of lost colleagues. Some have a wall with plaques up of colleague names, with a seated area nearby to reflect. We are creating an area of reflection at our Headquarters to ensure those who have lost their lives are still remembered and recognised ”

Education Manager, 999

SECTION 6

Legacy phase

A colleague's suicide can affect everyone, although the impact might be different and each employee will respond in a personal way.

Even when work appears to have returned to 'normal', many will still feel the loss deeply. The challenge, particularly for line managers, is to help employees move on while being respectful of their feelings. It is particularly important to manage periods of heavy workload with care. Appropriate staff resourcing is critical at this time.

“ We experienced a suicide of a colleague. Two years after I met a colleague in the car park HQ. He was very close to the colleague who had died. He broke down, and I spent time with him talking about it all. It made me think, this is very long term. He was extremely experienced and close to retirement, yet he was still experiencing that grief from two years ago. ”

Clinical Manager

Managers can help employees translate grief into action by encouraging them to support a national initiative, such as World Suicide Prevention

Day, which takes place in September. This is an opportunity to raise awareness of suicide prevention and encourage staff to talk, as well as to do something positive, such as fundraising, which will strengthen the bond that exists between colleagues after their shared experience, as well as providing focus for quiet reflection.

Prepare for reactions to anniversaries, events and milestones

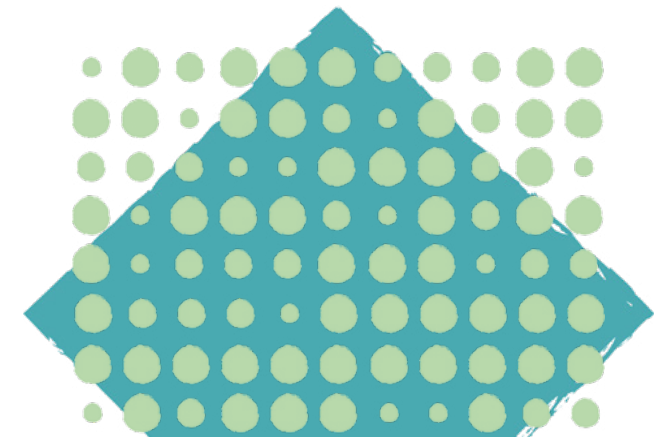
For those most deeply affected by the suicide, anniversary or milestone reactions might emerge. Employees should be reassured that this is a normal response.

Due to the complicated nature of suicide, some employees may still struggle with the experience months after many others have come to terms with their loss and are coping better. The anniversary of the death, or a work milestone may bring up sad or traumatic memories. The annual Christmas party might remind people of the 'empty chair'.

In preparation for this, the postvention group and line managers could consider working with those who are directly affected to discuss how to honour the loss and celebrate the life that was lived while following safe memorialisation practices eg:

- not glamourising or romanticising the death
- not erecting a permanent structure
- giving people safe space to remember but not re-live.

This may be done privately for those who wish to participate and should only be considered for the full workforce if this would be a common practice for other forms of loss.



SECTION 7

Reflection time

Effective crisis management is the result of constant evaluation and appraisal. The same applies to suicide postvention. It is important for the senior management, at the appropriate time, to reflect on how the service responded following a suicide and what lessons can be learned and shared with others.

Reviewing your postvention plan

All ambulance services are different and the appropriate time to reflect is also likely to be influenced by the circumstances of the suicide. The timing should also be sensitive to any external investigations that may be ongoing.

This reflection should have two main aims:

- 1.** To consider whether the plan was appropriate and effective in supporting affected colleagues.
- 2.** To ensure that there are suitable measures in place to effectively manage colleagues' mental health to minimise the possibility of future suicides.

It is important that this reflection takes place in an atmosphere of constructive and mutually supportive engagement, in which it is clear that its purpose is to ensure that employees receive the support they need, and not to attribute blame at any level.

The views and experiences of employees must be central to this reflection. It might be appropriate to invite an external facilitator to oversee this process, particularly if people are still affected by the suicide.

Keep in mind that policy decisions/changes made in the near aftermath of a suicide at work should be considered carefully because it continues to be a sensitive time period that may impact pragmatic judgment.

“ We do everything in seven minutes, we go everywhere flat out. It's just how we work, we move on to the next crisis. What we don't do so well is reflect and learn. We didn't have a hot debrief for this incident, or a corporate overview. I don't know to this day whether what I did after the incident was good, bad or indifferent. I have also not been able to talk about how important leadership and support is after an event like this. ”

Senior Clinical Lead, Advanced Paramedic

SECTION 7 – Reflection time

Postvention plan review: key questions

- Were support resources adequate/appropriate? Were staff supported? Was there a unified response across the service?
- Was the communications process effective, consistent and coherent?
- Were external partnerships (eg, bereavement support partners) effective in their response?
- How quickly were activities 'normalised'? Could/should this be improved? How can the plan be strengthened?
- Were there any system-wide issues that affected efficient implementation of the postvention plan?
- Who is responsible for implementing any recommendations following the review?
- How can learnings be shared across the organisation, and with other organisations and external agencies?

Learnings from this process should help inform and shape ongoing mental health and suicide prevention policy work within your service.

The circumstances that led up to the suicide may never be fully established, and it is likely that no single event precipitated the death. It might not be possible to determine the extent to which work contributed to the suicide. Despite these uncertainties, it is of paramount importance for the organisation to review the effectiveness of its policy on mental health at work.

Consideration must be given to how written policies are actually implemented, so any disconnect between aspiration and reality can be addressed as a priority.

Consider too how you can effectively and sensitively share your learnings with other ambulance services, so that practice across the country can become even more effective in supporting those in need.

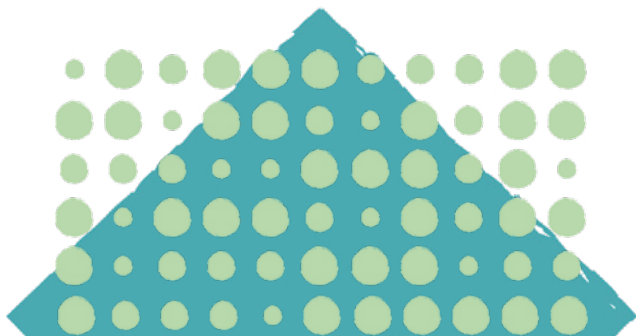
It is undeniable that the death of a colleague by suicide has a huge impact on everyone in the service, regardless of seniority. Remain mindful of this while reflecting on lessons learned. Everyone will have tried to do their utmost to support each other through a difficult time, which must be recognised by all involved.

“Staff will always turn to managers for support but we sometimes, as an organisation, forget to support the managers. They are not just going to be able to deal with all this and then walk away and forget about it. It's going to affect them as well. We need to tell them they are just as much a part of it as the staff are and we're not going to forget about you. This is all the way up to General Manager level.”

Operational paramedic

“Realise you are just doing the best to help. You are not professionals in this and you are doing the best with what you've got – and will learn from the mistakes.”

HR Business Partner Manager



SECTION 8

Further information and resources

Samaritans has a range of useful resources, training programmes, and a Media Advisory Team who can advise on concerns around media interest and involvement.



Suicide bereavement support

The Support after Suicide Partnership's website has information and resources on bereavement after suicide.

Help is at Hand is a downloadable resource for people bereaved by suicide or other unexplained death, and for the people supporting them.

Finding the Words offers advice on how to support someone bereaved by suicide.

Survivors of Bereavement by Suicide (SOBS) is a national charity providing dedicated support to adults who have been bereaved by suicide.

Winston's Wish is the UK's childhood bereavement charity, supporting children and their families after the death of a parent or sibling.

At a Loss can signpost you to local support groups and services, including those that specialise in support after suicide.

Find out about the work that has been undertaken collaboratively to prevent suicide within the ambulance service and access the products that have been produced.

For information and resources to help prevent suicide within the ambulance service

Information and resources about national wellbeing work

Information on the work being undertaken nationally alongside NHS ambulance services to support mental health and wellbeing

SECTION 8 – Further information and resources

Ambulance service-specific support

The **Ambulance Staff Charity** provides support for the mental and physical wellbeing of ambulance service staff, their families and volunteers, as well as financial help and advice.

Ambulance Workforce - NHS Employers

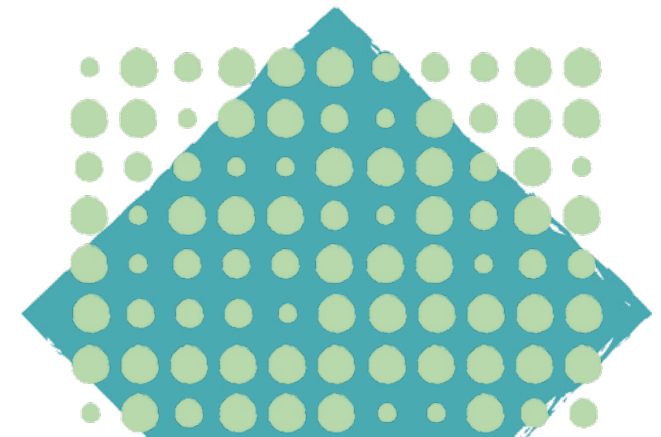
AACE mental health and wellbeing film

NHS Our NHS People

The Blue Light programme: Support for emergency services from Mind.

All ambulance services will have their own **mental health and wellbeing resources available to staff. In addition to those, you may find these contacts helpful which are available to all NHS employees:**

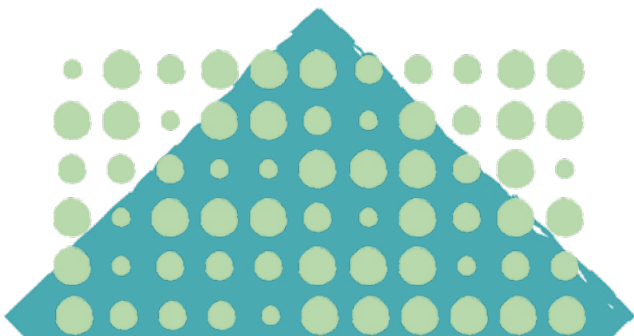
- Confidential support by phone
0800 06 96 222 (7am – 11pm)
- Bereavement support by phone
0300 303 4434 (8am – 8pm)
- Support by text message – Text
FRONTLINE to **85258** (24/7)



SECTION 8 – Further information and resources

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SECTION 8 – Further information and resources



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- South East Coast Ambulance Service
- South Western Ambulance Service
- Support After Suicide Partnership
- University of Bristol
- West Midlands Ambulance Service
- Yorkshire Ambulance Service





SAMARITANS

Samaritans Registered Office

The Upper Mill, Kingston Road, Ewell, Surrey KT17 2AF
T 020 8394 8300 F 020 8394 8301

[samaritans.org](https://www.samaritans.org)

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