

Suicide postvention guidance for veterinary workplaces

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May 2022

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Date of publication:
May 2022

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To cite this work:

Allister, R. 2022. Suicide postvention guidance for veterinary workplaces. Vetlife.

Acknowledgements

Vetlife acknowledges the contribution to this resource guidance by: Alison Clark, Graham Dick, Joanne Driver, Paul Freeman, James Glass, Professor Neil Greenberg, Katie Moore, Dr Alexandra Pitman, Professor Steve Platt, Dr Alex Thomson, and Mike Tunstall.

Vetlife would also like to thank IVC Evidensia who provided funding in 2022 to support Vetlife with resource development.

This guidance is intended for people who have been affected by the suicide of a veterinary professional, people who support those who have been affected, and for managers and leaders in veterinary workplaces who are working to prevent suicide.

If you are not able to read the whole guidance, each section starts with a short summary or headline message.

This guidance was developed through evidence review, experiences of the support needs of veterinary practices in over ten years of applied postvention work, and in consultation with people who have experienced veterinary suicide bereavement.

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Contents

1. Suicide bereavement	4	5. Communication	14
Bereavement by suicide	4	Communication in the immediate aftermath	14
Veterinary suicide bereavement	4	Knowing what to say	14
2. Suicide postvention	5	Communication within the practice	14
Vetlife and suicide postvention	5	Language and phrasing for talking about suicide	15
Approach to postvention	6	Telling clients	15
3. Support	7	Talking publicly about the death on social media or elsewhere	15
Core elements of support	7	6. Checklist of actions	16
Feeling to blame	8	Immediate	16
Feeling angry	8	Short term	16
Suicidal thoughts	8	Ongoing	16
Who needs support in the aftermath?	8	7. Further recommended resources	17
Who can offer support in the aftermath	9	8. References	18
Others around the practice	9		
4. Veterinary workplace considerations	10		
Workplace considerations when the suicide has happened at work	10		
Immediate aftermath	10		
Other workplace considerations	11		
Death in service arrangements after a suspected suicide	12		
Integrating suicide postvention in prevention work	12		
Staff training	12		
Establishing a postvention group	12		
Memorialisation	13		
Inquests and Fatal Accident Inquiries	13		
Anniversaries	13		

1. Suicide bereavement

Summary: Support for staff and others affected after a suicide is crucial. Suicide bereavement and the impact of a death by suicide can have serious and lasting effects on individuals, families, workplaces and communities. People's support needs after a suicide vary.

Bereavement by suicide

Bereavement by suicide can have a devastating effect on individuals who are bereaved, and families, workplaces and communities to which the individual was connected. We know that people who are bereaved by suicide may themselves experience suicidal thoughts and behaviour. It can also increase the risk of social, physical, and mental health problems (Andriessen et al., 2019).

Bereavement by suicide can be a risk factor for complicated or prolonged grief. Studies show that people affected by suicide may receive less social support after the bereavement than after other bereavements (Andriessen et al., 2019, BITC/PHE, 2017). This can be due to their usual support networks not knowing how to respond to a suicide and those affected finding it difficult to ask for support following the suicide of someone they know. People affected by suicide can be directly traumatised if they find the deceased person or if they hear or imagine details about what happened. After a suicide people affected may also experience feelings of shame, anger, rejection and abandonment, and ask themselves difficult "why" or "what if" questions.

Veterinary suicide bereavement

People who have lost someone to suicide are sometimes described as survivors of bereavement by suicide. After a suicide the effects can extend beyond those who knew the person well and who are bereaved. Effects people may experience can involve emotions (feelings), cognitions (thoughts), behaviours and physical symptoms.

We know that deaths by suicide can affect many people. Rates of suicide are elevated among veterinary professionals (Platt et al., 2010). Although research on suicide incidence in the UK veterinary community has focused on risk among veterinary surgeons, there is international evidence suggesting other veterinary professionals, including roles similar to UK veterinary nurses, may also be at elevated risk (Tomasi et al., 2019).

The elevated risk and the close and relatively small size of the veterinary community means that many people can be affected by a death. Suicide bereavement is experienced by many veterinary professionals in their lifetimes, sometimes more than once.

2. Suicide postvention

Summary: Suicide postvention is the response and provision of support after a suicide. This postvention guidance combines public health and crisis management approaches with lived and peer experience. If you or your practice needs support, call Vetlife Helpline on 0303 040 2551 and ask to speak to the Helpline Manager about support for a practice after a suicide.

Suicide postvention is a response to a death by suicide which supports those people, workplaces, families and communities affected by the suicide. It has the goal of supporting recovery and preventing further adverse outcomes, including preventing mental ill-health and further deaths by suicide in the aftermath and supporting suicide prevention in future (Andriessen et al., 2019).

Suicide postvention programmes are used around the world, including in education, in workplaces, and for community organisations and professionals who support people bereaved by suicide.

After a veterinary suicide, families and close friends, workplaces and communities need support. Employers and line managers have a vital role in this. All veterinary employers should have mental health and suicide prevention plans integrated into health and safety and other practice policies. Part of suicide prevention is effective care for people who may be bereaved by suicide, so suicide postvention should be included in this suicide prevention work.

“Suicide postvention refers to the actions taken by an organisation 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 or right way to respond to suicide, but effective postvention plans can ensure that timely and appropriate care and support is provided. This can help individuals recover quicker, manage the impact on the organisation and can ultimately reduce the risk of further deaths by suicide.” BITC/Public Health England (BITC/PHE, 2017)

Vetlife and suicide postvention

Vetlife is an independent charity which supports the veterinary community. The charity provides a 24 hour a day confidential helpline and email peer support service through Vetlife Helpline, as well as professional mental health support through Vetlife Health Support and financial support for people in need through Vetlife Financial Support.

Vetlife has been providing postvention support to veterinary workplaces since 2009. Support is tailored to the needs of the specific veterinary practice. Vetlife can also provide support to bereaved veterinary families in financial need through Vetlife Financial Support. This guidance is in addition to those supportive approaches. If your practice needs postvention support, call Vetlife Helpline on 0303 040 2551. When you speak with a volunteer, ask to speak to the Helpline Manager about support for a practice after a suicide.

Approach to postvention

This guidance combines a range of approaches to postvention. It recognises public health approaches to suicide postvention, considering the needs of different groups affected by a bereavement by suicide. It combines this with crisis management considerations for workplaces, and with experience from supporting practices bereaved by suicide with veterinary specific considerations. This guidance also takes account of the lived experiences of people who have been impacted by suicide within a veterinary environment.

3. Support

Summary: Core elements of support after suicide include active listening, flexibility, empathy, and effective communication. People affected by suicide often experience a range of reactions, including numbness, anger, shame, sadness, helplessness, and embarrassment. Peer support and active engagement with someone's usual support mechanisms are most important in the first month after a death. If people are still experiencing significant negative reactions (which may include emotions (feelings), cognitions (thoughts), behaviours or physical symptoms) more than a month after the death, and these reactions are not improving, professional advice should be sought. More vulnerable people should proactively seek advice from healthcare professionals as soon as they want it.

Core elements of support

Core elements of support after a workplace suicide are:

- Listening:** active, non-judgemental, empathetic listening;
- Flexibility:** understanding that people's needs in suicide bereavement differ and that there is no single 'right' way to grieve;
- Empathy:** being alongside someone and understanding their perspective and feelings;
- Support:** sensitivity, care, and professional support or guidance for individuals, teams, and workplaces where needed;
- Communication:** clear, honest communication with people who are affected by suicide, including information and guidance so everyone knows how to access support.

Emotions after a suicide

People who have experienced suicide bereavement can experience a range of emotions (BITC/PHE, 2017). After a sudden and potentially traumatic loss people describe feeling:

Numb: feeling numb can be a normal reaction to something that is traumatic. Veterinary staff sometimes describe being in 'crisis mode' or 'work mode' after a bereavement by suicide, and making lots of arrangements and supporting others, and say that it's only when they stop that they start to feel multiple emotions suddenly.

Ashamed: there can be a lot of stigma around suicide and people bereaved by suicide can sometimes feel ashamed. Shame can also come from misplaced feelings of responsibility, the mistaken belief that they should have been able to stop the death.

Angry: it is not unusual to feel angry towards the person who has died. This can feel

uncomfortable, difficult or embarrassing but it's important to know it's a normal response in an incredibly difficult situation.

Sad: thinking of the person, missing them. Even if you don't know the person who has died well, suicide loss can be a reminder of other losses.

Helpless: a lot of people bereaved by suicide feel helpless, as though they should have stopped it but don't know how they could have done so. People can find themselves getting caught up in those thoughts and feeling very distracted from everyday activities.

Embarrassed: sometimes people who do not know the person well can be more affected than they or others expect by a death. This may be because they themselves have been suicidal, or because it reminds them of another loss or trauma. This can feel embarrassing, but it is nothing to be ashamed about.

Feeling to blame

People who have been bereaved by veterinary suicide can experience misplaced feelings of responsibility, worrying that the death was their fault, or that they should have been able to prevent it. It's important to know these feelings can be a normal part of suicide grief. It was not your fault.

Feeling angry

It is not unusual to feel angry at the person who has died, and at others for not preventing the death.

Suicidal thoughts

People can sometimes feel guilty about what happened; in some cases this is termed 'survivor guilt'. Uncommonly, it may be that someone starts thinking about suicide themselves, wishing that they had died instead.

It is really important that no one affected by suicide should feel that they are alone. Getting support and/or taking active measures to help yourself feel better can make a big difference. It is important not to be on your own with those feelings. You can talk in confidence to Vetlife Helpline or the Samaritans. You can access other support via your GP or local mental health services. If you feel unsafe right now, call 999.

Who needs support in the aftermath

There is no one standard way to respond to suicide; people are affected in different ways. It may well be that those who were closest to the deceased person may experience the strongest impacts. People particularly linked to the aftermath of the death who may have found the body or had to make immediate arrangements with police or family may have particular support needs too.

Front desk staff and managers also can carry unequal burdens of grief support after a death by suicide. Those on the front desk may have to break the news and support bereaved clients, sometimes for prolonged periods as clients learn of a person's death weeks or months later, and managers have an ongoing role in support arrangements for staff.

It is important, however, not to assume who will be most affected by a death. Sometimes people who did not know a person well can be particularly affected because of a resonance with their own previous experiences or for other reasons. Occasionally this can cause resentment and difficulties in practices. Whilst those identified as most at risk should be enabled to access support swiftly, it is important to make sure that support is available to everyone who needs it.

Who can offer support in the aftermath

Support can be offered by peers such as colleagues, family and friends, more formally by line managers, or via helplines, such as Vetlife Helpline, with peer volunteer listeners.

In the past, when something potentially traumatic happened in a workplace, people would sometimes be offered critical incident stress (or psychological) debriefing in which a professional would meet with groups or individuals and ask them about their feelings following the incident. However, the available evidence shows that such approaches are not useful and can cause harm (Rose and Bisson, 1998, Rose et al., 2003, Brooks et al., 2019a). The National Institute for Clinical Excellence guidelines also advise against critical stress debriefing for prevention of traumatic stress (NICE, 2018).

Support from colleagues and managers is likely to be helpful after a potentially traumatic incident (Brooks et al., 2019a, Brooks et al., 2018b, Brooks et al., 2017). It's important that managers feel able to identify, speak with and offer support to individuals who may need it, including signposting to professional support. If they do not feel confident to speak about mental health with their team, then they should access active listening skills training. Workplaces should also address stigma so that people who need support feel able to ask for it. Research on critical incidents recommends training for managers before an incident occurs so that they know how to respond in emergencies (Brooks et al., 2017, Brooks et al., 2018b, Brooks et al., 2018a, Brooks et al., 2019a, Brooks et al., 2019b).

For the first month after a death by suicide Vetlife recommends peer support from colleagues, friends and family and line managers. Helplines such as Vetlife Helpline,

operated by veterinary peers, can also be really useful, as can accessing someone's usual support mechanisms. If someone feels they need professional support, it is important they can access it but Vetlife does not recommend imposing professional support on whole groups of staff who do not want it. As noted above, this sort of approach may actually cause harm.

Identifying employees who may be at greater risk of poor mental health after a suicide is important. This may include people who are already having difficulties with their mental health or who recently have experienced other bereavement. It is important to ensure that professional support is available and people know how they can access it. It is also important to consider the support needs of people isolated from usual peer networks at work, such as those on sick leave or maternity/paternity leave.

If you or your staff need extra support, please call Vetlife Helpline. Vetlife Helpline, Vetlife postvention support and Vetlife Health Support all have a role in supporting individuals and practices bereaved by suicide. If you or your staff need extra support, please call Vetlife Helpline.

Others around the practice

The nature of veterinary workplaces means there will often be visitors to the workplace or temporary staff. These individuals are often not considered or included in support arrangements but can be severely affected. It can be helpful for the postvention group to establish who may be affected in the workplace, including for example locums, student nurses who do placements at the practice, vet students who may be seeing practice at the time of the death or who may have a relationship with the practice over time.

4. Veterinary workplace considerations

Summary: There can be specific considerations for veterinary workplaces after a death by suicide, including impacts on staff who may have found a deceased colleague, the use of medicines and equipment from work in the death, and animal welfare and other considerations. Veterinary practices may benefit from bespoke support and guidance. This is available from Vetlife.

Workplace considerations when the suicide has happened at work

Vetlife has had considerable experience in supporting practices affected by suicides. Unfortunately, it is not at all uncommon for veterinary suicides to happen in the workplace. This can be at any time, but our experience is that suicides may often occur overnight or at the end of the working day, especially when someone has been on call or worked a full day at work. It is not the case that individuals who are suicidal will always be away from work, off sick, or be considered by those around them to be functioning poorly at work. This can mean that colleagues have the experience of finding their colleague after their death, sometimes upon arriving for work in the morning, when the person has ended their life in the workplace. It is also not uncommon among veterinary suicides for workplace equipment and medicines or firearms to have been used in the death.

Immediate aftermath

Because suicides sometimes occur within veterinary workplaces, there can be immediate considerations for crisis management

regarding the scene where a suicide or potential suicide has occurred. If there is any possibility of life, an ambulance should be called immediately. Police need to be notified immediately of a death in the workplace. The scene of the death may be treated by police as a possible scene of a crime and should be left undisturbed (keeping people away) until police inform the practice otherwise.

It is often reported that veterinary professionals who end their lives by suicide at work have left a note on the door of a room or the entry door for the practice. It is important to leave these types of notes in situ and identify them to police when they attend. People who have found notes or seen suicide notes need immediate workplace support, as do those who have found the body or witnessed the event and may be interviewed by the police.

It is best not to make public statements about the death until the death has been formally confirmed. In England deaths which appear to be suicide cannot be formally classed as a suicide until a coroner's inquest has been held. There are other, similar, formal processes in other parts of the UK. Until the death has been confirmed officially as a suicide, it should be considered a 'suspected suicide'.

Other workplace considerations

Some staff describe how upsetting it can be when workplaces remove photographs of a person who has died or clear their workspace or locker. Items can hold meaning for some people and not for others. We recommend asking close team members whether they would want to be there when the photo is taken down or the locker possessions collected for return to the person's family. Giving people choice and information is important.

Staff are likely to react in different ways. Some will wish to carry on working, while others will need time away. Be flexible around leave requests following a death.

Make arrangements for care of inpatients. De-book routine work and either cover emergency work only or make an arrangement for another practice to take emergency cases for your practice on the day of a death, and, if needed, for a period afterwards also.

It is important to ensure good medicines practice is followed at all times. It may be sensible to undertake a review after a suicide death. However, this can be a time when staff involved in ordering, unpacking or storing medicines or key holders can experience unwarranted guilt for the death. Be sensitive to those staff and ensure there is a 'no blame' approach if a medicines review follows a death.

The media may be interested in veterinary professionals' death by suicide. Several practices have experience of being taken by surprise by calls from newspapers and of finding front desk staff quoted without express permission. It can help to prepare a plan for what to do if any media call the practice about a person who died by suicide and was well known in the community. Such calls could be

transferred to a named manager who provides a short, prepared statement.

Veterinary practice clients can also be affected by the death of a veterinary professional. Practices often choose to announce the loss of a staff member on social media channels. Where the staff member who has died is well known and asked for by clients, some practices have found it helpful to have a plan for what happens when clients first hear about the death at the front desk or on the phone. It is helpful to provide suggested wording for staff breaking news to clients, especially if having to do this repeatedly throughout the day, and something for the client to be directed to – for example, a memory book or book of condolence. Reception staff can face an unequal burden of client grief, so it's important they have a way to take unscheduled breaks in the weeks after a death when clients are finding out and an open door policy with team leaders, as well as pre-arranged front desk or phone cover plans if those breaking bad news to clients need a break.

Lone working in a practice following a death by suicide can feel very difficult. Leaders may want to consider offering to meet and stay with staff who open up the practice alone, possibly until closing and lock-up time. Practices where there is lone working overnight should appraise support arrangements and listen to any staff concerns.

It is also important that staff are able to attend funerals or other memorials if they are invited and wish to attend. In the experience of Vetlife, practices have managed to facilitate this by arranging locum cover, booking down to emergencies only, or arranging reciprocal cover with local practices.

Death-in-service arrangements after a suspected suicide

Many employers will have death-in-service policies and arrangements. Employers with experience of death-in-service will usually be familiar with the financial arrangements and logistical and emotional support associated with these approaches and policies. Suicide postvention activity is in addition and allied to death-in-service arrangements. Suicide postvention goes beyond typical death-in-service support to include support across the workplace for all staff and actions specifically tailored to suicide bereavement (BITC/PHE, 2017).

Integrating suicide postvention in prevention work

Vetlife recommends that suicide postvention and making a plan alongside death-in-service and other welfare arrangements should be considered as part of routine crisis management planning. Workplaces will be better prepared and able to offer effective support if a postvention approach has been agreed and is ready to launch, if necessary.

The management of mental health and stress at work is a vital consideration for veterinary employers, and supports both suicide prevention and suicide postvention work. Mental health plans and impact assessments should be routine in veterinary practices. Guidance about managing mental health is available from:

The Health and Safety Executive: <https://www.hse.gov.uk/stress/mental-health.htm>

The Mental Health Foundation: <https://www.mentalhealth.org.uk/publications/how-support-mental-health-work>

ACAS: <https://www.acas.org.uk/supporting-mental-health-workplace>

Business In The Community: <https://www.bitc.org.uk/toolkit/mental-health-for-employers-toolkit/>

and others.

Staff training

Staff training has a role in suicide prevention policies but should be complemented by other appropriate interventions. Training can help encourage people to feel confident in reaching out and offering support to colleagues and can increase awareness of mental health. Active listening training for line managers can be an important part of helping managers feel equipped to offer support at difficult times.

From experience, Vetlife recommends that managers should also receive support. Veterinary line managers can be relatively isolated or geographically distant from peer supports.

Establishing a postvention group

Practices should consider establishing a postvention group or team at the start of an incident and offering routine support for managers and opportunities for reflection and supervision.

BITC/PHE guidance recommends establishing a postvention committee or group, with key features (BITC/PHE, 2017):

- A trusted chair with experience and sensitivity
- Train and identify postvention supporters before a bereavement occurs
- Identify stakeholders (including occupational health or workplace counselling provision)

- Identify people who may be affected, including temporary staff
- Seek board-level support for the postvention committee and plans
- Consider including someone on the committee with lived experience of suicide bereavement.

Memorialisation

People want to remember a family member, friend or colleague they have lost and to mark their loss. After a suicide there is sometimes a desire to create a memorial to the deceased. In order not to increase the risk of further deaths by suicide, it is important avoid the (inadvertent) glorification or politicisation of a death. Memorials and vigils of certain types can be a potential risk factor for further deaths by suicide via an effect sometimes referred to as 'suicide contagion'.

With regard to memorialisation, particularly permanent memorials, Vetlife recommends thinking about what you would have done if the death had been by another cause (rather than suicide) and keeping as closely to what that 'usual' would have been when applied to a death by suicide.

In the experience of Vetlife in supporting practices, memory books in the waiting room can provide a focus for grieving clients and can help support staff on the front desk by giving them something to which they can direct clients. They also serve as a source of memories for staff to read and share, if they wish, before (in some cases) passing to family.

Several practices and others have also used online memorial pages which have provided a focus for sharing memories, although careful curation is required.

Inquests and Fatal Accident Inquiries

Depending where in the UK you are based, there may be an inquest by a coroner after a suspected death by suicide (England, NI, Wales) or a fatal accident inquiry by the Procurator Fiscal (Scotland). Sometimes there can be a prolonged delay before this occurs. Inquests can be a difficult time for staff if the practice is asked for information or called to give evidence. Once again, it is important to consider flexibility and extra support for staff at these times.

Anniversaries

Anniversaries of suicides can be hard for staff who have been affected by a suicide death. It is important to respond sensitively and flexibly, with an open door policy, as required.

5. Communication

Summary: Open, honest, accessible communication is vital at all times, but especially in the aftermath of a workplace suicide. There should be open door access to line managers and time and space for peer support. From a staff perspective, consider the staff who may have to manage communications in a practice after the death and ensure that they have access to support and time to decompress.

Communication in the immediate aftermath

Some people may prefer the death not to be referred to as a possible suicide. However, it is important not to lie to employees or distort information. Trust is vital. Confidentiality, sensitivity, respect and dignity should be prioritised, but many staff will want acknowledgement of the manner of death and may find this helpful.

Sometimes people seek comprehensive information about a sudden death. Do not go into excessive detail about the method used (amounts of medicines, etc.). This is inadvisable because it can increase risk of suicidal behaviour among vulnerable colleagues.

Police, sometimes including liaison officers, will inform the person's family about the death. When speaking with family, use the name of the person who has died when you answer their questions, but avoid saying anything that might add to their trauma.

A respectful tone when acknowledging and communicating about deaths by suicide can reduce the risk of 'contagion' (see under "Memorialisation"). Signpost to supports which

you know are available. Avoid sensationalising or oversimplifying the causes of a death by suicide, since this can increase risk of contagion.

Knowing what to say

Although knowing what to say to people bereaved by the suicide of a loved one can be difficult, it is important to keep open channels of communication. People bereaved by suicide can experience less support than people bereaved by other causes of death, which may in part be due to anxiety about saying the wrong thing.

An excellent booklet co-produced with people bereaved by suicide is recommended (Roper and Pitman 2017). Key points are: listen, do not be frightened to use the name of the person who has died, and to share memories. Also avoid discussing detail of the method used for suicide where it is not necessary to do so.

[Finding_the_Words.pdf \(supportaftersuicide.org.uk\)](https://supportaftersuicide.org.uk)

Communication within the practice

Line managers need to be present after a death by suicide: they have a vital role in providing support for staff. Promote open door policies and protected time for support, including for managers.

Peer support between staff is also very important. Create spaces where this can happen and encourage breaks and use of break spaces. Moderate workload and promote team and co-working where people are comfortable with this. Peer support has an especially important role following a death by suicide. In the first weeks after a death, the usual supports that a person would use are of potentially greater value than professional supports.

Language and phrasing for talking about suicide

In research, people bereaved by suicide often prefer people not to use the words 'commit suicide' because of the association of the term "commit" with a criminal act (Padmanathan et al., 2019). However, many people will use terms such as these and it's important not to police the language of people who are bereaved. Generally, best practice in talking about suicide (Samaritans, 2020) encourages phrases such as 'died by suicide' or 'took their own life' instead. It is also preferable not to use terms such as 'completed suicide' or 'successful suicide' to differentiate deaths by suicide from attempted suicide. It's better instead to use 'death by suicide'.

Much more detail about language use after a suicide can be found in the Samaritans media guidelines for talking about suicide here:

https://media.samaritans.org/documents/Media_Guidelines_FINAL.pdf

And guidance for talking and writing about veterinary suicide here (Allister, 2021):

<https://bvajournals.onlinelibrary.wiley.com/doi/abs/10.1002/vetr.340>

Telling clients

Especially where a member of staff was well known to clients, practices often have to communicate with, and sometimes support clients too, in the aftermath of a death. We recommend allowing extra time, where possible, for clients who have been close to the person, and for staff explaining what has happened (using agreed wording) or providing a focus, such as a memory book, for staff who are having to share the news many times a day. Some practices find it easier to make an announcement of a death on social media. Remember and consider good practice for media use around suicide.

Talking publicly about the death on social media or elsewhere

It is vital to talk responsibly about veterinary professionals' suicide. There is specific guidance on this here (Allister, 2021): <https://bvajournals.onlinelibrary.wiley.com/doi/abs/10.1002/vetr.340>

6. Checklist of actions

Immediate

- Call ambulance/police
- Inform board/senior management
- Make contact with family
- Log details of fatality
- Convene postvention group
- Prepare for possible police liaison about medicines
- Arrange emergency cover for practice patients
- Issue statement for colleagues
- Make arrangements for support and remind everyone how they can access support
- Activate death in service arrangements
- Consider those staff who may be most affected by supporting others (e.g. front of house staff meeting clients hearing the news, managers, close team members)
- Identify (other) people who may be at high(er) risk of suicide
- Identify and involve those closest to the person
- Consider temporary closure of the practice or booking down to emergencies only
- Consider how to notify clients

Short-term

- Involve close colleagues in decisions about the colleague's workspace and profile in information spaces
- Involve family in process of property return
- Prepare for a press contact
- Approve and be flexible about time off for colleagues
- Share funeral arrangements and ensure cover from neighbouring practices where possible so all staff who wish to can attend
- Be sensitive about anniversaries and inquest dates and be sensitive and flexible if staff need support for these
- Put in place extra support for those most affected
- Consider the needs of those staff outside the practice support network (e.g. maternity or paternity leave)
- Review medicines/firearms procedures where medicines or firearms from work have been used
- Support line managers

Ongoing

- Create open door policies and spaces where people can talk
- Provide support for lone working in the aftermath

7. Further recommended resources

Finding the words – UCL and Support after suicide partnership guide based on research with people with lived experience, how to support someone who has been bereaved by suicide

https://supportaftersuicide.org.uk/wp-content/uploads/2019/05/Finding_the_Words.pdf

Crisis management in the event of a suicide - Business In The Community And Public Health England toolkit for workplaces about suicide postvention

<https://www.bitc.org.uk/wp-content/uploads/2019/10/bitc-wellbeing-toolkit-suicide-postventioncrisismanagement-mar2017.pdf>

Help is at hand - a resource for people bereaved through suicide or other unexplained death, and for those helping them.

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

Vetlife website – with guidance about the services Vetlife can offer

<https://www.vetlife.org.uk>

Samaritans Media Guidance for Reporting Suicide

https://media.samaritans.org/documents/Media_Guidelines_FINAL.pdf

Guidance for talking and writing about veterinary suicide

<https://bvajournals.onlinelibrary.wiley.com/doi/abs/10.1002/vetr.340>

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